Renewal Application for Medical Marijuana Cultivator License

Name of Applicant/Licensee:

FORM 2* Disclosure of Owners and Other Interest Holders

Best Buds Nursery

LLC					
Part I: Owners and Other Interest Holde	rs				
List (A.) all persons and/or entities with ar officers, directors, members, managers or managing or operational control with resp facilities whether they have an ownership financial interest whether they have owne arising under shared management comparanagement or operational control with relicensed facilities (all persons and entities Holder" and collectively referred to as "Into the extent that any Interest Holder is a entity until all such Interest Holders are id sheet(s) if necessary.	r agents of ect to the a interest or ership interest anies, mana espect to the described erest Holde an entity (co	the applicant/ not, and est or not, agement ne applica in (A)-(E ers").	cant/licensee, and licensee, its operat (D.) all investors o and (E.) all person agreements, or oth ant/licensee, its ope being hereinafter , partnership, LLC,	(C.) all p ions, the r other p ns or ent er agree erations, individual etc.), lis	ersons or entities with license and/or licensed ersons or entities with any ities that hold interest(s) ments that afford third-party the license and/or the ally referred to as an "Interest t all Interest Holders in that
(A) LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (including partnership; this includes parent entity). To the extent that any Interest Holder is that entity until all such Interest Holders.	g corporat companie	tion stoces if the a	kholders; LLC me applicant/licensee ion, partnership, Ll	mbers; is a sub .C, etc.),	and partners if a psidiary of another list all Interest Holders in
Name Joesph Palazio Jr	Title Co-O	wner	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City cranstor	State ri	ZIP 02910	Phone	Number
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Bu	siness Associated with		Effective Own. % in Applicant
Name Ruben Rey III	Title Co-Owner		SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City cransto	State on ri	ZIP 02905	Phone (Number
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Bu	siness Associated with		Effective Own. % in Applicant
Name Cavel Capalbo	Title Co-ov	wner	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No

Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City Narraganse		RI	02882	Phone Number			
Business Associated with (Applicant, parent business entity)	or sub-	wn. % Bu	siness A	Associated with		Effective Own. % in Applicant		
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	Z	ZIP	Phone N	Number		
Business Associated with (Applicant, parent business entity)	or sub-	wn. % Bu	siness /	Associated with		Effective Own. % in Applicant		
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	State	2	ZIP	Phone N	Number		
Business Associated with (Applicant, parent business entity)	or sub-	wn. % Bu	isiness /	Associated with		Effective Own. % in Applicant		
Name	Title		SSN/FI	EIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	2	ZIP	Phone Number			
Business Associated with (Applicant, parent business entity)	or sub-	wn. % Bu	isiness /	Associated with		Effective Own. % in Applicant		
Name	Title		SSN/FI	EIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	. 2	ZIP	Phone Number ()			
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Business Associated with				Effective Own. % in Applicant		
(B) LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND AN To the extent that any such Interest Holders in that entity until all such Interest level	OTHER EN	NTITIES	DESO rporation	on, partnership and disclosed	CTION o, LLC, down to	etc.), list all Interest o the individual person		
Joesph Palazio Jr	Title Co ov	vner	SSN/FI	EIN	DOB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City Cranston	State ri		ZIP 02910	Phone I	Number		
Business Associated with (Applicant, parent business entity)	or sub-	itle (office	er, direct	or, manager, etc.) Officer				
Name Ruben Rey III	Title Co o	wner	SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No		

Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City Crans	ton	State RI	ZIP	02905	Phone N	umber		
Puninger Appropriated with (Applicant agreet having		·				(
Business Associated with (Applicant, parent business entity)	s or sub-	Title	(officer	Officer	nanager, etc.)				
Name Cavel Capalbo	Title Co-0	Own	1	SSN/FEIN		DOB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City		State	ZIP		Phone N	umber		
	Marragan	cott	RI	02	2882				
Business Associated with (Applicant, parent business	Narragan		(officer	director m	nanager, etc.)				
entity)	7 Or Gub	Title		Officer	ianayer, etc.)				
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State	ZIP		Phone N	umber		
Business Associated with (Applicant, parent business entity)	s or sub-	Title	(officer	, director, m	nanager, etc.)				
Name	Title	S		SSN/FEIN		DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City		State	ZIP		Phone Number ()			
Business Associated with (Applicant, parent business entity)	s or sub-	Title	(officer	, director, m	nanager, etc.)				
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State	ZIP		Phone N	umber		
Business Associated with (Applicant, parent business entity)	s or sub-	Title	(officer	, director, m	nanager, etc.)				
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State	ZIP		Phone N	umber		
Business Associated with (Applicant, parent business entity)	s or sub-	Title	(officer	, director, m	nanager, etc.)				
(C) LIST ALL PERSONS OR ENTITIE RESPECT TO THE APPLICANT/L ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT To the extent that any such Interest He Holders in that entity until all such Interest.	LICENSEE E, AND/OR Γ). colder is an	, AN R LIC	Y OT ENSE	HER ENT ED FACIL poration,	TITIES DES TITIES (WF	CRIBEI	D IN SECTIONS A OR B, THEY HAVE AN etc.), list all Interest		
Name Joesph Palazio Jr	Title Co o	wner		SSN/FEIN		DOB	Key Staff App submitted? ⊠Yes □No		

Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City Cransto	n	State RI		ZIP Phone Number 02910		ımber
Business Associated with (Applicant, parent business entity)	<u> </u>	Role	, intere)wner				
Name Ruben Rey III	Title Owner			SSN/F	FIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Cransto	n	State RI		ZIP 02905	Phone Nu	umber
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere Ow	st, etc.			
Name Cavel Capalbo	Title Owner			SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Narragan:	sett	State RI		ZIP 02882	Phone Nu	ımber
Business Associated with (Applicant, parent business entity)		T	, intere	st, etc Owne			
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nu	umber
Business Associated with (Applicant, parent business entity)	s or sub-	Role	, intere	st, etc			
Name	Title			SSN/F	FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State ZIP		ZIP	Phone Nu	umber
Business Associated with (Applicant, parent business entity)	s or sub-	Role	, intere	st, etc			
Name	Title			SSN/F	FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Number	
Business Associated with (Applicant, parent business entity)	s or sub-	Role	, intere	est, etc			
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone No	umber
Business Associated with (Applicant, parent business entity)	s or sub-	Role	, intere	est, etc	-		
(D) LIST ALL INVESTORS OR OTHE WITH RESPECT TO THE APPLIC B OR C, ITS OPERATIONS, THE	ANT/LICE	NSE	EE, AI	NY O	THER ENTIT	IES DESC	RIBED IN SECTIONS A,

Renewal Application for Medical Marijuana Cultivator License

AN OWNERSHIP INTEREST OR N						4	
To the extent that any such Interest Ho Holders in that entity until all such Inter level.						•	
Name	Title		SSN	/FEIN	DOB	Key Staff App submitted?	
Joesph Palazaio Jr	Coo	wner				⊠Yes □No	
Address (residence if an individual)	City Cransto	State	e RI	ZIP 02910	Phone Numi	per	
Business Associated with (Applicant, parent business entity)	or sub-	Interest	Owne	er			
Name Ruben Rey III	Title SSN/FEIN				DOB	Key Staff App submitted? ⊠Yes □No	
Address (residence if an individual)	City Cransto	Stat on RI		ZIP 02905	Phone Num	per	
Business Associated with (Applicant, parent business entity)	or sub-	Interest C	Owne				
Name Cavel Capalbo	Title SSN Owner			/FEIN	DOB	Key Staff App submitted? ⊠Yes □No	
Address (residence if an individual)	City Narragans		e RI	ZIP 02882	Phone Number		
Business Associated with (Applicant, parent business entity)	s or sub-	Interest (Owne	•			
Name	Title		SSN	/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Stat	е	ZIP	Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	Interest					
Name	Title		SSN	/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Stat	е	ZIP	Phone Num	ber	
Business Associated with (Applicant, parent business entity)	s or sub-	Interest					
Name	Title	·	SSN	I/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	Stat	e	ZIP	Phone Num	ber	
Business Associated with (Applicant, parent business entity)	s or sub-	Interest					

Renewal Application for Medical Marijuana Cultivator License

Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State		ZIP	Phone Number	
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
(E) LIST ALL PERSONS OR ENTITIE COMPANIES, MANAGEMENT AC MANAGEMENT OR OPERATION OPERATIONS, THE LICENSE AN To the extent that any such Interest Holder	REEMEN AL CONTI D/OR THI is an enti	TS, OR (ROL WIT E LICENS ty (corpor	THEF TH RES SED Faration,	R AGREEMEN SPECT TO TH ACILITIES. partnership, L	ITS THAT AF E APPLICAN LC, etc.), list a	FORD THIRD-PARTY T/LICENSEE, ITS all Interest Holders in
that entity until all such Interest Holders an	e identified	and disc	closed	down to the in	dividual perso	
Name N/A	Titl	е		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
	N/			N/A	N/A	
Address (residence if an individual) N/A	Cit		State N/A	ZIP N/A	Phone Num	nber N/A
Business Associated with (Applicant, parent busines N/A	N/ s or sub-entit		erest	N/A		
Name	Tit	e		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	Cit	у	State	ZIP	Phone Num	
Business Associated with (Applicant, parent busines	s or sub-enti	ty) Into	erest			
Name	Tit	le		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	Cit	У	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent busines	s or sub-enti	ty) Int	erest			
Name	Tit	le		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	Cit	ty	State	ZIP	Phone Nur	
Business Associated with (Applicant, parent busines	s or sub-enti	ty) Int	erest			
Name	Tit	ile		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	Ci	ty	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent busines	ss or sub-ent	ity) In	terest	L	L	

Renewal Application for Medical Marijuana Cultivator License

Name	Title	SSN	/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Numbe	
Business Associated with (Applicant, parent business or sub-entity) Interest					
Name	Title	SSN	/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Number	
Business Associated with (Applicant, parent business or sub-	entity) Inte	rest			

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
N/A	N/A	N/A	N/A

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.

Renewal Application for Medical Marijuana Cultivator License

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:

- With respect to the applicant/licensee, all persons and entities that: (A)
 - agents of the Are owners, members, officers, directors, managers or applicant/licensee, and/or
 - Have/will have managing or operational control with respect to the (ii) applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and/or
 - Are investors or have any other financial interest therein, and/or (iii)
 - Hold interest(s) arising under shared management companies, management (iv) 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
- To the extent that any interest holder described in (A) above is an entity, all interest holders in (B) 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

Printed Namer JOSUPH Palazio Printed Name

Print Name of Applicant/Licensee:

Print Officer Title:

Owners:

	effective percentage of o	wnership	Capital Contributions
Cavel Capalbo			
Ruben Rey III			
Joesph Palazio			
Jr			

Directors, Officers, Key Persons...

	2023	2022	2021	2020	2019	2018	2017
Cavel Capalbo							
Ruben Rey III							
Joesph Palazio							
Jr							
Ricardo							
Mclean							

