

FORM 2*

Disclosure of Owners and Other Interest Holders

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

Part I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, and (B.) all officers, directors, members, managers or agents of the applicant/licensee, and (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the 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 & CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02905	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.	Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name James E. Griffin, Jr.	Title Board Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Providence	State RI	ZIP 02903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.	Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Sanford J. Resnick	Title Board Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.	Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	



B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.

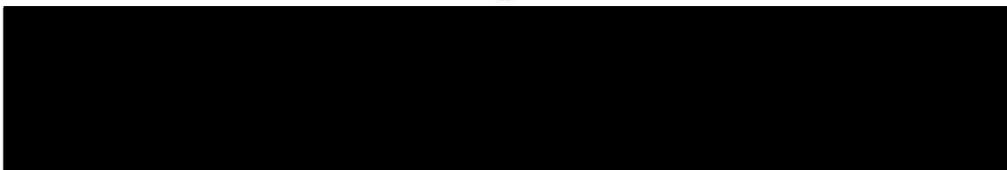
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level

Name Gerald J. McGraw, Jr.	Title President & CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02905	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Title (officer, director, manager, etc.) President & CEO		
Name Raymond S. White	Title COO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02921	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Title (officer, director, manager, etc.) COO		

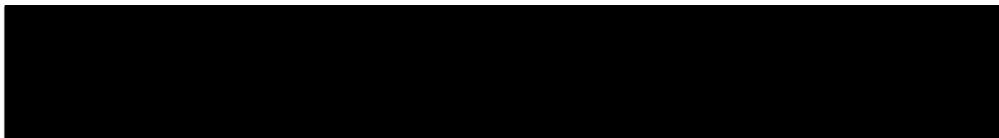
C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).

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.

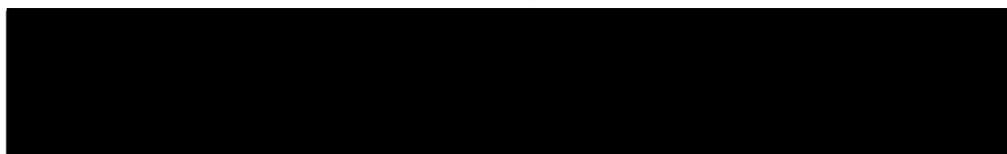
Name N/A	Title 	SSN/FEIN 	DOB 	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) 	City 	State 	ZIP 	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) 		Role, interest, etc. 		
Name 	Title 	SSN/FEIN 	DOB 	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) 	City 	State 	ZIP 	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) 		Role, interest, etc. 		
Name 	Title 	SSN/FEIN 	DOB 	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) 	City 	State 	ZIP 	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) 		Role, interest, etc. 		



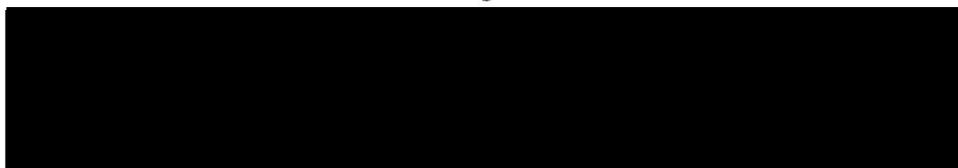
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
<p>D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).</p> <p>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.</p>				
Name Sigal Holdings LLC	Title	SSN/FEIN	DOB n/a	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Newton	State MA	ZIP 02464	Phone Number
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center	Role, interest, etc. Landlord of 1-35 Corliss Street, Providence, RI 02904			
Name Jon Levine	Title Managing Member	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Dover	State MA	ZIP 02030	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC	Role, interest, etc. Managing Member, [REDACTED]			
Name Robert Fireman	Title Manager	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Jamaica Plain	State MA	ZIP 02130	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC	Role, interest, etc. Manager, [REDACTED]			
Name Sigal Healthcare LLC	Title N/A	SSN/FEIN	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Norwood	State MA	ZIP 002062	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC	Role, interest, etc. Member, [REDACTED]			
Name Robert Fireman	Title Member	SSN/FEIN	DOB 9/6/48	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Jamaica Plain	State MA	ZIP 02130	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Healthcare LLC	Role, interest, etc. Member, [REDACTED]			



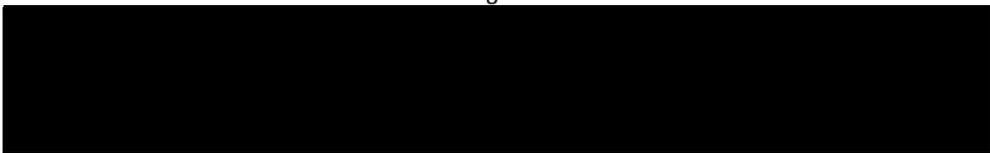
Name Jon Levine	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dover	State MA	ZIP 02030	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Healthcare LLC		Role, interest, etc. Member, [REDACTED]		
Name Herbert Housman Family Trust	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Newton	State MA	ZIP 02464	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Healthcare LLC		Role, interest, etc. Member, [REDACTED]		
Name Kenneth Housman	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Newton	State MA	ZIP 02464	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Herbert Housman Family Trust		Role, interest, etc. Member, [REDACTED]		
Name Richard Housman	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Chestnut Hill	State MA	ZIP 02467	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Herbert Housman Family Trust		Role, interest, etc. Member, [REDACTED]		
Name Mia Holdings LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Norwood	State MA	ZIP 002062	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]		
Name Robert Fireman	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Jamaica Plain	State MA	ZIP 02130	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Mia Holdings LLC		Role, interest, etc. Member, [REDACTED]		
Name Jon Levine	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dover	State MA	ZIP 02030	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Mia Holdings LLC		Role, interest, etc. Member, [REDACTED]		
Name Bruce Levine	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No



Address (residence if an individual) [REDACTED]		City Needham	State MA	ZIP 02492	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name Commonwealth Real Estate Ventures, LLC		Title N/A	SSN/FEIN [REDACTED]		DOB N/A
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Boston	State MA	ZIP 02114	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name Hank Lewis		Title Member	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Boston	State MA	ZIP 02114	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Commonwealth Real Estate Ventures, LLC		Role, interest, etc. Member, [REDACTED]			
Name Steven Rittenberg		Title Member	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Boston	State MA	ZIP 02114	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Commonwealth Real Estate Ventures, LLC		Role, interest, etc. Member, [REDACTED]			
Name MSJ Providence LLC		Title N/A	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Norwood	State MA	ZIP 02062	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name Steven Sands		Title Member	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Norwood	State MA	ZIP 02062	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MSJ Providence LLC		Role, interest, etc. Member, [REDACTED]			
Name David E. Cherny		Title Member	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Boston	State MA	ZIP 02199	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name James Harlor		Title Member	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Wellesley Hills	State MA	ZIP 02481	Phone Number [REDACTED]



Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name Mitchell Barack		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Lennox	State MA	ZIP 01240	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name Paul Winnick		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Needham	State MA	ZIP 02494	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name Providence One LLC		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Rapid City	State SD	ZIP 57701	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name David Sands		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Rapid City	State SD	ZIP 57701	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Providence One LLC		Role, interest, etc. Member, [REDACTED]			
Name CCC-RI LLC		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Newton	State MA	ZIP 02459	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			
Name Mark Ramsdell		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Newton	State MA	ZIP 02459	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) CCC-RI LLC		Role, interest, etc. Member, [REDACTED]			
Name Richard David		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Chestnut Hill	State MA	ZIP 02467	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]			



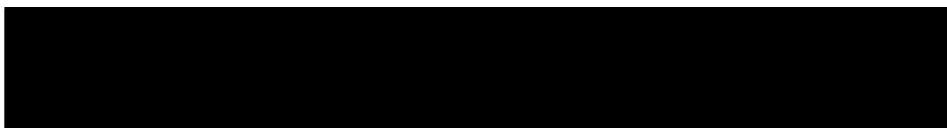
E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT/LICENSEE, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.

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 Feel Better Institute, LLC		Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Providence	State RI	ZIP 02904	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Interest Royalty Agreement for intellectual property, standard operating procedures, formulas, and credit card processing services.			
Name Gerald J. McGraw, Jr.		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Cranston	State RI	ZIP 02905	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Feel Better Institute, LLC		Interest [REDACTED]			
Name James E. Griffin, Jr.		Title Board Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Providence	State RI	ZIP 02903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Feel Better Institute, LLC		Interest [REDACTED]			
Name Sanford J. Resnick		Title Board Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Feel Better Institute, LLC		Interest [REDACTED]			

Part II: Who, besides the owners and other Interest Holders listed in this Form 2 (including persons, firms, partnerships, corporations, limited liability companies, trusts), 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. * see note below	N/A	[REDACTED]	(1/1/15 – 10/4/19) Licensing Fees: [REDACTED] Packaging Supplies: [REDACTED] Materials/Equip: [REDACTED]



MariMed Inc., a publically traded company, is a vendor of The Thomas C. Slater Compassion Center, Inc. ("TSC") that has provided some supplies and equipment since 2015. The company also has a licensing agreement with TCS for the sale of some of its branded medical cannabis products.

*Gerald J. McGraw Jr. owns [REDACTED] of the common shares of MariMed Inc.
James E. Griffin, Jr. owns [REDACTED] of the common shares of MariMed Inc.*

Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to the applicant/licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.

Attach a list of all Interest Holders identified in Part I(A), Part I(B), Part I(C) and Part I(E) and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to the 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 FORM 2

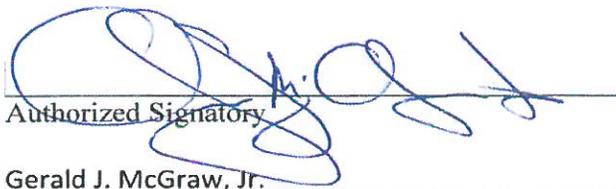
The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she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

- (A) With respect to the applicant/licensee, all persons and entities that:
- (i) Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
 - (ii) Have/will have managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and/or
 - (iii) Are investors or have any other financial interest therein, and/or
 - (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 the 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 Form 2 and except as permitted under R.I. Gen. Laws § 21-28.6-12(b)(10), 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 the 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.

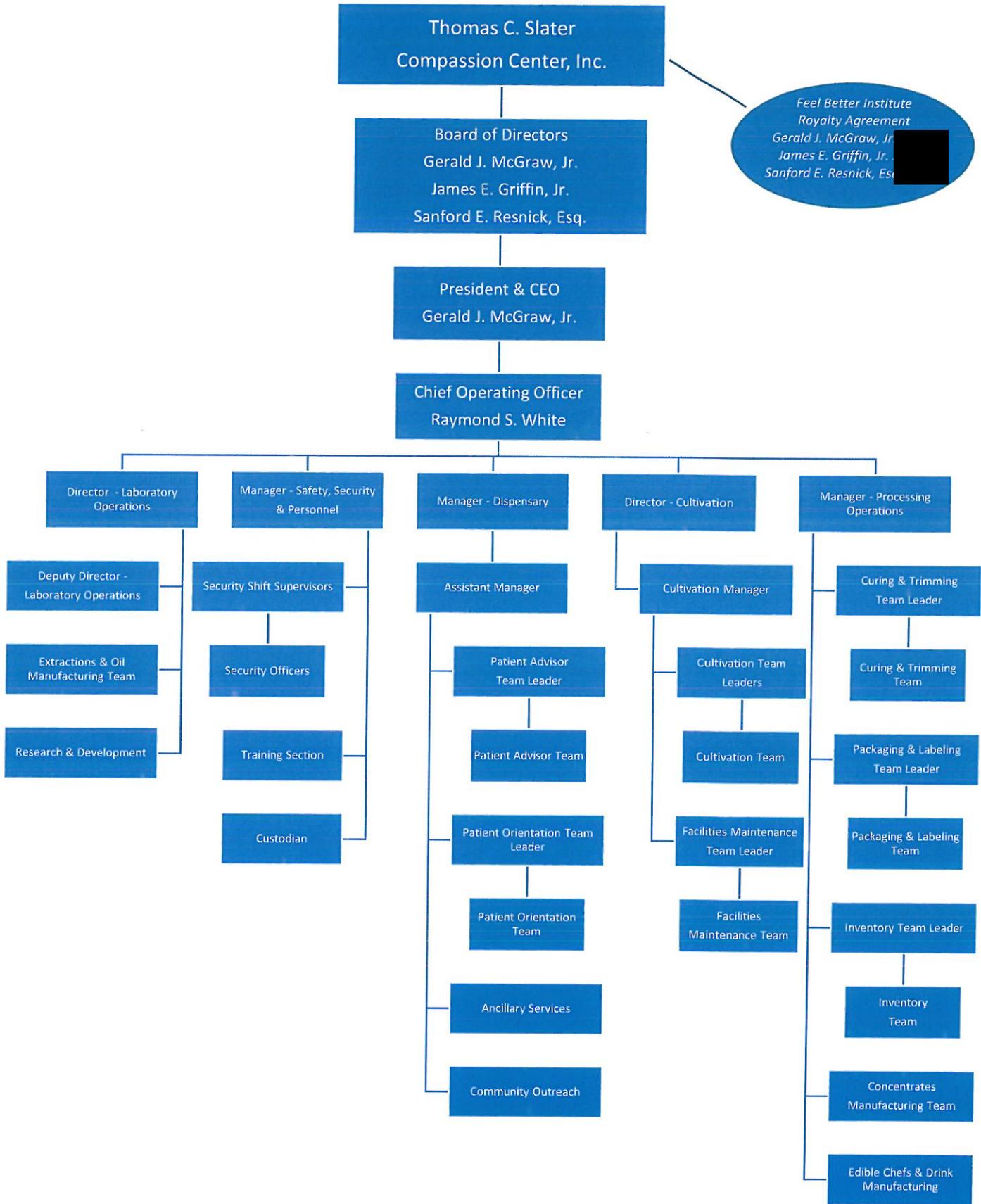
Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct and accurate.


Authorized Signatory

10/8/2019
Date

Gerald J. McGraw, Jr.
Printed Name
Print Name of Applicant/Licensee:
Print Officer Title: President/CEO





Feel Better Institute
Royalty Agreement
Gerald J. McGraw, Jr.
James E. Griffin, Jr.
Sanford E. Resnick, Esq.



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

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 Agreements	2019 Comp	2018 Comp	2017 Comp	2016 Comp	2015 Comp	2014 Comp	2013 Comp
Feel Better Institute, LLC. <i>(royalty agreement, see note below)</i>	[REDACTED] (YTD)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 Key Persons	2019 Comp	2018 Comp	2017 Comp	2016 Comp	2015 Comp
Gerald J. McGraw, Jr., President & CEO	[REDACTED] (YTD)	\$ [REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
Raymond S. White, COO	[REDACTED] (YTD)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
James E. Griffin, Jr., Board Member	[REDACTED]				
Sanford E. Resnick, Board Member					

