UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

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SEND ACKNOWLEDGEMENT TO

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DEBTOR INFORMATION

Org. Name: JOSEPH C. DISANO, DDS, LLC Mailing Address: 24 SALT POND ROAD, SUITE D1 City, State Zip Country: WAKEFIELD, RI 02879 USA

SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A. Mailing Address: One CITIZENS PLAZA City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2992 34177

COLLATERAL

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