

# 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:* JAMES K. CARDI, M.D., INC.

*Mailing Address:* 677 ATWOOD AVE

*City, State Zip Country:* CRANSTON, RI 02920 USA

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## SECURED PARTY INFORMATION

*Org. Name:* MMP CAPITAL, LLC, ISAOA

*Mailing Address:* 19 ENGINEERS LN

*City, State Zip Country:* FARMINGDALE, NY 11735 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2935 86644**

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## COLLATERAL

ONE (1) EMSELLA WORKSTATION, S/N: 09900B010284 / 29930B005201 AND EXION APPLICATORS S/N:78520B004119, 78510B002243, 78540B002343, 78530B001773; TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, ADDITIONS, ACCESSIONS, PARTS AND SUPPLIES, AND ANY REPLACEMENTS THEREOF, INSTALLED IN, AFFIXED TO, OR USED IN CONNECTION WITH SAID PROPERTY AND ALL PROCEEDS OF SAID PROPERTY.