

# UCC-3 Form - TERMINATION

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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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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CITIZENS BANK, N.A. FORMERLY KNOWN AS RBS CITIZENS, N.A.**

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**CUSTOMER REFERENCE: DEBTOR:MEDICAL ASSOCIATES OF RHODE ISLAND, INC. 3070 88497**

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