

UCC-1 Form

FILER INFORMATION

Full name: **ERIN LYNCH**

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SEND ACKNOWLEDGEMENT TO

Contact name: **BANKNEWPORT**

Mailing Address: **PO Box 450**

City, State Zip Country: **NEWPORT, RI 02840 USA**

DEBTOR INFORMATION

Org. Name: **JOHN T. COLETTI, D.D.S. LTD**

Mailing Address: **469 CENTERVILLE RD, SUITE 107**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE RD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

EQUIPMENT: ALL OF DEBTOR'S PRESENTLY OWNED AND HEREAFTER ACQUIRED MACHINERY AND EQUIPMENT (EXCLUDING AUTOMOTIVE EQUIPMENT), FURNITURE, FIXTURES, VEHICLES AND ALL OTHER TANGIBLE PERSONAL PROPERTY OF WHATEVER KIND OR NATURE, TOGETHER WITH ALL PRODUCTS THEREOF, AND ALL SUBSTITUTIONS, REPLACEMENTS, ADDITIONS AND ACCESSIONS THEREFOR OR THERETO, AND ALL CASH OR NON-CASH PROCEEDS OF ALL THE FOREGOING, INCLUDING INSURANCE PROCEEDS (ALL OF WHICH IS SOMETIMES HEREINAFTER REFERRED TO AS "EQUIPMENT") LOCATED AT 469 CENTERVILLE ROAD, WARWICK, RI. ALSO, ALL OF DEBTORS BUSINESS ASSETS AS DESCRIBED IN EXHIBIT A ATTACHED HERETO.