

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: **ARROWHEAD DENTAL ASSOCIATES INCORPORATED**

Mailing Address: **4995 S COUNTY TRAIL P.O. BOX 850**

City, State Zip Country: **CHARLESTOWN, RI 02813 USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY, OF WESTERLY**

Mailing Address: **23 BROAD STREET**

City, State Zip Country: **WESTERLY, RI 02891 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-91308846-65885256

COLLATERAL

ALL BUSINESS ASSETS OF THE BORROWER :4995 S COUNTY TRAIL, CHARLESTOWN RI 02813