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# **UCC-1 Form**

#### FILER INFORMATION

Full name: WOLTERS KLUWER LIEN SOLUTIONS

Email Contact at Filer: CTLSWebAck@wolterskluwer.com

#### SEND ACKNOWLEDGEMENT TO

Contact name: LIEN SOLUTIONS Mailing Address: P.O. Box 29071

City, State Zip Country: GLENDALE, CA 91209-9071 USA

## **DEBTOR INFORMATION**

Org. Name: MCARDLE CHIROPRACTIC AND WELLNESS CENTER LLC

Mailing Address: 2013 PLAINFIELD PIKE
City, State Zip Country: JOHNSTON, RI 02919 USA

## SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address: ONE TURKS HEAD PLACE

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-102427082-70868206** 

## COLLATERAL

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