

# UCC-1 Form

---

## FILER INFORMATION

*Full name:* **PAUL A. CAMPELLONE, ESQUIRE**

*Email Contact at Filer:* **PCAMPELLONE@APSLAW.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **ADLER POLLOCK & SHEEHAN P.C.**

*Mailing Address:* **1 CITIZENS PLAZA, 8TH FLOOR**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

---

## DEBTOR INFORMATION

*Org. Name:* **WOONSOCKET NURSING CENTRE, LLC**

*Mailing Address:* **262 POPLAR STREET**

*City, State Zip Country:* **WOONSOCKET, RI 02895 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **PEZZELLI NURSING HOME, INC.**

*Mailing Address:* **100 SMITHFIELD ROAD**

*City, State Zip Country:* **NORTH PROVIDENCE, RI 02904 USA**

---

## TRANSACTION TYPE: STANDARD

---

## COLLATERAL

ALL PROPERTIES, ASSETS AND RIGHTS OF DEBTOR WHEREVER LOCATED, NOW OWNED OR HEREAFTER ACQUIRED OR ARISING, AND ALL PROCEEDS AND PRODUCTS THEREOF AND ACCESSIONS THERETO.