

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional) George M Durgin, Tax Assessor	
B E-MAIL CONTACT AT SUBMITTER (optional) cmartland@middletownri.com	
C SEND ACKNOWLEDGMENT TO (Name and Address) Tax Collector c/o Christine Martland 350 East Main Rd SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 **DEBTOR'S NAME** Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME Milestone Dental Care Inc				
OR				
1b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
1c MAILING ADDRESS 710 Aquidneck Ave		CITY Middletown	STATE RI	POSTAL CODE 02842
				COUNTRY USA

2 **DEBTOR'S NAME** Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME				
OR				
2b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
2c MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3 **SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY)** Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME Town of Middletown				
OR				
3b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
3c MAILING ADDRESS 350 East Main Rd		CITY Middletown	STATE RI	POSTAL CODE 02842
				COUNTRY USA

4 **COLLATERAL** This financing statement covers the following collateral

This notice covers the following property: Tangible Property

Type and description of property: Equipment, Machinery & Furniture

Taxes assessed and unpaid : \$264.73 Interest through 12/04/2023 \$40.74 Total \$305.47

Tax year for which taxes were assessed: 2022

5 Check <u>only</u> if applicable and check <u>only</u> one box Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☐ being administered by a Decedent's Personal Representative	
6a Check <u>only</u> if applicable and check <u>only</u> one box ☐ Public Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing	
7 ALTERNATIVE DESIGNATION (if applicable) ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor	
8 OPTIONAL FILER REFERENCE DATA	