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RI SOS Filing Number: 202125393	630 Date: 8/20/2021 10:	39:00	AM	
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	18-662-4141			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	i			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
C. SEND ACKNOWLEDGIMENT TO (Name and Address)	1			
Lien Solutions 82051	071			
P.O. Box 29071 Glendale, CA 91209-9071				
Gleffdale, CA 91209-9071 RIRI				
	[]			
File with. Secretary of State, RI	THE ABOVE SP	ACE IS F	OR FILING OFFICE US	E ONLY
1. DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full r	ame, do not omit, modify, or abbreviate any part of	f the Debto	i's name), if any part of the l	ndividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here. [] and provide if	e Individual Debtor information in item 10 of the F	inancing Sta	atement Addendum (Form U	CC1Ad)
1a ORGANIZATION'S NAME 28 Child St LLC				
OR 15 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NAL NAME(SYMITIAL(S)	SUFFIX
10 MONEGO 2000 MANE		1000	me marejoxem me(o)	00.11
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
48 Barden Lane	Warren	RI	02885	USA
2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full r		f the Debtor		
name will not fit in line 2b, leave all of item 2 blank, check here. [] and provide the	e Ind-vidual Debtor information in item 10 of the F	mancing Sta	atement Addendum (Form U	CC1Ad)
20 ORGANIZATION'S NAME				
OR -				
26 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(SYMITIAL(S)	SUFFIX
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		J	03122 0002	
3 SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSIGNOR SECUR	RED PARTY). Provide only one. Secured Party na	me (3a or 3	L	
34. ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , , ,			
CREDIBLY OF ARIZONA LLC				
OR 36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYMITTAL(S) SUFFIX		SUFFIX
			Y	
3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
25200 Telegraph Rd #350	Southfield	М	48033	USA
COLLATERAL. This financing statement covers the following collateral: Any and all assets maintained by Debtor and/or maintained by any.	and all business locations owned by the	Debtor i	n addition to the locati	on listed in the
Agreement.	•			
In addition, a security interest is granted in the following properties,	assets and rights, wherever located, wi	nether no	w owned or hereafter a	acquired or
arising and however the interest was acquired or appeared (whether	r by ownership, lease, security interest,			•
(a) any and all amounts owing to the Debtor now or in the future fro(b) all Accounts;	m any merchant processor;			
(c) all Chattel Paper (including Tangible Chattel Paper and Electron	nic Chattel Paper);			
(d) all Instruments;(e) all Goods, including, without limitation, Equipment, Motor Vehic	les Inventory Farm Products Accession	ons and A	As Extracted Collateral	l:
(f) all Documents;	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		''
 (g) all General Intangibles (including, without limitation, Payment In (h) all Deposit Accounts; 	tangibles and Software);			
(i) all Letter of Credit Rights;				
(j) all Investment Property;				
(k) all Supporting Obligations,(l) all trademarks, trade names, service marks, logos and other sou	rces of business identifiers, and all req	strations.	recordings and applic	ations with the
			red by a Decedent's Person	
6a. Check only if applicable and check only one box			if applicable and check ont	
Dublic-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		ural Lien Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor C	onsignee/Consignor Seller/Buyer	Bai	lee/Bailor * Licen	see/Licensor
8 OPTIONAL FILER REFERENCE DATA 82051071				

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a ORGANIZATION'S NAME 28 Child St LLC OR 95 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10s ORGANIZATION'S NAME OR 10b INDIVIOUAUS SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 10c MAILING ADDRESS CITY STATE POSTAL CODE COLINTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME. Provide only one name (11a or 11b) 11a ORGANIZATIONS NAME OR 116 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME (SYINITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY 11c MAILING ADDRESS 12 ADDITIONAL SPACE FOR ITEM 4 (Collateral) U.S. Patent and Trademark Office ("USPTO") and all renewals, reissues and extensions thereof (collectively "IP"); (m) any records and data relating to any of the foregoing, whether in the form of a writing, photograph, microfilm, microfilm, or electronic media, together with all of the debtor's right, title and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media; and (n) any and all proceeds of any of the foregoing, including insurance proceeds or other proceeds from the sale, destruction, loss, or other disposition of any of the foregoing, and sums due from a third party who has damaged or destroyed any of the foregoing or from that party's insurer, whether due to judgment, settlement or other process. Pursuant to an agreement between Debtor and Secured Party, Debtor has agreed to not grant a security interest in the above referenced description to 13 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut. Covers as extracted collatoral. It is filed as a fixture filing. 15. Name and address of a RECORD OWNER of real estate described in item 16 16 Description of real estate (if Debtor does not have a record interest):

CREDIBLY OF ARIZONA LLC

File with Secretary of State, RI

17. MISCELLANEOUS: 82051071-RI-0

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Sta	itement, if line 15 was left	blanic				
because Individual Debtor name did not fit, check here						
9a ORGANIZATION'S NAME						
28 Child St LLC						
R 95 INDIVIDUAL'S SURNAME	_					
35 MEDINDOX S SONIVAR						
FIRST PERSONAL NAME						
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFFI	ICE USE ONL'
DEBTOR'S NAME. Provide (10a or 10b) only one additional Det	otor name or Deblor name	that did not fit in I				
do not omit, modify, or abbreviate any part of the Debtor's name) and						
10H ORGANIZATION'S NAME						
R 106 INDIVIDUAL'S SURNAME		···				
INDIVIOUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME (SYMITIAL(S)						SUFFIX
OC MAILING ADDRESS	СПУ			STATE	POSTAL CODE	COUNTRY
					l	
1 ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECUR	ED PARTY'S N	IAME. Provide only o	ore nam	e (11a or 11b)	
11a ()RGANIZATK)NS NAME	_					
R 116 INDIVIDUAL'S SURNAME	LEIRST PERS	SONAL NAME	I	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
15 MAILING ADDRESS	CITY	-		STATE	POSTAL CODE	COUNTRY
						
2 ADDITIONAL SPACE FOR ITEM 4 (Collateral) into other entity. Accordingly, the acceptance of any security.	with interest by anyon	no other than t	ho Socured Darty	ic likal	v to constitute the for	tious
ny other entity. Accordingly, the acceptance of any secunterference with the Secured Party's rights.	mity interest by anyon	ie otner triair t	ille Secured Failty	12 IIVE	y to constitute the tor	11005
, •						
n the event that any other entity is granted a security int			ribed above contr	ary to t	he terms of the contr	act, the
ecured Party asserts a claim to any collateral/proceeds	thereof received by	such entity.				
or NJ residents only -This collateral description is within s enacted by the state of New Jersey	the scope of the Ne	w Jersey Unifo	orm Commercial (Code, A	Article 9 at 12A:9-102	and 12A:9-10
B. This FINANCING STATEMENT is to be filed (for record) (or rec	orded) in the 14. This Fil	NANCING STATE	MENT.			
REAL ESTATE RECORDS (if applicable)		rers timber to be o		xtracted	collatoral is filed as	a fixture filing
5. Name and address of a RECORD OWNER of real estate described		tion of real estate				
(if Debtor does not have a record interest)						
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7 MISCELLANEOUS 62051071-RI-0	CREDIBLY OF ARIZO	ONA LLC	File with Secretary of St	ale, RI		