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

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: _____coastal farms LLC _

Part I: Owners and Other Interest Holders									
List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, and (B.) all officers, directors, members, managers or agents of the applicant/licensee, and (C.) all persons or entities with managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, and (E.) all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to the applicant/licensee, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an "Interest Holder" and collectively referred to as "Interest Holders"). To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. Attach a separate sheet(s) if necessary.									
 LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the applicant/licensee is a subsidiary of another entity). To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. 									
Name STEPHEN ROHNER	Title PRESIDE			SSN/FFIN		DOB		Key Staff App s ⊠Yes □N	
Address (residence if an individual)	City NEWPORT	Г	State R	ı	ZIP 02840	Phone	Number		
Business Associated with (Applicant, parent businentity) COASTAL FARMS	ness or sub-	Own.	% Bus	siness A	ssociated with		Effectiv	ve Own. % in App	plicant
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Renewal Application for Medical Marijuana Cultivator License

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Business Associated with (Applicant, parent businentity)	ness or sub-	Own.	% Bus	siness	Associated with		Effectiv	ve Own. % in Applicant
(B) LIST ALL OFFICERS, DIRECT APPLICANT/LICENSEE AND A To the extent that any such Interest Holders in that entity until all such I level	ANY OTHE	R EN	NTITII ntity (c	es Di	ESCRIBED IN Stration, partners	SECTIO hip, LLO	N A. C, etc.)	, list all Interest
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Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

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Renewal Application for Medical Marijuana Cultivator License

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Name	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
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Business Associated with (Applicant, parent bus entity)	iness or sub-	Role, in	nteres	t, etc.				
Name	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
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Name	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	s	state	ZIP	Phone Numb	er		
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Name	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
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Business Associated with (Applicant, parent business)	ness or sub-	Role, in	teres	t, etc.				
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Address (residence if an individual)	City	St	tate	ZIP	Phone Numb	er		
Business Associated with (Applicant, parent businentity)	ness or sub-	Role, in	teres	t, etc.				
(D) LIST ALL INVESTORS OR OT WITH RESPECT TO THE APP B OR C, ITS OPERATIONS, T AN OWNERSHIP INTEREST (LICANT/LICENS	CENSE	EE, A	ANY OTHER EN	NTITIES DESCR	RIBED IN SECTIONS A,		

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

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Business Associated with (Applicant, parent busentity)	siness or sub-	Intere	st				
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Business Associated with (Applicant, parent busentity)	siness or sub-	Intere	est				
Name	Title	L		SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No
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Address (residence if an individual)	City		State		ZIP	Phone Number	er
Business Associated with (Applicant, parent busentity)	siness or sub-	Intere	st				*
Name	Title			SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No
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Renewal Application for Medical Marijuana Cultivator License

Business Associated with (Applicant, parent business or sentity)	ub- Interest		And the Mean Control of the Control				
(E) LIST ALL PERSONS OR ENTITIES T COMPANIES, MANAGEMENT AGRE MANAGEMENT OR OPERATIONAL OPERATIONS, THE LICENSE AND/O	EMENTS, C CONTROL V	OR OTHER	R AGREEMEI SPECT TO TH	NTS THAT AF	FORD THIRD-PARTY		
To the extent that any such Interest Holder is a that entity until all such Interest Holders are identified to the control of	an entity (co entified and	rporation, disclosed	partnership, L down to the ir	LC, etc.), list a ndividual perso	all Interest Holders in on level.		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
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Business Associated with (Applicant, parent business or s	sub-entity)	Interest					
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Renewal Application for Medical Marijuana Cultivator License

Name	Title	and the second s	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Numb	per
Business Associated with (Applicant, parent business or sub-	entity)	Interest			

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.

control of that entity.	Date of Birth	SSN/FEIN	Interest/Dollar Amount
Name	Date of Birtin	0014/1 E114	

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.

Coastal Farms LLC Organization Chart



Board of Directors

Patrick Kilroy
Stephen Rohner
Craig Kilroy

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:

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

Atak / Keln	3/15/2023	
Authorized Signatory	Date	
STEPHEN ROHNER		
Printed Name		
Print Name of Applicant/Licensee:		
Print Officer Title:		