

UCC-1 Form

FILER INFORMATION

Full name: COLLEEN GUARNIERI

Email Contact at Filer: CGUARNIERI@BAYCOLONY.ORG

SEND ACKNOWLEDGEMENT TO

Contact name: BAY COLONY DEVELOPMENT CORP.

Mailing Address: 230 THIRD AVENUE, 1ST FLOOR

City, State Zip Country: WALTHAM, MA 02451 USA

DEBTOR INFORMATION

Org. Name: NEUROPSYCHOLOGY PARTNERS, INC.

Mailing Address: 450 VETERANS MEMORIAL PARKWAY

City, State Zip Country: EAST PROVIDENCE, RI 02914 USA

SECURED PARTY INFORMATION

Org. Name: BAY COLONY DEVELOPMENT CORP.

Mailing Address: 230 THIRD AVENUE, 1ST FLOOR

City, State Zip Country: WALTHAM, MA 02451 USA

ASSIGNEE INFORMATION

Org. Name: U.S. SMALL BUSINESS ADMINISTRATION C/O BAY COLONY DEVELOPMENT CORP.

Mailing Address: 230 THIRD AVENUE, 1ST FLOOR

City, State Zip Country: WALTHAM, MA 02451 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 633 139 8407

COLLATERAL

THE FOLLOWING PERSONAL PROPERTY (INCLUDING ANY PROCEEDS AND PRODUCTS), ACQUIRED WITH LOAN OR PROJECT PROCEEDS, INCLUDING ALL REPLACEMENTS AND SUBSTITUTIONS, WHEREVER LOCATED: EQUIPMENT;