

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **THE ENT CENTER OF RHODE ISLAND, LLC**

Mailing Address: **55 LAMBERT LIND HWY**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **DE LAGE LANDEN FINANCIAL SERVICES, INC.**

Mailing Address: **1111 OLD EAGLE SCHOOL ROAD**

City, State Zip Country: **WAYNE, PA 19087 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3044 79716

COLLATERAL

ALL EQUIPMENT OF ANY MAKE OR MANUFACTURE FINANCED BY OR LEASED TO DEBTOR BY SECURED PARTY UNDER CONTRACT NUMBER 500-50713143, TOGETHER WITH ALL COMPONENTS, ADDITIONS, UPGRADES, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF THE FOREGOING.