

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

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SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

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City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: ALBERT J. MARANO, M.D., INCORPORATED

Mailing Address: 1239 HARTFORD AVE STE 1

City, State Zip Country: JOHNSTON, RI 02919 USA

SECURED PARTY INFORMATION

Org. Name: MMP CAPITAL, LLC, ISAOA

Mailing Address: 19 ENGINEERS LN

City, State Zip Country: FARMINGDALE, NY 11735 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2486 70558

COLLATERAL

ONE (1) TED WORKSTATION, S/N: ATED012333, TED012360; TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, ADDITIONS, ACCESSIONS, PARTS AND SUPPLIES, AND ANY REPLACEMENTS THEREOF, INSTALLED IN, AFFIXED TO, OR USED IN CONNECTION WITH SAID PROPERTY AND ALL PROCEEDS OF SAID PROPERTY.