				,
C FINANCING STATEMENT LOW INSTRUCTIONS				
NAME & PHONE OF CONTACT AT FILER (option	onal)			
Jeffrey M. Gibson, Esq. 401-331-64	00			
E-MAIL CONTACT AT FILER (optional)				
SEND ACKNOWLEDGMENT TO: (Name and A	(ddress)			
_	7 [
RODIO & URSILLO, LTD.				
86 Weybosset Stret Providence, RI 02903				
1 Tovidence, RI 02703	1			
			FOR FILING OFFICE USE	
EBTOR'S NAME: Provide only <u>one</u> Debtor name (ame will not fit in line 1b, leave all of item 1 blank, chect				
1a. ORGANIZATION'S NAME				
Holdsworth Properties, LLC 16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	L.D.D.	TIÓNIAC NOARTONANITIALON	Tot + EE IV
TO. INDIVIDUAL S SURVAME	FIRST PERSONAL NAM	ADD ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STA	ŧ	COUNTR
1 Friendship Street	Providence	R	02903	USA
AAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTR
MILING ADDRESS	CITY	314	POSTAL GODE	COUNTR
ECURED PARTY'S NAME (of NAME of ASSIGN 38. ORGANIZATION'S NAME	NEE of ASSIGNOR SECURED PARTY): Provide or	lly <u>one</u> Secured Party name (3a d	or 3b)	
Citizens Bank, N.A.				
	FIRST PERSONAL NAM	E ADO	ADDITIONAL NAME(S)/INITIAL(S)	
Bb. INDIVIDUAL'S SURNAME		STAT	E POSTAL CODE	COUNTR
	CITY		02852	USA
Citizens Bank, N.A.	FIRST PERSONAL NAM	E ADDI	E POSTAL CODE	- 1