

EXHIBIT 24

STATE OF RHODE ISLAND



Department of Corrections
Visitor's Address List

5/19/2015

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Visitor Information

Last Name: LANNI

First Name: JOHN

MI: _____

DOB: [REDACTED]

Gender: MALE

1. Residence Date: 09/29/2010

House #: _____ Street: 10 OFFICE PARKWAY Street 2: _____ Apt: _____ Floor: _____

City: E.PROVIDENCE State: RHODE ISLAND Zip: - Phone: () - _____

STATE OF RHODE ISLAND



Department of Corrections
Visitor's Visits List

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Visitor's Visits List

Offender Name	Inc. #	Relationship	Visit Date & Time	Security
LANNI, SHAYNA L	168816		03/24/2016 18:02 PM	JA

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Visitor Information

Last Name: STYCOS First Name: STEVEN MI: _____
DOB: [REDACTED] Gender: MALE

1. Residence Date: 09/29/2010

House #: _____ Street: 37 FERNCREST AVE Street 2: _____ Apt: _____ Floor: _____
City: CRANSTON State: RHODE ISLAND Zip: - Phone: () - _____

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Offender Name	Inc. #	Relationship	Visit Date & Time	Security
LEE, WAYNE I	-99052	FRIEND	02/26/2002 08:57 AM	HIGH SECURITY
LEE, WAYNE I	-99052	FRIEND	10/03/2001 09:15 AM	HIGH SECURITY
BARNES, ADDISON A	-48706		03/11/1997 20:23 PM	MINIMUM SECURITY
BARNES, ADDISON A	-48706		12/18/1996 21:07 PM	MINIMUM SECURITY
BARNES, ADDISON A	-48706		12/03/1996 20:09 PM	MINIMUM SECURITY
BARNES, ADDISON A	-48706		11/27/1996 20:00 PM	MINIMUM SECURITY

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Visitor Information

Last Name: ACETO First Name: MARIO MI:
DOB: Gender: MALE

1. Residence Date: 09/29/2010

House #: Street: 187 LOCUST GLEN DR Street 2: Apt: Floor:
City: CRANSTON State: RHODE ISLAND Zip: - Phone: () -

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Offender Name	Inc. #	Relationship	Visit Date & Time	Security
ACETO, ERGOLO L	45638		05/30/2006 21:29 PM	MINIMUM SECURITY

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Visitor Information

Last Name: WALL

First Name: DANIEL

MI: R

DOB: [REDACTED]

Gender: MALE

1. Residence Date: 09/29/2010

House #: _____ Street: 300 WATERMAN AVE Street 2: _____ Apt: _____ Floor: _____

City: E.PROV State: RHODE ISLAND Zip: - Phone: (401) 435-4667

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Offender Name	Inc. #	Relationship	Visit Date & Time	Security
BRENNAN, MICHAEL P	-106921		09/29/1997 17:30 PM	INTAKE SERVICE CNTR

STATE OF RHODE ISLAND



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Visitor Information

Last Name: WALL First Name: DANIEL MI: _____
DOB: [REDACTED] Gender: MALE

1. Residence Date: 09/29/2010

House #: _____ Street: 300 NELONDEN AVE. Street 2: _____ Apt: _____ Floor: _____
City: CRANSTON State: RHODE ISLAND Zip: - Phone: () - _____

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