

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: DOT@NHLAW-NASHUA.COM

SEND ACKNOWLEDGEMENT TO

Contact name: SMITH-WEISS SHEPARD KANAKIS & SPONY, P.C.

Mailing Address: 47 FACTORY ST.

City, State Zip Country: NASHUA, NH 03060 USA

DEBTOR INFORMATION

Org. Name: RHODE ISLAND HEALTH GROUP MSO LLC

Mailing Address: 63 EDDIE DOWLING HIGHWAY, SUITE 1

City, State Zip Country: NORTH SMITHFIELD, RI 02896 USA

SECURED PARTY INFORMATION

Org. Name: PRIMARY BANK

Mailing Address: 207 ROUTE 101

City, State Zip Country: BEDFORD, NH 03110 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 20958

COLLATERAL

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