

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **SOUTHERN NEW ENGLAND HEALTHCARE FOR WOMEN, LLC**

Mailing Address: **297 PROMENADE ST**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

Last Name (i.e. Family Name or Surname): **BOYLE** *First Name:* **LISA**

Mailing Address: **199 ANGELL ROAD**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **NEWLANE FINANCE COMPANY**

Mailing Address: **123 S BROAD STREET, 17TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19109 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2398 04941

COLLATERAL

ALL EQUIPMENT AND OTHER PERSONAL PROPERTY, NOW OR HEREAFTER THE SUBJECT OF THE CERTAIN EQUIPMENT FINANCE AGREEMENT RELATING TO APPLICATION #APP-0000052685 BETWEEN LENDER AND BORROWER AND ANY APPLICABLE PERSONAL GUARANTOR(S). "AND ALL REPLACEMENTS, SUBSTITUTIONS, ACCESSIONS, ADD-ONS, AND ALL PROCEEDS AND ACCOUNTS OF THE DEBTOR(S) ARISING OUT OF OR RELATED TO THE FOREGOING. THIS FINANCING STATEMENT RELATES TO AN EQUIPMENT FINANCE AGREEMENT BETWEEN THE DEBTOR(S) AND THE SECURED PARTY. THIS FINANCING STATEMENT IS FILED TO GIVE NOTICE OF SECURED PARTY'S OWNERSHIP INTEREST IN THE COLLATERAL."