

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141
B E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8273 - THE CIT GROUP
Lien Solutions 98422018
P.O. Box 29071 RIRI
Glendale, CA 91209-9071
File with: Secretary of State, RI
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 FAMILY SERVICE OF RHODE ISLAND, INC.
OR
1b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
134 Thurbers Ave Suite 106 Providence RI 02905 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 LENOVO FINANCIAL SERVICES
OR
3b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
10201 CENTURION PKWY N, STE 100 JACKSONVILLE FL 32256 USA

4 COLLATERAL This financing statement covers the following collateral: SEE ATTACHED EQUIPMENT LIST

This is a True Lease. This UCC-1 Financing Statement is being filed for informational purposes only. All described collateral herein falls within the scope of Article 9 of the Uniform Commercial Code.

The collateral also includes all currently existing and future attachments, parts, accessories and add-ons for all of the foregoing equipment, and all products and proceeds thereof.

5 Check only if applicable and check only one box Collateral is [ ] held in a Trust (see UCC1Ad, item 17 and Instructions) [ ] being administered by a Decedent's Personal Representative
6a Check only if applicable and check only one box [ ] Public-Finance Transaction [ ] Manufactured-Home Transaction [ ] A Debtor is a Transmitting Utility [ ] Agricultural Lien [ ] Non-UCC Filing
6b Check only if applicable and check only one box
7 ALTERNATIVE DESIGNATION (if applicable) [ ] Lessee/Lessor [ ] Consignee/Consignor [ ] Seller/Buyer [ ] Bailee/Bailor [ ] Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA
98422018 Lenovo 1943342

