

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **ROGER WILLIAMS HOSPITAL**

Mailing Address: **10 PLEASANT VALLEY PKWY**

City, State Zip Country: **PROVIDENCE, RI 02908-5609 USA**

SECURED PARTY INFORMATION

Org. Name: **DE LAGE LANDEN FINANCIAL SERVICES, INC.**

Mailing Address: **1111 OLD EAGLE SCHOOL RD**

City, State Zip Country: **WAYNE, PA 19087 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2663 54722

COLLATERAL

ALL EQUIPMENT OF ANY MAKE OR MANUFACTURE FINANCED BY OR LEASED TO DEBTOR BY SECURED PARTY UNDER CONTRACT NUMBER 500-50518237, TOGETHER WITH ALL COMPONENTS, ADDITIONS, UPGRADES, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF THE FOREGOING.