FOLLOW INSTRUCTIONS A. NAME & PHONE OF CO Kyle j.Popiolek, 401-	ONTACT AT FILER (option					
	ngton Trust Company Office Lending treet	·	7			
			THE ABOVE \$	SPACE IS FO	OR FILING OFFICE US	E ONLY
I. DEBTOR'S EXACT FU		only one debtor name (1a	or 1b) - do not abbreviate or combine names			
A & F Concrete Fo	<u>-</u>					
1b. INDIVIDUAL'S LAST N	JAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
tc. MAILING ADDRESS 1130 Ten Rod Road			CITY North Kingstown	STATE	POSTAL CODE 02852	COUNTRY
ORGANIZATION		E OF ORGANIZATION	'		1g. ORGANIZATIONAL ID #, if any	
ADDITIONAL DERTOR	DEBIOR .	pration	RI	1166		NON
2a. ORGANIZATION'S NA		NAME - insert only one o	lebtor name (2a or 2b) - do not abbreviate or combi	ne names	•	
OR 2b. INDIVIDUAL'S LAST N	R 25. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
<u> </u>	DEBIOR	ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3	b)		1
3. SECURED PARTY'S	NAME (or NAME of TOTAL					
B. SECURED PARTY'S 3a. ORGANIZATION'S NA The Washington T	NAME (or NAME of TOTAL)					
B. SECURED PARTYS 3a. ORGANIZATION'S NA	NAME (or NAME of TOTAL) ME rust Company		FIRST NAME	MIDDLE	NAME	SUFFIX
3a. ORGANIZATION'S NA The Washington T 3b. INDIVIDUAL'S LAST N	NAME (or NAME of TOTAL) ME rust Company		FIRST NAME	MIDDLE	NAME	SUFFIX
3a. ORGANIZATION'S NA The Washington T	NAME (or NAME of TOTAL) ME rust Company AME	∍ral:				