<u>CC RENEWAL FORM 2 – DISCLOSURE OF OWNERS</u> <u>& OTHER INTEREST HOLDERS</u>

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to applicant/licensee, and (B.) all officers, directors, members, managers or agents of applicant/licensee, and (C.) all persons or entities with managing or operational control with respect to applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, and (E.) all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to applicant/licensee, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an "Interest Holder" and collectively referred to as "Interest Holders").

To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. Attach a separate sheet(s) if necessary.

A. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN APPLICANT/LICENSEE (including corporation stockholders, LLC members, and partners if a partnership; this includes parent companies if applicant/licensee is a subsidiary of another entity).

To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

Name: Gerald J. McGraw, Jr.	Title: President & CE	0	SSN/FEIN:			DOB:		Registry ID Card/Background Check current? ⊠Yes □No	
Address (residence if an individual):	City: Cranston		State: RI		Zip C 02905			ne Number:	
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.				6 Business Asso enter text.	ociated	with:	Effe N/A	ctive Own. % in Applicant:	
Name: James E. Griffin, Jr.	Title: Board Member			SSN/FEIN:		DOB:		Registry ID Card/Background Check current? ⊠Yes □No	
Address (residence if an individual):	City: Providence	Sta RI		zi ₁ 029		Code:	Pho	Phone Number:	
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):		Own. % Business Associated with: Click to enter text.			with:	Effective Own. % in Applicant: N/A		
Name: Sanford Resnick, Esq	Title: Board Member			SSN/FEIN:		DOB:		Registry ID Card/Background Check current? ⊠Yes □No	
Address (residence if an individual):	City: Warwick	- 11	Stat RI	100	Zip C 02886		Phor	e Number:	
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Own. % Business Asso Click to enter text.			ociated with: Eff N/A			ctive Own. % in Applicant:	

Name: Click to enter text.	Title: Click to enter te	xt.	SSN/FEIN: Click to enter to	ext.	DOB: Click to enter a date.		Registry ID Card/Background Check current? Yes No	
Address (residence if an individual): Click to enter text.	City: Click to enter te:		ck to enter text.	Zip C Click	Code: to enter text.		ne Number: k to enter text.	
Business Associated with (Applicant, parent business Click to enter text.	or sub-entity):		% Business Asso to enter text.	ciated	with:	Effective Own. % in Applicant: Click to enter text.		
Name: Click to enter text.	Title: Click to enter tex	xt.	SSN/FEIN: Click to enter te	ext.	DOB: Click to enter a date.	a	Registry ID Card/Background Check current? □Yes □No	
Address (residence if an individual): Click to enter text.	City: Click to enter tex	xt. Sta	ite: ck to enter text.		Zip Code: Click to enter text.		ne Number: c to enter text.	
Business Associated with (Applicant, parent business Click to enter text.	or sub-entity):		wn. % Business Associ		2.000.00 2.000.00		ctive Own. % in Applicant: to enter text.	
Name: Click to enter text.	Title: Click to enter tex	xt.	SSN/FEIN: Click to enter te	SN/FEIN: lick to enter text.		a	Registry ID Card/Background Check current? Yes No	
Address (residence if an individual): Click to enter text.	City: Click to enter tex	100,000			Code: to enter text.	. 70.00 +0.0000000000	ne Number: c to enter text.	
Business Associated with (Applicant, parent business Click to enter text.		% Business Asso o enter text.	ciated			ctive Own. % in Applicant: to enter text.		
B. LIST ALL OFFICERS, DIRECTORS ANY OTHER ENTITIES DESCRIBE To the extent that any such Interest Holdentity until all such Interest Holders are in	D IN SECTION or is an entity	ON A.	oration, partne	ership,	, LLC, <i>etc.</i>), 1	list a	II Interest Holders in that	
Name: Gerald J. McGraw, Jr.	Title: President & CEC)	SSN/FEIN:		DOB:		Registry ID Card/Background Check current? ⊠Yes □No	
Address (residence if an individual):	City: Cranston	Star RI		Zip C 02905	ode:	Phon	ne Number:	
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):		le (director, mans sident & CEO	ager, e	rtc.)			
Name: Raymond S. White	Title: COO		SSN/FEIN:		DOB:		Registry ID Card/Background Check current? ⊠Yes □No	
Address (residence if an individual):	City: Cranston	Stat RI		Zip Co 02921	ode:	Phon	e Number:	
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):		e (director, mana ef Operating Office		tc.)			

Name: Click to enter text.	Title: Click to enter text.		SSN/FEIN: Click to enter text.		DOB: Click to enter date.	a	Registry ID Card/Background Check current? □ Yes □ No		
Address (residence if an individual): Click to enter text.	City: Click to enter text.	Sta Clic	te: ck to enter text.	Zip C Click	Code: to enter text.		ne Number: k to enter text.		
Business Associated with (Applicant, parent business Click to enter text.	or sub-entity):		le (director, man	nager,	etc.)				
Name: Click to enter text.	Title: Click to enter text.	-	SSN/FEIN: Click to enter tex		DOB: Click to enter date.	a	Registry ID Card/Background Check current? □Yes □No		
Address (residence if an individual): Click to enter text.	City: Click to enter text.	Sta Clic	te: ck to enter text.		The second control of		ne Number: k to enter text.		
Business Associated with (Applicant, parent business Click to enter text.	or sub-entity):		le (director, man	nager,	etc.)				
Name: Click to enter text.	Title: Click to enter text.		SSN/FEIN: Click to enter to	ext.	DOB: Click to enter a date.		Registry ID Card/Background Check current?		
Address (residence if an individual): Click to enter text.	City: Click to enter text.	Star	te: ck to enter text.	Zip C Click	Code: to enter text.	0.0000000000000000000000000000000000000	ne Number: k to enter text.		
Business Associated with (Applicant, parent business Click to enter text.		e (director, man	iager, e	etc.)	•				
Name: Click to enter text.	Title: Click to enter text.		SSN/FEIN: Click to enter to	ext.	xt. Click to enter date.		Registry ID Card/Background Check current?		
Address (residence if an individual): Click to enter text.	City: Click to enter text.	Stat	te: ck to enter text.			17747 175447 4415	ne Number: k to enter text.		
Business Associated with (Applicant, parent business Click to enter text.	or sub-entity):	Title (director, manager, etc.) Click to enter text.							
C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT). To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.									
Name: Sean Crowley	Title: Director of Facilitie Management		SSN/FEIN:		DOB:		Registry ID Card/Background Check current?		
Address (residence if an individual):	City: New Bedford	Stat MA		Zip C 02745	and the second s	Pho	ne Number:		
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Role, interest, etc.: Manager, No Operational Control or Ownership							

Name: Wilfred K. Hill	Title: Director of Security Personnel	SSN/FEIN:	DOB:	Registry ID Card/Background Check current? ⊠Yes □No						
Address (residence if an individual):	City: Warwick	State: RI	Zip Code: 02818	Phone Number:						
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	s or sub-entity):	Role, interest, etc Manager, No Ope	a: erational Control or Own	nership						
Name: Laura Meade Kirk	Title: Director of Dispensions	sary SSN/FEIN:	DOR:	Registry ID Card/Background Check current? ⊠Yes □No						
Address (residence if an individual):	City: North Attleboro	State: MA	Zip Code: 02763	Phone Number:						
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Role, interest, etc.: Manager, No Operational Control or Ownership								
Name: Nicholas W. Bennett	Title: Director of Cultiva	SSN/FEIN·	DOB:	Registry ID Card/Background Check current? ⊠Yes □No						
Address (residence if an individual):	City: North Smithfield	State: RI	Zip Code: 02830	Phone Number:						
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Role, interest, etc Manager, No Open	:: rational Control or Owr	nership						
Name: Paul Larissa	Title: Director of Process Operations	ing SSN/FEIN:	DOR:	Registry ID Card/Background Check current? ⊠Yes □No						
Address (residence if an individual):	City: Lincoln	State: RI	Zip Code: 02865	Phone Number:						
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Role, interest, etc.: Manager, No Operational Control or Ownership								
Name: Shaun Aponik	Title: Director of Laborat Operations	SSN/FEIN:	DOR:	Registry ID Card/Background Check current? ⊠Yes □No						
Address (residence if an individual):	City: Exeter	State: RI	Zip Code: 02822	Phone Number:						
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Role, interest, etc. Manager, No Oper	: ational Control or Own	ership						
D. LIST ALL INVESTORS OR OTHER WITH RESPECT TO APPLICANT/L C, ITS OPERATIONS, THE LICENS OWNERSHIP INTEREST OR NOT).	ICENSEE, ANY E, AND/OR LIC	Y OTHER ENT CENSED FAC	FITIES DESCRIA ILITIES (WHETI	BED IN SECTIONS A, B OR HER THEY HAVE AN						
To the extent that any such Interest Holde entity until all such Interest Holders are in										

Name: Sigal Holdings LLC	Title: Click to enter tex	SSN/FEIN:	DOB: N/A	Registry ID Card/Background Check current? □Yes □No
Address (residence if an individual):	City: Newton	State: MA	Zip Code: 02464	Phone Number:
Business Associated with (Applicant, parent busin The Thomas C. Slater Compassion Center, Inc.	ess or sub-entity):	Interest: No ownership inte	erest. Landlord, 1-35 C	Corliss Street, Providence, RI 02904
Name: Jon Levine	Title: Managing Memb	er SSN/FEIN:	DOR	Registry ID Card/Background Check current? ⊠Yes □No
Address (residence if an individual):	City: Dover	State: MA	Zip Code: 02030	Phone Number:
Business Associated with (Applicant, parent busin Sigal Holdings LLC	ess or sub-entity):	Interest: Managing Membe	er er	
Name: Robert Fireman	Title: Manager	SSN/FEIN:	DOB:	Registry ID Card/Background Check current? ⊠Yes □No
Address (residence if an individual):	City: Jamaica Plain	State: MA	Zip Code: 02130	Phone Number:
Business Associated with (Applicant, parent busin Sigal Holdings LLC	ess or sub-entity):	Interest: Manager,		
Name: Sigal Healthcare LLC	Title: N/A	SSN/FEIN:	DOB: N/A	Registry ID Card/Background Check current? Yes No
Address (residence if an individual):	City: Norwood	State: MA	Zip Code: 02062	Phone Number:
Business Associated with (Applicant, parent business and Holdings LLC	ess or sub-entity):	Interest: Member,		
Name: Robert Fireman	Title: Member	SSN/FEIN:	DOB:	Registry ID Card/Background Check current? ⊠Yes □No
Address (residence if an individual):	City: Jamaica Plain	State: MA	Zip Code: 02130	Phone Number:
Business Associated with (Applicant, parent busine Sigal Healthcare LLC	ess or sub-entity):	Interest: Member,		
Name: Jon Levine	Title: Member	SSN/FEIN:	DOB:	Registry ID Card/Background Check current? ⊠Yes □No
Address (residence if an individual):	City: Dover	State: MA	Zip Code: 02030	Phone Number:
Business Associated with (Applicant, parent business Sigal Healthcare LLC	ess or sub-entity):	Interest: Member,		'

E. LIST ALL PERSONS OR ENTITIES COMPANIES, MANAGEMENT AG MANAGEMENT OR OPERATIONA OPERATIONS, THE LICENSE AND To the extent that any such Interest Holder is	REEMENTS, O AL CONTROL OOR THE LICE an entity (corpo	OR OTHER AGE WITH RESPECTENSED FACILI Fration, partnershi	REEM TTO TIES	IENTS THA APPLICAN . C, etc.), list a	AT AFFORD THIRD-PARTY NT/LICENSEE, ITS	7			
until all such Interest Holders are identified a	Title:	ssn/fein:	ial pei	DOB:	Registry ID Card/Background				
Feel Better Institute	N/A			N/A	Check current? □Yes □No				
Address (residence if an individual):	City: Providence	State: RI	Zip (Phone Number:				
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	s or sub-entity):	Interest: Royalty agreement for intellectual property, standard operating procedures, form and credit card processing services.							
Name: Gerald J. McGraw, Jr.	Title: Member	SSN/FEIN:		DOB:	Registry ID Card/Background Check current? ⊠Yes □No	i.			
Address (residence if an individual):	City: Cranston	State: RI	Zip () 0290.		Phone Number:				
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Interest:	•						
Name: James E. Griffin, Jr.	Title: Board Member	SSN/FEIN:	N: DOR:		Registry ID Card/Background Check current? ⊠Yes □No	L,			
Address (residence if an individual):	City: Providence	State: RI	Zip (Phone Number:				
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Interest:							
Name: Sanford J. Resnick, Esq.	Title: Board Member	SSN/FEIN:		DOB:	Registry ID Card/Background Check current? ⊠Yes □No				
Address (residence if an individual):	City: Warwick	State: RI	Zip C 02886	Access and a second sec	Phone Number:				
Business Associated with (Applicant, parent business The Thomas C. Slater Compassion Center, Inc.	or sub-entity):	Interest:	•						
Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter to	ext.	DOB: Click to enter a date.	Registry ID Card/Background Check current? □Yes □No				
Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Click to enter text.	Zip C Click	PARTICIPATE AND ADDRESS OF THE	Phone Number: Click to enter text.				
Business Associated with (Applicant, parent business Click to enter text.	or sub-entity):	Interest: Click to enter text.	1						
Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.		DOB: Click to enter a date.	Registry ID Card/Background Check current? □Yes	VILLE			

Form 2 Part C Supplemental Pages

Name	Title			SSN/FEIN			DOB	Registry ID Card/ Background Check		
Maria Bucci	Director o Services	f Pati	Patient					current?		
Address (residence if an individual)	City		State		ZIP		Phone Number			
	Cranston	Cranston RI			02921					
Business Associated with (Applicant, parent business or subentity)		Role, interest, etc.								
The Thomas C. Slater Compassion Center, Inc.		Man	Manager, No Operational Control or Ownership							
Name	Title	tle		SSN/	FEIN		DOB	Registry ID Card/ Background Check current?		
William Johnson	Manager,	Inventory						⊠ Yes □ No		
Address (residence if an individual)	City	State			ZIP		Phone Number			
	Pawtucke	cket RI			02860					
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc. Manager, No Operational Control or Ownership								
The Thomas C. Slater Compassion Center, Inc.		iwanager, No Operational Control of Ownership								
Name	Title			SSN/	FEIN		DOB	Registry ID Card/ Background Check		
Elizabeth McGraw	Dispensa Manager	ry Sa	les					current?		
Address (residence if an individual)	City		State		ZIP		Phone Number			
	Cranston		RI		02905					
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc. Manager, No Operational Control or Ownership								
The Thomas C. Slater Compassion Center, Inc.		managor, no operational control of owneronip								

Form 2 Part D Supplemental Pages

Name	Title			SSN/FEIN		DOB	Registry ID Card/		
Herbert Housman Family Trust	Member					N/A	Background Check current?		
Address (residence if an individual)	City		State	I	ZIP	Phone Numbe	PF		
	Newton		МА		02464				
Business Associated with (Applicant, parent business entity)	or sub-		e, intere	est, etc).				
Sigal Healthcare LLC	e	Welliber,							
Name	Title			SSN/I	FEIN	DOB	Registry ID Card/		
Kenneth Housman	Member						Background Check current? □Yes □No		
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r		
193 Oak Street #507	Newton		MA		02464				
Business Associated with (Applicant, parent business entity)	or sub- Role, interest, etc.).		***************************************		
Herbert Housman Family Trust	Member,								
Name	Title	le			EIN	DOB	Registry ID Card/		
Richard Housman	Member						Background Check current? □Yes □No		
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r		
	Chestnut I	Hill MA 02467							
Business Associated with (Applicant, parent business or su									
Business Associated with (Applicant, parent business entity)	or sub-		, intere	est, etc).				
	or sub-		e, intere	est, etc	;,				
entity)	or sub-		mber,	SSN/F		DOB	Registry ID Card/		
entity) Herbert Housman Family Trust			mber,			DOB N/A	Registry ID Card/ Background Check current? □ Yes □ No		
entity) Herbert Housman Family Trust Name	Title	Mer	mber,				Background Check current? □Yes □No		
entity) Herbert Housman Family Trust Name Mia Holdings LLC	Title N/A	Mer	mber,		FEIN	N/A	Background Check current? □Yes □No		
entity) Herbert Housman Family Trust Name Mia Holdings LLC	Title N/A City Norwood	Mei	State MA	SSN/F	ZIP 002062	N/A	Background Check current? □Yes □No		
entity) Herbert Housman Family Trust Name Mia Holdings LLC Address (residence if an individual) Business Associated with (Applicant, parent business	Title N/A City Norwood	Mei	State	SSN/F	ZIP 002062	N/A	Background Check current? □ Yes □ No		
entity) Herbert Housman Family Trust Name Mia Holdings LLC Address (residence if an individual) Business Associated with (Applicant, parent business entity)	Title N/A City Norwood	Mei	State MA , intere	SSN/F	ZIP 002062	N/A	Background Check current? Yes No		
entity) Herbert Housman Family Trust Name Mia Holdings LLC Address (residence if an individual) Business Associated with (Applicant, parent business entity) Sigal Holdings LLC	Title N/A City Norwood or sub-	Mei	State MA , intere	SSN/F	ZIP 002062	N/A Phone Numbe	Background Check current?		
entity) Herbert Housman Family Trust Name Mia Holdings LLC Address (residence if an individual) Business Associated with (Applicant, parent business entity) Sigal Holdings LLC Name	Title N/A City Norwood or sub-	Role Mer	State MA , intere	SSN/F	ZIP 002062	N/A Phone Numbe	Background Check current? Yes No No Registry ID Card/ Background Check current? No		

Business Associated with (Applicant, parent business or subentity)				Role, interest, etc.								
Mia Holdings LLC		Me	Member,									
Name	Title		1,4	SSN/FEIN		DOB	Registry ID Card/ Background Check					
Jon Levine	Member						current? ⊠Yes □No					
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r					
	Dover		MA		02030							
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc. Member										
Mia Holdings LLC		Member -										
Name	Title			SSN/I	FEIN	DOB	Registry ID Card/					
Bruce Levine	Member						Background Check current? □Yes □No					
Address (residence if an individual)	City		State		ZIP	Phone Numbe	г					
	Needhan	n	MA		02492							
Business Associated with (Applicant, parent business entity)		e, inter	est, etc).								
Sigal Holdings LLC	IVIE	illbei,										
Name	Title			SSN/I	EIN	DOB	Registry ID Card/ Background Check					
Commonwealth Real Estate Ventures, LLC	N/A					N/A	current?					
Address (residence if an individual)	City		State	ZIP		Phone Number						
	Boston		MA		02114							
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc.										
Sigal Holdings LLC		Ме	mber,				-					
Name	Title			SSN/F	FEIN	DOB	Registry ID Card/					
Henry Lewis	Member						Background Check current?					
Address (residence if an individual)	City		State		ZIP	Phone Number	Γ.					
	Boston		MA		02114							
Business Associated with (Applicant, parent business entity)	or sub-		, intere	est, etc								
Commonwealth Real Estate Ventures, LLC		IVIC	illoci,									
Name	Title			SSN/F	FEIN	DOB	Registry ID Card/ Background Check					
Mericare Inc.	Member					N/A	current?					

Address (residence if an individual)	City		State		ZIP	Phone Number	Phone Number			
	Westwoo	d	MA		02090					
Business Associated with (Applicant, parent business entity)	or sub-	Role	e, inter	est, etc).).					
Sigal Holdings LLC		Ме	mber,	ber,						
Name	Title			SSN/	FEIN	DOB	Registry ID Card/			
Steven Rittenberg	Member	ember					Background Check current? □Yes □No			
Address (residence if an individual)	City	State			ZIP	Phone Number				
	Westwood	t	MA		02090					
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc). -					
Mericare Inc.		Ме	lember,							
Name	Title			SSN/I	FEIN	DOB	Registry ID Card/			
MSJ Providence LLC	N/A				14550	N/A	Background Check current? □Yes □No			
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r			
	Norwood	MA			02062					
Business Associated with (Applicant, parent business or sul entity)			, intere	est, etc).					
Sigal Holdings LLC		Me	Member,							
Name	Title			SSN/FEIN		DOB	Registry ID Card/			
Steven Sands	Member						Background Check current? □Yes □No			
Address (residence if an individual)	City		State		ZIP	Phone Numbe				
	Norwood		MA		02062					
Business Associated with (Applicant, parent business entity)	or sub-		, intere	est, etc	i.					
MSJ Providence LLC		IVIC	illber,							
Name	Title			SSN/F	EIN	DOB	Registry ID Card/			
David E. Cherny	Member						Background Check current? □Yes □No			
Address (residence if an individual)	City		State		ZIP	Phone Number				
	Boston		MA		02199					
Business Associated with (Applicant, parent business entity)	or sub-		, intere	st, etc						
Sigal Holdings LLC		MEI	ilbel,							
Name	Title			SSN/FEIN		DOB	Registry ID Card/ Background Check			

James Harlor	Member						current? [□]Yes [□]No
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r
	Wellesley Hills		MA		02481		
Business Associated with (Applicant, parent business entity)	or sub-		e, intere	est, etc).		
Sigal Holdings LLC		Wellis					
Name	Title			SSN/I	FEIN	DOB	Registry ID Card/
Mitchell Barack	Member	г					Background Check current? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Number	Г
	Lennox		MA		01240		
Business Associated with (Applicant, parent business entity)	Role, interes			est, etc).		
Sigal Holdings LLC		1110	Hiber				
Name	Title	;			FEIN	DOB	Registry ID Card/
Paul Winnick	Member	nber					Background Check current? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Number	г
	Needham	n	MA		02494		
Business Associated with (Applicant, parent business entity)	or sub-		e, intere	est, etc			
Sigal Holdings LLC		IVIC	IIIDCI,				
Name	Title			SSN/FEIN		DOB	Registry ID Card/
Providence One LLC	N/A					N/A	Background Check current? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Number	
	Rapid City	/	SD		57701		
Business Associated with (Applicant, parent business entity)	or sub-	· ·	, intere	est, etc			
Sigal Holdings LLC		IVIC	libei,				
Name	Title			SSN/F	EIN	DOB	Registry ID Card/
David Sands	Member						Background Check current? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Number	
	Rapid City	,	SD		57701		
Business Associated with (Applicant, parent business of entity)	or sub-	Role, interest, etc.					
Providence One LLC		Mer	mber,				

Name	Title			SSN/I	FEIN	DOB	Registry ID Card/		
CCC-RI LLC	N/A					N/A	Background Check current?		
Address (residence if an individual)	City		State		ZIP	Phone Number	Phone Number		
	Newton	ewton MA			02459				
Business Associated with (Applicant, parent business or subentity)			e, intere	est, etc).				
Sigal Holdings LLC		Me	ember,						
Name	Title			SSN/F	FEIN	DOB	Registry ID Card/		
Mark Ramsdell	Member						Background Check current? □Yes □No		
Address (residence if an individual)	City	City State			ZIP	Phone Numbe	ır		
	Newton		MA		02459				
Business Associated with (Applicant, parent business entity)	or sub-		e, intere	est, etc	2.				
CCC-RI LLC		IVIE	Member,						
Name	Title			SSN/F	FEIN	DOB	Registry ID Card/		
Richard David	Member						Background Check current? □Yes □No		
Address (residence if an individual)	City		State		ZIP	Address (resid	lence if an individual)		
	Chestnut	Hill	MA		02467				
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc.							
Sigal Holdings LLC		IVIE	mber,						

Address (residence if an individual):	City:	State:	Zip Code:	Phone Number:
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
· · · · · · · · · · · · · · · · · · ·		Interest: Click to enter text.		

Section II: List all persons (including individuals, firms, partnerships, corporations, limited liability companies, trusts), besides the owners and other Interest Holders previously listed in this CC Renewal Form [2], who/that will loan, give, or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.

Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount
Marimed Inc.	N/A		(1/1/15 - 12/31/21):
			Licensing Fees:
			Packaging Supplies, Materials/Equipment:
Click to enter text.	Click to enter a date.	Click to enter text.	Click to enter text.
Note: MariMed Inc., a publicly traded company is a vendor to the Thomas C. Slater Compassion Center that has provided some supplies and equipment since 2015. The company also has a licensing agreement on the sale of some of its branded medical cannabis products. Gerald J. McGraw, Jr. and James E. Griffin, Jr. are shareholders in the company.	Click to enter a date.	Click to enter text.	Click to enter text.

Section III:

- A. <u>Attach an organizational chart</u> that clearly depicts all Interest Holders identified in this CC Renewal Form 2.
- B. Attach a list of all Interest Holders identified in Section I(A) and I(D) of CC Renewal Form 2 that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to Applicant/Licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.
- C. Attach a list of all Interest Holders identified in Section I(A), I(B), I(C) and I(E) of Form 2 and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest

Holders with respect to Applicant/Licensee, its operations, the license and/or licensed facilities for the last five years.

The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.

Certification as to CC Renewal Form 2

The undersigned duly authorized signatory of Applicant/Licensee, in his/her capacity as such, for and on behalf of Applicant/Licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she has disclosed to the Department in this CC Renewal Form 2:

- (A) With respect to Applicant/Licensee, all persons and entities that:
 - Are owners, members, officers, directors, managers, or agents of Applicant/Licensee; and
 - (ii) Have/will have managing or operational control with respect to Applicant/Licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not; and
 - (iii) Are investors or have any other financial interest therein; and
 - (iv) Hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to Applicant/Licensee, its operations, the proposed license, and/or the licensed facilities (any person or entity in the foregoing (i), (ii) and (iii) being herein individually referred to as an "interest holder" and all such persons and entities in the foregoing (i), (ii), (iii), and (iv) being collectively referred to as the "interest holders"); and
- (B) To the extent that any interest holder described in (A) above is an entity, all interest holders in that entity until all such interest holders are identified and disclosed down to the individual person level.

The undersigned, after due inquiry, further certifies to the Department that, except for the license that is the subject of this CC Renewal Form 2, no "interest holder" disclosed herein is an "interest holder" with respect to any other license issued by, or license application made to, the Department as to a "marijuana establishment licensee" as defined in R.I. Gen. Laws § 21-28.6-3(17).

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the persons/entities/interest holders described and the certifications made in this Form 2 and that each such notice shall include an updated Form 2.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this CC Renewal Form 2 are complete, true, correct, and accurate.

Signature of Authorized Signatory

Printed Name: Gerald J. McGraw, Jr.

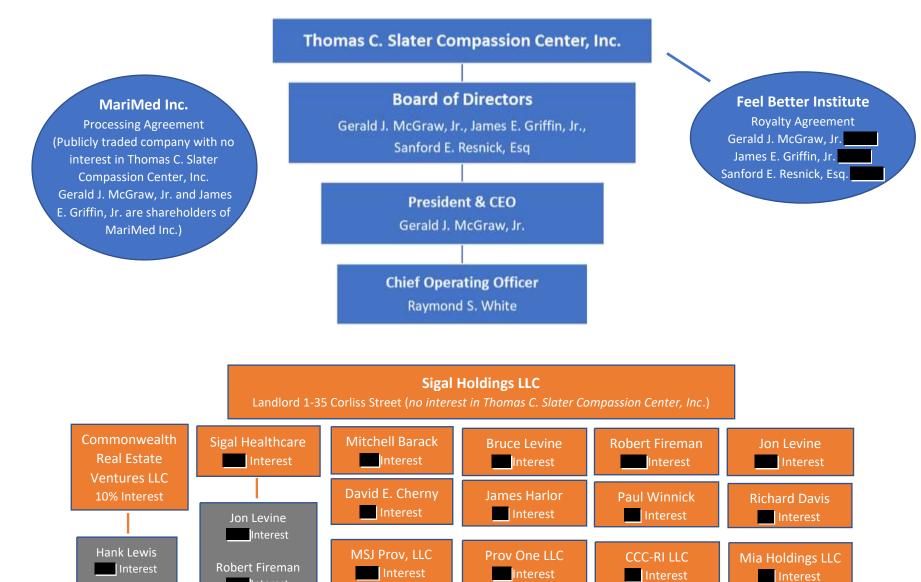
Printed Title: President & CEO

Printed Name of Applicant/Licensee: The Thomas C. Slater Compassion Center, Inc.

2/11/2022

Date

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David Sands

Interest

Mark Ramsdell

Interest

Jon Levine

Robert Fireman

Interest

Interest

Interest

Interest

, Richard

Housman

Steven Sands

Interest

Housman Family

Steven

Rittenberg

Interest

Owners by Effective Percentage of Ownership	Effective Percentage of Ownership	Capital Contributions, if any
Gerald J. McGraw, Jr.		
James E. Griffin, Jr.		
Sanford E. Resnick		

Note: The Thomas C. Slater Compassion Center is a Rhode Island non-profit corporation governed by a board of directors. As a non-profit organization there are no owners.

Third Party Management/ Operation	2021	2020	2019	2018	2017	2016	2015
Agreements	Comp						
Feel Better Institute, LLC. (royalty agreement, see note below)							

Note: Feel Better Institute, LLC has a royalty agreement with The Thomas C. Slater Compassion Center, Inc. ("TCS") for the intellectual property, standard operating procedures, formulas, and credit card processing services utilized by the TCS.

Directors, Officers, and	2021	2020	2019	2018	2017	2016
Key Persons	Comp	Comp	Comp	Comp	Comp	Comp
Gerald J. McGraw, Jr., President & CEO						
Raymond S. White, COO						
James E. Griffin, Jr., Board Member						
Sanford E. Resnick, Board Member						