

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **WOLTERS KLUWER LIEN SOLUTIONS**

*Email Contact at Filer:* **CTLSWEBACK@WOLTERSKLUWER.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **LIEN SOLUTIONS**

*Mailing Address:* **P.O. Box 29071**

*City, State Zip Country:* **GLENDALE, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **PSYCHOTHERAPY PRACTICES OF NORTH KINGSTOWN LLC**

*Mailing Address:* **1130 TEN ROD ROAD SUITE E101**

*City, State Zip Country:* **NORTH KINGSTOWN, RI 02852 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BANK RHODE ISLAND**

*Mailing Address:* **ONE TURKS HEAD PLACE**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-80728618-61438895**

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## COLLATERAL

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