## FORM 2\* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee	:Sol	ar Thera	peutics Rho	de Island						
Inc.										
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, <b>and</b> (B.) all officers, directors, members, managers or agents of the applicant/licensee, <b>and</b> (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, <b>and</b> (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, <b>and</b> (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 a entity until all such Interest Holders are id sheet(s) if necessary.	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. LIST ALL PERSONS AND/OR ENTITIES WITH ANY CWNERSHIP 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 Rapoza INV LLC	TitleM	ember SSN	FEIN	DOB N/A	App submitted?					
Address (residence if an individual)	City Somerset	State MA	ZIP 02726	Phone Numbe	r					
Business Associated with (Applicant, parent business entity)  Solar Therapeutics Rhode Island, Inc.	11		s Associated with r of Solar Therapeu c.	rtics   Thera	ive Own. % in Applicant Ownership in Solar peutics Rhode Island, Inc.					
Name	Title	SSN	FEIN	DOB	App submitted? □Yes □No					
Address (residence if an individual)	City	State	ZIP	Phone Numbe	er 					
Business Associated with (Applicant, parent business entity)	or sub-	n. % Busines	s Associated with	Effect	ive Own. % in Applicant					
Name	Title	SSN	FEIN	DOB	App submitted? □Yes □No					
Address (residence if an individual)	City	State	ZIP	Phone Numbe						

Business Associated with (Applicant, parent business entity)	or sub-	Owr	n. % Bı	usines	s Associated w	th	Effecti	ve Own. % in Applicant	
Name	Title	,			FEIN	DOB		App submitted?  ☐Yes ☐No	
Address (residence if an individual)	City	City State			ZIP	Phone (	Numbe	r ]	
Business Associated with (Applicant, parent business entity)	or sub-	or sub- Own. %			Own. % Business Associated with			ve Own. % in Applicant	
Name	Title	tle			FEIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City	State			ZIP	Phone (			
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Business Associated with				th	Effective Own. % in Applica		
Name	Title			SSN/	FEIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone ( )	Number		
Business Associated with (Applicant, parent business entity)	or sub-	Owr	n. % Bu	usiness	Associated wi	th	Effective	ve Own. % in Applicant	
Name	Title			SSN/I	EIN	DOB		App submitted?  ☐Yes ☐No	
Address (residence if an individual)	City		State	1	ZIP	Phone (	Number		
Business Associated with (Applicant, parent business entity)	or sub-	Owi	i. % Bu	usiness	Associated wi	th	Effectiv	ve Own. % in Applicant	
B. LIST ALL OFFICERS, DIRECTORS, MAND ANY OTHER ENTITIES DESCRI  To the extent that any such Interest Ho Holders in that entity until all such Inter level	BED IN S	SEC ent	TION	A. orpora entifie	ation, partne	rship, LLC sed down	), etc.)	, list all Interest individual person	
Name Nicholas J. Heamond, Esq.	Title Director			SSN/I		DOB		App submitted? □Yes □No	
Address (residence if an individual)	City Provider	<u>ice</u>	State RI	]	ZIP 02908	Phone	Number		
Business Associated with (Applicant, parent business entity)   Solar Therapeutics Rhode Island, Inc.	or sub-		(office irector/		ctor, manager, e ent	etc.)			
Name Ronald Rapoport	Title Directo	<u>r</u>		SSN/I	EIN	DOR		App submitted? □Yes □No	
Address (residence if an individual)	City Tiverton	!	State RI		ZIP 02878	Phone	Number		

Isiness Associated with (Applicant, parent business or subtity)  Solar Therapeutics Rhode Island, Inc										
Name Jill Nasuti	Title Directo	SSN/FE Director		EIN	DOB		App subm □Yes	itted? □No		
Address (residence if an individual)	City Barringto		ate <u>RI</u>	1	ZIP 02806	Phone I	Numbei			1
Business Associated with (Applicant, parent business entity)  Solar Therapeutics Rhode Island, Inc	or sub-		fficer, d ctor/Se		or, manager, etc.) ary					
Name Rapoza INV LLC	Ti <u>tle</u>	Member		N/F	EIN	DOB N/A		App subm □Yes	itted? □No	
Address (residence if an individual)	City Somers	merset State		1	ZIP <u>02726</u>	Phone I	Numbe			1
Business Associated with (Applicant, parent business entity)   Solar Therapeutics Rhode Island, Inc	or sub-	Title (o	fficer, d Memb		or, manager, etc.)					
Name Ronald Rapoza	Title	ember	SS	N/F	FIN	DOB		App subm □Yes	itted? □No	
Address (residence if an individual)	City   Somers		ate - <u>MA</u>	1	ZIP 02726	Phone N	Number			
Business Associated with (Applicant, parent business entity)  Rapoza INV LLC	or sub-	Title (o	fficer, d Memb		or, manager, etc.)					
Name Robert Keller	Title - <u>CAO</u>		SS	N/F	EIN	DOB		App subm □Yes	itted? □No	
Address (residence if an individual)	City Wilton		ate NH		ZIP 03086	Phone N	Number			
Business Associated with (Applicant, parent business entity)  Solar Therapeutics Rhode Island, Inc.	or sub-				or, manager, etc.) ninistrative Officer					
Name	Title		SS	N/F	EIN	DOB		App subm □Yes	itted? □No	
Address (residence if an individual)	City	S	ate		ZIP	Phone N	lumber			
Business Associated with (Applicant, parent business entity)	or sub-	Title (o	fficer, d	lirec	or, manager, etc.)					
C. LIST ALL PERSONS OR ENTITIES WERESPECT TO THE APPLICANT/LICE OPERATIONS, THE LICENSE, AND/OINTEREST OR NOT).  To the extent that any such Interest Holders in that entity until all such Interlevel.	NSEE, ADR LICE	NY O'NSED	FACIO (corp	EN LIT	TITIES DESC ES (WHETHE	RIBED R THE	IN SE Y HAV	ECTIONS VE AN O	S A OR E	ĤIP
Name Rapoza INV LLC	T <u>itle</u>	ember	SS	SN/F	EIN	DOB N/A		App subm □Yes	itted? □No	
	0					The Company of the Co		10 000		

Business Associated with (Applicant, parent business entity)  Solar Therapeutics Rhode Island, Inc.	or sub-		ember		ner and	
Name Ronald Rapoza	Title Me	<u>ember</u>	SSN/	FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City Somerse	State		ZIP 02726	Phone N	Number
Business Associated with (Applicant, parent business entity)  Rapoza INV LLC	or sub-	Role, inte		of Rapoza INV	<u>LLC</u>	
Name  Dow Dispensary Management,  LLC	Title Consul	tant	SSN/	FEIN	DOB N/A	App submitted? □Yes □No
Address (residence if an individual)	City Provide	nce State		ZIP 02903	Phone N	Number
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc. and Rapoza II		Role, inte	Itant to	Solar Therape	eutics Rhode	
Name Edward Dow III	Title Me Dow Dispe Managem		NASS	EEIN	DOB	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City East Sandwich	State M.	1	ZIP - <u>02537</u>	Phone N	Number
Business Associated with (Applicant, parent business entity)  Dow Dispensary Management, LLC	or sub-	Role, inte	ember	of Dow Dispen	sary	
Name	Title		SSN/	FEIN	DOB	App submitted?
Address (residence if an individual)	City	State		ZIP	Phone N	Number
Business Associated with (Applicant, parent business entity)	or sub-	Role, inte	est, etc			
Name	Title	ATTION OF THE STREET	SSN/	FEIN	DOB	App submitted?
Address (residence if an individual)	City	State		ZIP	Phone N	· Automatica processor contents
Business Associated with (Applicant, parent business entity)	or sub-	Role, inte	est, etc	<b>.</b> .		
Name	Title		SSN/	FEIN	DOB	App submitted?
Address (residence if an individual)	City	State		ZIP	Phone N	Number
Business Associated with (Applicant, parent business entity)	or sub-	Role, inte	est, etc	Σ.	j	
D. LIST ALL INVESTORS OR OTHER PRESPECT TO THE APPLICANT/LICE ITS OPERATIONS, THE LICENSE, -A OWNERSHIP INTEREST OR NOT).	NSEE, A	NY OTH	ER E	NTITIES DE	SCRIBED	IN SECTIONS A, B OR C,

To the extent that any such Interest Ho Holders in that entity until all such Inter level.									
Name Rapoza INV LLC	Title Membe	er er	SSN/FFIN		DOB N/A	App submitted? □Yes □No			
Address (residence if an individual)	City Somerset	State MA	ZIP 0272	<u>6</u>	Phone Number				
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc	or sub-	erest Me	mber and	Owner and	d Working Capi	tal Contributor			
Name Ronald Rapoza	Title Mem	<u>ber</u>	SSN/FFIN		DOB	App submitted? □Yes □No			
Address (residence if an individual)	City Somerset	State MA	1 1		Phone Numbe (	Ĭ			
Business Associated with (Applicant, parent business entity) Rapoza INV LLC	or sub-	erest Mer	nber of Rapoza IN	NV LLC					
Name Edward Dow III	Memb Dow Dispens Management	ary	SSN/FFIN		DOR	App submitted? □Yes □No			
Address (residence if an individual)	City East Sandwich	State MA	ZIP 02537		Phone Number				
Business Associated with (Applicant, parent business entity)  Dow Dispensary Management, LLC	or sub-	erest Mer	nber of Dow Dispe	ensary Ma	anagement, LL0	2			
Name	Title		SSN/FEIN		DOB	App submitted? □Yes □No			
Address (residence if an individual)	City	State	ZIP		Phone Number				
Business Associated with (Applicant, parent business entity)	or sub-	erest							
Name	Title		SSN/FEIN		DOB	App submitted? □Yes □No			
Address (residence if an individual)	City	State	ZIP		Phone Number	r İ			
Business Associated with (Applicant, parent business entity)	or sub-	erest							
Name	Title		SSN/FEIN		DOB	App submitted? □Yes □No			
Address (residence if an individual)	City	State	ZIP		Phone Number				
Business Associated with (Applicant, parent business entity)	or sub-	erest	•						
Name	Title		SSN/FEIN		DOB	App submitted? □Yes □No			

Address (residence if an individual)	City	State	ZIP		Phone Number	
Business Associated with (Applicant, parent business entity)	s or sub-	terest				,
E. LIST ALL PERSONS OR ENTITIES T COMPANIES, MANAGEMENT AGRE MANAGEMENT OR OPERATIONAL OPERATIONS, THE LICENSE AND/C To the extent that any such Interest Holder that entity until all such Interest Holders are	EEMENTS, C CONTROL V OR THE LIC r is an entity	OR OTHER WITH RES ENSED FA	R AGRI SPECT ACILIT	EEMENTS TO THE AIRES.	THAT AFFOR PPLICANT/LIC	ID THIRD-PARTY CENSEE, ITS  I Interest Holders in
Name Dow Dispensary Management, LLC	Title Cor	nsultant	SSN	l/FFIN	DOB N/A	App submitted?  □Yes □No
Address (residence if an individual)	City Pro		ate <u>RI</u>	ZIP 02903	Phone Number	er
Business Associated with (Applicant, parent business Solar Therapeutics Rhode Island, Inc.	s or sub-entity)			Solar Therape	eutics Rhode Islan	d, Inc.
Name Edward Dow III		Member of Dispensary		/FFIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City   Ea   Sand	St st	ate MA	ZIP 02537	Phone Number	er er
Business Associated with (Applicant, parent business Dow Dispensary Management, LLC	s or sub-entity)	Interest		r of Dow Dispe	ensary Manageme	ent, LLC
Name	Title		SSN	/FEIN	DOB	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	St	ate	ZIP	Phone Number	er e
Business Associated with (Applicant, parent business	s or sub-entity)	Interest				
Name	Title		SSN	/FEIN	DOB	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	St	ate	ZIP	Phone Number	er
Business Associated with (Applicant, parent business	s or sub-entity)	Interest				
Name	Title		SSN	/FEIN	DOB	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	St	ate	ZIP	Phone Number	er
Business Associated with (Applicant, parent business	or sub-entity)	Interest				
Name	Title		SSN	/FEIN	DOB	App submitted?  □Yes □No

Address (residence if an individual)	City	State	ZIP	Phor	e Number	•
				(	)	
Business Associated with (Applicant, parent business or s	sub-entity)	Interest				
Name	Title		SSN/FEIN	DOB		App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phor	ne Number	
Business Associated with (Applicant, parent business or s	sub-entity)	Interest				
Part II: Who, besides the owners and oth partnerships, corporations, limited liability of interests, equipment, inventory, furniture, linea security interest therein; or who will receiv Attach a separate sheet if necessary. If a control of that entity.	companies, t censing or o e money, pr	rusts), will ther propri ofits, propr	loan, give or o etary rights to etary rights or	therwis or for us other in	e provide se in this terests f	e money, property business, or hold rom this business.
Name	Date of B	irth	SSN/FEIN		Intere	st/Dollar Amount
Rapoza INV LLC						<u>Loan</u>
Ronald Rapoza					Rapoza	Member of INV LLC
Part III: Attach an organizational chart that cle Attach a list of all Interest Holders identified effective ownership percentage and doll	ed in Part I(A	(and Part	I(D) that are i	ndividua	al persor	ns and include 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.

## Use for Part B Supplemental:

Name Aaron Correia	Title Directo Operation		of Retail SSN/FEIN				DOB	Ap	p subm □Yes	itted? □No	
Address (residence if an individual)	City Fall Riv		State MA		IP 02720		Phone N	lumber			1
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc.	or sub-			r, director/Retail (	or, manage Ops	, etc.)					
Name	Title			SSN/FE	IN		DOB	Ar	p subm	itted?	
Anthony	Data Ma	anager							□Yes	□No	
Address (residence if an individual)	City Cumberl		State RI	Z	IP 02864	•	Phone N	lumber			
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc.	or sub-		office nager/		or, managei	, etc.)					
Name Kendra Rezendez	Title Store M	anage	r	SSN/F	IN		DOB		p subm □Yes	itted? □No	
Address (residence if an individual)	City Somers		State MA	1 1	(IP 02726		Phone N	lumber			
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc.	or sub-				or, manager Manager	, etc.)					
Name Dylan Pothof	Title Invento Manager			SSN/FF	IN	DOB			p subm □Yes	itted? □No	
Address (residence if an individual)	City Fall Riv		State MA	Z	IP 02724		Phone N	lumber			
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc.	or sub-				or, manager ory Manager						
Name Raymond Blinn	Title   Securit	y Mare	ager	SSN/F	IN	ļ	DOB		p subm □Yes	itted? □No	
Address (residence if an individual)	City East Providence		State   RI	4 2	(IP 02915		Phone N	lumber			
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc.	or sub-			r, director/Securit	or, manager y	, etc.)					
Name Max Gauthier	Title Procure Logistics			SSN/FF	IN		DOB		p subm □Yes		
Address (residence if an individual)	City Warwick		State RI	Z	IP 02889		Phone N	lumber			
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island, Inc.	or sub-			r, directo Procure	or, managei ment	, etc.)					
Name Morgan Casey	Title Sr HR	Genera	alist	SSN/FF	IN		DOB		p subm □Yes	itted? □No	
Address (residence if an individual)	City New Bedford		State MA		IP 02746		Phone N	lumber			
Business Associated with (Applicant, parent business entity)  Solar Therapeutics Bhode Island, Inc.	or sub-		office		or, manage	r, etc.)					

Name   Bryan Rodriguez	Title Complian Specialist					DOP		App submitted? □Yes ⊠No
Address (residence if an individual)	City   Bristol	$\overline{}$	State RI		ZIP 02809	Phone Nu	mbei	
Business Associated with (Applicant, parent business entity) Solar Therapeutics Rhode Island Inc	or sub-	Role	, intere omplia	est, etc nce Sp	ecialist			
Name Ryan Mao	Title COO			SCM	EEIN	DOB		App submitted? □Yes ⊠No
Address (residence if an individual)	City Quincy		State RI		ZIP 02169	Phone Nu	mber	
Business Associated with (Applicant, parent business entity)   Solar Therapeutics Rhode Island Inc	or sub-			est, etc Manag	ement			
Use for Part C Supplemental:								
Name	Title			SSN/I	EIN	DOB		App submitted?  □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nui	mber	
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc				
Name	Title			SSN/I	EIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nur	mber	J
Business Associated with (Applicant, parent business entity)	or sub-	Flole	, intere	est, etc				
Name	Title	***************************************		SSN/	EIN	DOB		App submitted?  ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber	
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc				
Name	Title			SSN/I	EIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber	
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc		)		
Name	Title			SSN/F	EIN	DOB	Ĩ	App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber	
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	est, etc				

## **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

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title:

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