

UCC-1 Form

FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

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City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **BROWN UNIVERSITY**

Mailing Address: **UNIVERSITY HALL, ROOM 108, 1 PROSPECT STREET**

City, State Zip Country: **PROVIDENCE, RI 02912 USA**

SECURED PARTY INFORMATION

Org. Name: **RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION**

Mailing Address: **33 BROAD STREET, SUITE 200**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 70721-220

COLLATERAL

ALL THE MONIES AND INTERESTS HELD UNDER OR PLEDGED TO THAT CERTAIN LOAN AND TRUST AGREEMENT DATED AS OF DECEMBER 1, 2024, SUCH MONIES AND INTERESTS BEING MORE FULLY DESCRIBED ON EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF.