

Rhode Island Department of Business Regulation
Application for Industrial Hemp Agricultural Pilot Program License

William Farrell
 Printed Name

FORM 2*

Disclosure of Officers, Directors, Owners, Shareholders, Managers, Members, Agents and Consulting/Partnering Parties

Part I: Ownership and Management				
List all persons and/or entities that are owners, shareholders or members of the Applicant or who have any other ownership interest in the Applicant; and all officers, directors, managers and agents of the Applicant, whether they have an ownership interest or not (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership interest in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.				
Name William Farrell	Title CBO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Providence	State RI	ZIP 02909	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Rick DeFedele	Title CTO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City North Kingstown	State RI	ZIP 02852	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Michael Minto	Title COO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City East Greenwich	State RI	ZIP 02818	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Grant Pilkington	Title Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Cranston	State RI	ZIP 02921	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Matthew Jerzyk	Title Legal Counsel	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Cranston	State RI	ZIP 02905	Phone Number [REDACTED]

Rhode Island Department of Business Regulation
Application for Industrial Hemp Agricultural Pilot Program License

Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name Joshua Sellers		Title Employee	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City Providence	State RI	ZIP 02909	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: List all persons and/or entities (besides the Key Persons listed above) who will partner with and/or provide consulting services regarding the growing, handling or production of hemp or hemp products. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Role/Services
SODCO INC. [REDACTED] SLOCUM, RI 02877	N/A		[REDACTED]



 Authorized Signatory

10/9/2018
 Date

William Farrell
 Printed Name