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UCC-1 Form

FILER INFORMATION

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City, State Zip Country: BROCKTON, MA 02301 USA

DEBTOR INFORMATION

Org. Name: CONTROLOGY PHYSICAL THERAPY INC

Mailing Address: 5835 POST RD SUITE 112

City, State Zip Country: EAST GREENWICH, RI 02818 USA

SECURED PARTY INFORMATION

Org. Name: HARBORONE BANK

Mailing Address: 770 OAK STREET

City, State Zip Country: BROCKTON, MA 02301 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

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