

# UCC-3 Form - AMENDMENT

AMENDMENT ACTION - SECURED PARTY DELETE

Original File Number: 201819951510

---

## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* RUPESH.UDESHI@GMAIL.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* DENTAL ASSOCIATES OF RHODE ISLAND

*Mailing Address:* 1414 ATWOOD AVE, #350

*City, State Zip Country:* JOHNSTON, RI 02919 USA

---

## CURRENT RECORD INFORMATION

*Org. Name:* DENTAL ASSOCIATES OF RHODE ISLAND

---

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: DIME BANK

---