Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: _cri, LLC	

Part I: Owners and Other Interest Holde	rs								
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.									
A) LIOTALI DEDOCUCANDOS EN	TITICO				NEDOUS INT		IN THE		
A) LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (includin partnership; this includes parent	g corpo	ratio	on sto	ckho	olders; LLC m	embers	s; and partners if a		
entity).									
To the extent that any Interest Holder i that entity until all such Interest Holder									
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted?		
Christopher D Sands	CEO						⊠Yes □No		
Address (residence if an individual)	City		State		ZIP	Phone Number			
	Wakefie	eld	RI		02879				
Business Associated with (Applicant, parent business entity)			n. % Bus n/a	siness	Associated with		Effective Own. % in Applicant		
n/a	[T			
Name Gregory Roebuck	Title COO			SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City		State		ZIP	Phone N	Number		
	Wakef	ield	RI		02879	1			
Business Associated with (Applicant, parent business entity) n/a	or sub-	1	n. % Bus i/a	siness	Associated with		Effective Own. % in Applicant		
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted?		
Marc Gertsacov							⊠Yes □No		

	Founding Member			· · ·				
Address (residence if an individual)	City E. Greenw	/ich	State RI	ZIP 02818	Phone Nu	ımber		
Business Associated with (Applicant, parent busines entity) n/a	s or sub-		n/a	siness Associated with		Effective Own. % in Applicant		
Name Meghan Flynn	Title Inves	tor	SSN/FEIN		DOB	Key Staff App submitted? ⊠Yes □No		
Address (regidence if an individual)	City Exeter	'		ZIP 02822	Phone Nu	umber		
Business Associated with (Applicant, parent busines entity) n/a	s or sub-		i. % Bu i/a	siness Associated with		Effective Own. % in Applicant		
Name Michael Capalbo	Title Board / Invest	Member		SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City Weste	rly	State RI	ZIP 02891	Phone Nu	umher		
Business Associated with (Applicant, parent busines entity) n/a	s or sub-		n. % Bu n/a	siness Associated with		Eff <u>ective Own</u> . % in Applicant		
Name Dion Luzzi	Title Investo	or		SSN/FFIN	DÓB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City Wester	-ly	State RI	ZIP 02891	Phone Nu	umber		
Business Associated with (Applicant, parent busines entity) n/a	s or sub-	1	i. % Bu n/a	siness Associated with		Effective Own. % in Applicant		
Name Marcus Capalbo	Title Invest	or		SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City Weste	rly	State RI	ZIP 02891	Phone Nu	umber		
Business Associated with (Applicant, parent busines entity) n/a	s or sub-	or sub- Own. % Business Associated with n/a				Effective Own. % in Applicant		
(B) LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND AN To the extent that any such Interest H Holders in that entity until all such Intel level	Y OTHE	R EN n en	ITITIE	S DESCRIBED IN orporation, partner	SECTION Ship, LLC,	etc.), list all Interest		
Name Joseph T Flynn	Title Head Cultivat					SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)								

(A) 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 Matthew Capalbo	City State Westerly RI parent business or sub- Own. % Br n/a			SSN/FEIN		DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)			ZIP 02891		Phone Num	ber	
Business Associated with (Applicant, parent business entity) n/a					Associated with	Effective Own. % in Applicant	

Business Associated with (Applicant, parent business entity) n/a	or sub-	1	office n/a	er, direc	tor, manager, etc.)			
Name	Title	•		SSN/FEIN		DOB	Kev Staff An	Key Staff App submitted?	
Christopher D Sands	CEO /	Roal	rd of					□No	
om stopher b dands				·					
	Directo					-		***	
Address (residence if an individual)	City	St			ZIP	Phone N	lumber		
	Wakefi	eld	RI		02879				
Business Associated with (Applicant, parent business entity) N/A	or sub-		(office	er, direc	tor, manager, etc.)			
Name	Title			SSN/F	EIN	DOB	Key Staff Ap	p submitted?	
Gregory Roebuck	coo							□No	
			Ta			-			
Address (residence if an individual)	City		State		ZIP	Phone N	lumber		
	Wakefi	ela	RI		02879				
Business Associated with (Applicant, parent business entity) N/A	or sub-	1	(office N/A	er, direc	tor, manager, etc.)			
Name	Title			SSN/F	FIN	DOB	Key Staff An	p submitted?	
Michael Capalbo	Board			90711				□No	
Whenact capaibo									
	Membe	r							
Address (residence if an individual)	City		State		ZIP	Phone N	lumber		
	Wester	ly	RI		02891				
Business Associated with (Applicant, parent business entity) N/A	or sub-		(office N/A	er, direc	tor, manager, etc.)			
Name	Title	•		SSN/FEIN		DOB		p submitted? □No	
Address (residence if an individual)	City	State		State ZIP		Phone N	lumber		
,						()			
Design and Associated 1997 (Ass. 1)	<u> </u>		/ 651			,	 		
Business Associated with (Applicant, parent business entity)	s or sub-	Title	(Office	er, direc	tor, manager, etc.)			
Name	Title			SSN/F	EIN	DOB	Key Staff Ap	p submitted?	
	j							□No	
	3		Ta	<u> </u>					
Address (residence if an individual)	City	State		ZIP		Phone N	lumber		
						()			
Business Associated with (Applicant, parent business entity)	or sub-	Title	Title (officer, director, manager, etc)				
Name	Title			SSN/F	EIN	ров	Key Staff An	n submitted?	
realite	11110			0014/1		DOB Key Staff App submitted?			
				<u> </u>					
Address (residence if an individual)	City		State		ZIP	Phone N	lumber		
					4	()			
Business Associated with (Applicant, parent business	L or out	THE.	/off:	or dine -	tor manager st-	1			
entity)	OF SUD-	IIIIe	COTICE	er, urrec	tor, manager, etc.	1			
					·				

(C) LIST ALL PERSONS OR ENTIT RESPECT TO THE APPLICANT ITS OPERATIONS, THE LICENS OWNERSHIP INTEREST OR NO	/LICENSI SE, AND/0	EE, ANY	OTHER ENTITI	ES DESCRIBE	IN SECTIONS A OR B,
To the extent that any such Interest In Holders in that entity until all such Interest.					
Name Same as Section B without any additions or other entities.	Title		S\$N/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	e ZIP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ess or sub-	Role, inter	rest, etc.		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ss or sub-	Role, inter	rest, etc.	\\	
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ss or sub-	Role, inter	rest, etc.		
Name	Title	<u>-1 , </u>	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ss or sub-	Role, inter	rest, etc.	ļ ,	
Name	Title	-l	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ss or sub-	Role, inter	rest, etc.		
Name	Title	1	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ss or sub-	Role, inter	rest, etc.		

Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Numl	oer	
Business Associated with (Applicant, parent business)	iness or sub-	Role, intere	est, etc.			
(D) LIST ALL INVESTORS OR OT WITH RESPECT TO THE APP B OR C, ITS OPERATIONS, T AN OWNERSHIP INTEREST OF	LICANT/LIC HE LICENS DR NOT).	CENSEE, E, AND/C	ANY OTHER E	ENTITIES DESC FACILITIES (WI	RIBED IN SECTIONS A, HETHER THEY HAVE	
Holders in that entity until all such level.	Interest Hold	lers are ic	lentified and dis	sclosed down to	the individual person	
Name Same as Section A without any additions.	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Numl	ber	
Business Associated with (Applicant, parent businestity)	ness or sub-	Interest	 	I		
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 busi entity)	ness or sub-	Interest				
Name	Title	<u> </u>	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Numl	per	
Business Associated with (Applicant, parent businentity)	ness or sub-	Interest				
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Numl	per	
Business Associated with (Applicant, parent busi entity)	ness or sub-	Interest	· .			
Name	Title	 	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	State	ZIP	Phone Numl	ber	

Business Associated with (Applicant, parer entity)	nt business or sub-	Intere	st						
Name	Title	-	;	SSN/FE	IN	DOB		Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	S	State	Z	IP	Phor (ne Numbe	r	
Business Associated with (Applicant, parer entity)	nt business or sub-	Intere	st						
Name	Title		;	SSN/FEIN		DOB	,	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	S	State	Z	IP .	Phor (ne Numbe	r	
Business Associated with (Applicant, parer entity)	nt business or sub-	Intere	st						
(E) LIST ALL PERSONS OR COMPANIES, MANAGEN MANAGEMENT OR OPEI OPERATIONS, THE LICE To the extent that any such Interest that entity until all such Interest Ho	MENT AGREEM RATIONAL COI NSE AND/OR 1 st Holder is an e	ENTS, NTROL THE LIG ntity (c	OR (WIT CEN:	OTHE TH RE SED F ration,	R AGREE SPECT TO ACILITIES partnersh	MENTS D THE A S. ip, LLC,	THAT A	AFFORD THIRD-PARTY ANT/LICENSEE, ITS st all Interest Holders in	
Name n/a - No management con agreements.	npanies or	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, pare	nt business or sub-e	entity)	Inte	erest	-				
Name		Title	le		SSN/FEIN		DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)		City		State	ZIP		Phone Number		
Business Associated with (Applicant, pare	nt business or sub-e	entity)	Inte	erest					
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, pare	nt business or sub-e	entity)	Inte	erest					
Name		Title			SSN/FEIN	<u>.</u>	DOB	Key Staff App submitted? ☐ Yes ☐ No	
Address (residence if an individual)		City	Stat		ZIP		Phone Number		

Renewal Application for Medical Marijuana Cultivator License

Business Associated with (Applicant, parent business or s	ub-entity)	Interes	st				
Name	Title		ss	N/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	City St.		ZIP	Phone N		
Business Associated with (Applicant, parent business or s	ub-entity)	Interes	st	•	***		
Name	Title			N/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	S	State	ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business or s	ub-entity)	Interes	st				
Name	Title	SS		N/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State ZIP		ZIP	Phone Number ()		
Business Associated with (Applicant, parent business or s	ub-entity)	Interest					
		•					
Part II: Who, besides the owners and other partnerships, corporations, limited liability conterests, equipment, inventory, furniture, lice a security interest therein; or who will receive Attach a separate sheet if necessary. If an control of that entity.	companies, censing or c e money, p	trusts), other pi rofits, p	, will lo ropriet proprie	an, give or ary rights to tary rights o	otherwise p or for use i r other inter	rovide money, property in this business, or hold ests from this business.	
Name	Date of E	Birth	SSN/FEIN		1 1	nterest/Dollar Amount	
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.



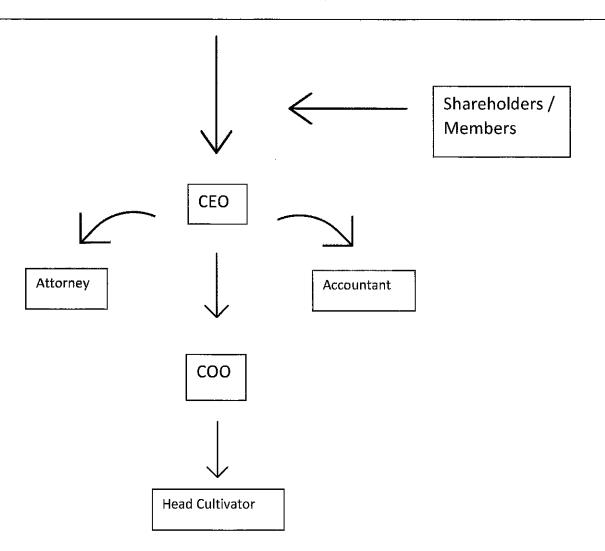
Part III: Organizational Chart

Directors of the Board

1. Investor Member: Michael Capalbo MD

2. Partner Member: Christopher Sands PA

3. Attorney: (Deciding Vote as Needed)





Ownership by Effective Percentage of Ownership

Christopher D Sands

Meghan Flynn

Michael Capalbo

Dion Luzzi

Marcus Capalbo

Matthew Capalbo

Gregory Roebuck

Marc Gertsacov

Third Party Management / Operation Agreements

N/A

Directors, Officers, and Key Persons 2022 Comp 2018 Comp 2017 Comp
Christopher D Sands
Meghan Flynn
Michael Capalbo
Dion Luzzi
Marcus Capalbo

Effective Percentage of Ownership Capital Contributions, if any

Matthew Capalbo Gregory Roebuck Marc Gertsacov

Widte del tadeo

Joseph T Flynn

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.

Authorized Signatory

1/24/2023

Date

Christopher D Sands CEO CRI, LLC

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title: