

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: UCC@VSTATEFILINGS.COM

SEND ACKNOWLEDGEMENT TO

Contact name: VSTATE FILINGS LLC

Mailing Address: 301 MILL ROAD, SUITE U-5

City, State Zip Country: HEWLETT, NY 11557 USA

DEBTOR INFORMATION

Org. Name: PARENT SUPPORT NETWORK OF RHODE ISLAND INC.

Mailing Address: 535 CENTERVILLE RD, SUITE 202

City, State Zip Country: WARWICK, RI 02886 USA

Last Name (i.e. Family Name or Surname): CONLAN *First Name:* LISA *Middle Name:* A.

Mailing Address: 49 CUCUMBER HILL RD.

City, State Zip Country: FOSTER, RI 02825 USA

Org. Name: RHODE ISLAND COALITION FOR CHILDREN & FAMILIES EDUCATION FUND, INC.

Mailing Address: 535 CENTERVILLE RD, SUITE 202

City, State Zip Country: WARWICK, RI 02886 USA

Org. Name: RHODE ISLAND COALITION FOR CHILDREN & FAMILIES, INC.

Mailing Address: 535 CENTERVILLE RD, SUITE 202

City, State Zip Country: WARWICK, RI 02886 USA

SECURED PARTY INFORMATION

Org. Name: IMAGE CAPITAL PARTNERS LLC

Mailing Address: 25 HUTCHESON PLACE

City, State Zip Country: LYNBROOK, NY 11563 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

ACCOUNTS RECEIVABLE, CASH, CASH PROCEEDS, ACCOUNTS, CHATTEL PAPER, EQUIPMENT, GENERAL INTANGIBLES, INVENTORY, INSTRUMENTS RELATED TO THE RECEIPTS, INSTRUMENTS RELATED TO THE FUTURE RECEIVABLES.