

# UCC-1 Form

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## FILER INFORMATION

Full name: **DAVID H. FERRARA, ES Q.**

Email Contact at Filer: **DFERRARA@TAFTMCSALLY.COM**

## SEND ACKNOWLEDGEMENT TO

Contact name: **TAFT & MCSALLY LLP**

Mailing Address: **21 GARDEN CITY DRIVE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

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## DEBTOR INFORMATION

Org. Name: **R. I. ANALYTICAL LABORATORIES, INC.**

Mailing Address: **41 ILLINOIS AVENUE**

City, State Zip Country: **WARWICK, RI 02888 USA**

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## SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **PERROTTI** First Name: **PAUL** Middle Name: **A.**

Mailing Address: **10 CHRISTOPHER DRIVE**

City, State Zip Country: **LINCOLN, RI 02865 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: LESSEE-LESSOR**

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## COLLATERAL

METROHM ION CHROMATOGRAPHY EQUIPMENT, INCLUDING: (1) 930 COMPACT IC FLEX, SERIAL NUMBER: 1930200085027 AND (2) AUTO-SAMPLER MODEL: 858 PROFESSIONAL SAMPLE PROCESSOR, SERIAL NUMBER: 1858001009281; AND ANY AND ALL ACCESSIONS, ADDITIONS, ATTACHMENTS, REPLACEMENTS, SUBSTITUTIONS THEREOF IN WHATEVER FORM OR TYPE, AND PROCEEDS OF THE FOREGOING.