

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: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **RHODE ISLAND PERIODONTICS, INC.**

Mailing Address: **1740 ATWOOD AVE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **TIAA, FSB**

Mailing Address: **10 WATERVIEW BLVD**

City, State Zip Country: **PARSIPPANY, NJ 07054 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-89148837-64979340

COLLATERAL

ALL ITEMS OF EQUIPMENT (AND OTHER RELATED ASSETS, INCLUDING THE ASSETS DESCRIBED BELOW) FINANCED AND ENCUMBERED PURSUANT TO AN AGREEMENT BETWEEN SECURED PARTY AND DEBTOR NAMED ABOVE. 1, EXCELSIOR PRO-5 FIELDS OF VIEW AND ALL ACCESSIONS THERETO, SUBSTITUTIONS AND REPLACEMENTS THEREFOR, AND ALL PROCEEDS OF THE FOREGOING, INCLUDING INSURANCE PROCEEDS.