

FinCEN REPORTING FORM

In order for us to process your required FinCEN reporting documentation, please fill out the Business Information section of this form and the Beneficial Owner information for each person who 1) owns 25% or more of the company's ownership interest; or, 2) either directly or indirectly exercises substantial control over the business of the company. It is incumbent upon you to provide us with all of the information required to be disclosed. If the information that you submit to us is not complete, you may still be subject to civil fines and criminal penalties under the terms of the Corporate Transparency Act. If you have any questions regarding the definition of ownership interest, Beneficial Owner and/or whom you may need to include in the BOI report, please contact us at sherry@kenyonlawyers.com or 401-789-0217 for further information.

Please e-mail the completed form and attach a copy of each Beneficial Owner's **photo ID** (driver's license, passport, or other government ID) to sherry@kenyonlawyers.com. We will issue you an invoice for \$350.00 upon completion.

YOUR NAME: _____

BUSINESS INFORMATION

BUSINESS NAME: _____

ALTERNATE BUSINESS NAME(S) IF ANY: _____

ADDRESS: _____

TAX IDENTIFICATION NUMBER: _____
(TIN OR SOCIAL SECURITY NUMBER USED TO FILE THE COMPANY'S TAXES)

BUSINESS CONTACT EMAIL: _____

BUSINESS CONTACT PHONE NUMBER: _____

NUMBER OF BENEFICIAL OWNERS: _____

BENEFICIAL OWNER INFORMATION

NAME: _____

TITLE (IF ANY): _____ OWNERSHIP INTEREST (IF ANY): _____

RESIDENCE ADDRESS: _____

DATE OF BIRTH: _____

FORM OF IDENTIFICATION ATTACHED: _____

IDENTIFICATION ISSUING STATE: _____ IDENTIFICATION NUMBER: _____

BENEFICIAL OWNER INFORMATION

NAME: _____

TITLE (IF ANY): _____ OWNERSHIP INTEREST (IF ANY): _____

RESIDENCE ADDRESS: _____

DATE OF BIRTH: _____

FORM OF IDENTIFICATION ATTACHED: _____

IDENTIFICATION ISSUING STATE: _____ IDENTIFICATION NUMBER: _____

BENEFICIAL OWNER INFORMATION

NAME: _____

TITLE (IF ANY): _____ OWNERSHIP INTEREST (IF ANY): _____

RESIDENCE ADDRESS: _____

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RESIDENCE ADDRESS: _____

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If necessary, please copy this form in order to list all Beneficial Owners as required.