

# UCC-1 Form

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## 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

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## DEBTOR INFORMATION

Org. Name: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, INC.

Mailing Address: 39 EAST AVE

City, State Zip Country: PAWTUCKET, RI 02860 USA

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## 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

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2748 09357

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## COLLATERAL

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 500-50579816, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING, LEASE NUMBER 500-50579816