

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **MAGIC YEARS CHILDCARE GALLERY, INC.**

Mailing Address: **2890 POST ROAD**

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

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-88628064-64760491

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, AND INCLUDING, WITHOUT LIMITATION, ALL ACCOUNTS, INVENTORY, AS-EXTRACTED COLLATERAL, CHATTEL PAPER, COMMERCIAL TORT CLAIMS, CONSIGNMENTS, CONTRACTS, COPYRIGHTS, COPYRIGHT LICENSE(S), DEPOSIT ACCOUNTS, DOCUMENTS, ENCUMBRANCE(S), EQUIPMENT, FIXTURES, GENERAL INTANGIBLES, GOODS, HEALTH-CARE-INSURANCE RECEIVABLES, INSTRUMENTS, INVESTMENT PROPERTY, LETTER OF CREDIT RIGHTS, LETTERS OF CREDIT, MOTOR VEHICLES, PATENTS, PATENT LICENSES, PAYMENT INTANGIBLES, PROMISSORY NOTE(S), SOFTWARE, SUPPORTING OBLIGATIONS, TANGIBLE CHATTEL PAPER, TRADEMARKS, TRADEMARK LICENSES, AND TO THE EXTENT NOT OTHERWISE INCLUDED, ALL PROCEEDS (INCLUDING CONDEMNATION PROCEEDS), ALL ACCESSIONS AND ADDITIONS THERETO AND ALL SUBSTITUTIONS, RENEWALS AND REPLACEMENTS THEREFORE AND RENTAL PAYMENTS AND PRODUCTS OF ANY AND ALL OF THE FOREGOING.