

# 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:* PERIODONTICS, INC.

*Mailing Address:* 167 GANO ST

*City, State Zip Country:* PROVIDENCE, RI 02906 USA

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## SECURED PARTY INFORMATION

*Org. Name:* NEWLANE FINANCE COMPANY

*Mailing Address:* 123 S BROAD STREET, 17TH FLOOR

*City, State Zip Country:* PHILADELPHIA, PA 19109 USA

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2846 17647

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## COLLATERAL

ALL EQUIPMENT AND OTHER PERSONAL PROPERTY, NOW OR HEREAFTER THE SUBJECT OF THE CERTAIN EQUIPMENT FINANCE AGREEMENT RELATING TO APPLICATION #APP-0000097240 BETWEEN LENDER AND BORROWER AND ANY APPLICABLE PERSONAL GUARANTOR(S). "AND ALL REPLACEMENTS, SUBSTITUTIONS, ACCESSIONS, ADD-ONS, AND ALL PROCEEDS AND ACCOUNTS OF THE DEBTOR(S) ARISING OUT OF OR RELATED TO THE FOREGOING. THIS FINANCING STATEMENT RELATES TO AN EQUIPMENT FINANCE AGREEMENT BETWEEN THE DEBTOR(S) AND THE SECURED PARTY. THIS FINANCING STATEMENT IS FILED TO GIVE NOTICE OF SECURED PARTY'S OWNERSHIP INTEREST IN THE COLLATERAL."