

UCC-1 Form

FILER INFORMATION

Full name: **AARON L. HERSHMAN, ESQ.**

Email Contact at Filer: **AHERSHMAN@HERSHMANLEGAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **HERSHMAN LEGAL GROUP, P.C.**

Mailing Address: **420 E. MAIN ST., STE 10**

City, State Zip Country: **BRANFORD, CT 06405 USA**

DEBTOR INFORMATION

Org. Name: **CHILDREN'S DENTISTRY OF WESTERLY, LLC**

Mailing Address: **130 GRANITE ST**

City, State Zip Country: **WESTERLY, RI 02891 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **SHANNON** *First Name:* **BRIAN**

Mailing Address: **2 LANTERN LN**

City, State Zip Country: **OLD LYME, CT 06371 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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