	Filed In: Rhode Island (S.O.S.)		OR FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item			
1a ORGANIZATION'S NAME Cullion Concrete Pum	ping, LLC			
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 270 North Road	city Peacedale	STATE RI	POSTAL CODE 02879	COUNTRY
2b. INDIVIDUAL'S SURNAME . MAILING ADDRESS	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE	SIGNOR SECURED PARTY): Provide only one Secured Ce. a division of TCF National Bank	Party name (3a or 3b)	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	T	ADDITIONAL NAME(S)/INITIAL(S)	
I : MAILING ADDRESS 11100 Wayzata Blvd. Ste 80	O1 CITY Minnetonka	STATE MN	POSTAL CODE 55305	COUNTRY
. COLLATERAL: This financing statement covers the following coll	^{ateral:} H concrete pump, mounted on a N		k MRU 613 Cab 8 ditions, and replac	

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