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

Name	Title	SSN/FEIN	DOB	App submitted?
Dawson Tucker Hodgson	President; Director	[redacted]	[redacted]	☐Yes ☒No

Address	City	State	ZIP	Phone Number
[redacted]	W.Kingston	RI	02892	[redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Sodco, Inc.	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Linda D. Tucker	Treasurer; Director	[redacted]	[redacted]	☐Yes ☒No

Ad	City	State	ZIP	Phone Number
[redacted]	Wakefield	RI	02879	[redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Sodco, Inc.	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Benjamin Tucker Hodgson	Director	[redacted]	[redacted]	☐Yes ☒No

A	City	State	ZIP	Phone Number
[redacted]	Exeter	RI	02822	[redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Sodco, Inc.	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
John D. Eidson	Vice President Director	[redacted]	[redacted]	☐Yes ☒No

Address	City	State	ZIP	Phone Number
[redacted]	Wakefield	RI	02879	[redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Sodco, Inc.	0	0

Name	Title	SSN/FEIN	DOB	App submitted?
Patrick Hogan	Secretary Director	[redacted]	[redacted]	☐Yes ☒No

Address	City	State	ZIP	Phone Number
[redacted]	Exeter	RI	02822	[redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Sodco, Inc.	0	0

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address	City	State	ZIP	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?
				☐Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

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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
American Standard Hemp Co. LLC		[redacted]	[redacted]
		[redacted]	[redacted]

Authorized Signatory

10/8/2018
Date

Dawson Hodgson
Printed Name

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]

[redacted]