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# **UCC-1 Form**

# FILER INFORMATION

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Contact name: Corporation Service Company

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# **DEBTOR INFORMATION**

Org. Name: GARDEN CITY TREATMENT CENTER, INC.

Mailing Address: 1150 RESERVOIR AVE

City, State Zip Country: CRANSTON, RI 02920 USA

#### SECURED PARTY INFORMATION

Org. Name: CANON FINANCIAL SERVICES, INC.

Mailing Address: 158 Gaither Drive

City, State Zip Country: Mt. Laurel, NJ 08054 USA

TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2302 47374** 

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