State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 000989303

2. Exact Name of the Limited Liability Company OSCC, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

115112

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO OWN AND OPERATE A CULTIVATION CENTER WITH A MEDICAL MARIJUANA CULTIVATOR'S LICENSE AUTHORIZED UNDER CHAPTER 21-28.6 OF THE RHODE ISLAND GENERAL LAWS ENTITLED “THE EDWARD O. HAWKINS AND THOMAS C. SLATER MEDICAL MARIJUANA ACT,” AS AMENDED INCLUDING AMENDMENT BY THE 2016 PUBLIC LAWS, CHAPTER 142 (BUDGET ARTICLE 14), TO PROVIDE SUCH SERVICES AS THE MEMBERS SHALL DEEM NECESSARY OR APPROPRIATE TO THE CARRYING OUT OF SUCH PURPOSE AND TO ENGAGE IN SUCH OTHER ACTIVITIES AS ARE LEGALLY PERMITTED FOR BUSINESS.

5. Principal Office Address

No. and Street: 65 MEADOW STREET
City or Town: WARWICK State: RI Zip: 02886 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ROBERT GRILLO Contact Title:
No. and Street: 65 MEADOW STREET
City or Town: WARWICK State: RI Zip: 02886 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DAVID MICHAEL SPRADLIN	111 WAYLAND AVE PROVIDENCE,, RI 02906 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN F. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of September, 2020 at 3:58:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ROBERT T. GRILLO
Signature of Authorized Person

Form No. 632
Revised 09/07