

# UCC-1 Form

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## FILER INFORMATION

*Full name:* CORPORATION SERVICE COMPANY

*Email Contact at Filer:* RISOSUCCFILINGSV3@CSCGLOBAL.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* CORPORATION SERVICE COMPANY

*Mailing Address:* 801 ADLAI STEVENSON DRIVE

*City, State Zip Country:* SPRINGFIELD, IL 62703 USA

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## DEBTOR INFORMATION

*Org. Name:* THE PENNFIELD SCHOOL, INC.

*Mailing Address:* 110 SANDY POINT AVE

*City, State Zip Country:* PORTSMOUTH, RI 02871 USA

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## SECURED PARTY INFORMATION

*Org. Name:* WELLS FARGO VENDOR FINANCIAL SERVICES, LLC

*Mailing Address:* PO Box 35701

*City, State Zip Country:* BILLINGS, MT 59107 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 450-7720171-007 2361 35287**

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## COLLATERAL

ALL EQUIPMENT LEASE TO OR FINANCED FOR THE DEBTOR BY SECURED PARTY UNDER THAT CERTAIN MASTER LEASE AGREEMENT 450-7720171-007 DATED 07/13/2022 INCLUDING ALL ACCESSORIES, ACCESSIONS, REPLACEMENTS, ADDITIONS, SUBSTITUTIONS, ADD-ONS AND UPGRADES THERETO.