

UCC-1 Form

FILER INFORMATION

Full name:

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SEND ACKNOWLEDGEMENT TO

Contact name: MOORE, VIRGADAMO & LYNCH

Mailing Address: 97 JOHN CLARKE ROAD

City, State Zip Country: MIDDLETOWN, RI 02842 USA

DEBTOR INFORMATION

Org. Name: SAKONNET EYE CARE, INC.

Mailing Address: 811 AQUIDNECK AVENUE

City, State Zip Country: MIDDLETOWN, RI 02842 USA

SECURED PARTY INFORMATION

Org. Name: CENTREVILLE BANK

Mailing Address: 1218 MAIN STREET

City, State Zip Country: WEST WARWICK, RI 02842 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL BUSINESS ASSETS OF THE BORROWER, INCLUDING BUT NOT LIMITED TO ALL MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, INVENTORY AND ACCOUNTS RECEIVABLE NOW OWNED OR HEREAFTER ACQUIRED.