

CC RENEWAL FORM 2 – DISCLOSURE OF OWNERS & OTHER INTEREST HOLDERS

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to applicant/licensee, **and** (B.) all officers, directors, members, managers or agents of applicant/licensee, **and** (C.) all persons or entities with managing or operational control with respect to 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 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. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN APPLICANT/LICENSEE

(including corporation stockholders, LLC members, and partners if a partnership; this includes parent companies if 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: Gerald J. McGraw, Jr.	Title: President & CEO	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Cranston	State: RI	Zip Code: 02905	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Own. % Business Associated with: Click to enter text.		Effective Own. % in Applicant: N/A

Name: James E. Griffin, Jr.	Title: Board Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Providence	State: RI	Zip Code: 02903	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Own. % Business Associated with: Click to enter text.		Effective Own. % in Applicant: N/A

Name: Sanford Resnick, Esq	Title: Board Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Warwick	State: RI	Zip Code: 02886	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Own. % Business Associated with: Click to enter text.		Effective Own. % in Applicant: N/A

Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.	Own. % Business Associated with: Click to enter text.		Effective Own. % in Applicant: Click to enter text.	

Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.	Own. % Business Associated with: Click to enter text.		Effective Own. % in Applicant: Click to enter text.	

Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.	Own. % Business Associated with: Click to enter text.		Effective Own. % in Applicant: Click to enter text.	

B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.

To the extent that any such 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: Gerald J. McGraw, Jr.	Title: President & CEO	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Cranston	State: RI	Zip Code: 02905	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Title (director, manager, etc.) President & CEO		

Name: Raymond S. White	Title: COO	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Cranston	State: RI	Zip Code: 02921	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Title (director, manager, etc.) Chief Operating Officer		

Name: Click to enter text.		Title: Click to enter text.		SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.		City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.	
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.			Title (director, manager, etc.) Click to enter text.			
Name: Click to enter text.		Title: Click to enter text.		SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.		City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.	
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.			Title (director, manager, etc.) Click to enter text.			
Name: Click to enter text.		Title: Click to enter text.		SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.		City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.	
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.			Title (director, manager, etc.) Click to enter text.			
Name: Click to enter text.		Title: Click to enter text.		SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.		City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.	
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.			Title (director, manager, etc.) Click to enter text.			
C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).						
<p>To the extent that any such 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.</p>						
Name: Sean Crowley		Title: Director of Facilities Management		SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]		City: New Bedford	State: MA	Zip Code: 02745	Phone Number: [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.			Role, interest, etc.: Manager, No Operational Control or Ownership			

Name: Wilfred K. Hill	Title: Director of Security & Personnel	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Warwick	State: RI	Zip Code: 02818	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc.: Manager, No Operational Control or Ownership		
Name: Laura Meade Kirk	Title: Director of Dispensary Operations	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: North Attleboro	State: MA	Zip Code: 02763	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc.: Manager, No Operational Control or Ownership		
Name: Nicholas W. Bennett	Title: Director of Cultivation	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: North Smithfield	State: RI	Zip Code: 02830	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc.: Manager, No Operational Control or Ownership		
Name: Paul Larissa	Title: Director of Processing Operations	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Lincoln	State: RI	Zip Code: 02865	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc.: Manager, No Operational Control or Ownership		
Name: Shaun Aponik	Title: Director of Laboratory Operations	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Exeter	State: RI	Zip Code: 02822	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc.: Manager, No Operational Control or Ownership		
D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).				
<p>To the extent that any such 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.</p>				

Name: Sigal Holdings LLC	Title: Click to enter text.	SSN/FEIN: [REDACTED]	DOB: N/A	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Newton	State: MA	Zip Code: 02464	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Interest: No ownership interest. Landlord, 1-35 Corliss Street, Providence, RI 02904		
Name: Jon Levine	Title: Managing Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Dover	State: MA	Zip Code: 02030	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Sigal Holdings LLC		Interest: Managing Member [REDACTED]		
Name: Robert Fireman	Title: Manager	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Jamaica Plain	State: MA	Zip Code: 02130	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Sigal Holdings LLC		Interest: Manager, [REDACTED]		
Name: Sigal Healthcare LLC	Title: N/A	SSN/FEIN: [REDACTED]	DOB: N/A	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Norwood	State: MA	Zip Code: 02062	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Sigal Holdings LLC		Interest: Member, [REDACTED]		
Name: Robert Fireman	Title: Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Jamaica Plain	State: MA	Zip Code: 02130	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Sigal Healthcare LLC		Interest: Member, [REDACTED]		
Name: Jon Levine	Title: Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Dover	State: MA	Zip Code: 02030	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Sigal Healthcare LLC		Interest: Member, [REDACTED]		

E. LIST 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 APPLICANT/LICENSEE, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.				
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.				
Name: Feel Better Institute	Title: N/A	SSN/FEIN: [REDACTED]	DOB: N/A	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Providence	State: RI	Zip Code: 02904	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Interest: Royalty agreement for intellectual property, standard operating procedures, formulas, and credit card processing services.		
Name: Gerald J. McGraw, Jr.	Title: Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Cranston	State: RI	Zip Code: 02905	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Interest: [REDACTED]		
Name: James E. Griffin, Jr.	Title: Board Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Providence	State: RI	Zip Code: 02903	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Interest: [REDACTED]		
Name: Sanford J. Resnick, Esq.	Title: Board Member	SSN/FEIN: [REDACTED]	DOB: [REDACTED]	Registry ID Card/Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): [REDACTED]	City: Warwick	State: RI	Zip Code: 02886	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): The Thomas C. Slater Compassion Center, Inc.		Interest: [REDACTED]		
Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.		Interest: Click to enter text.		
Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.	DOB: Click to enter a date.	Registry ID Card/Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No

Form 2 Part C Supplemental Pages

Name Maria Bucci	Title Director of Patient Services	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02921	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership		
Name William Johnson	Title Manager, Inventory	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Pawtucket	State RI	ZIP 02860	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership		
Name Elizabeth McGraw	Title Dispensary Sales Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02905	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership		

Form 2 Part D Supplemental Pages

Name Herbert Housman Family Trust	Title Member	SSN/FEIN [REDACTED]	DOB N/A	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Newton	State MA	ZIP 02464	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub- entity) Sigal Healthcare LLC	Role, interest, etc. Member, [REDACTED]			
Name Kenneth Housman	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) 193 Oak Street #507	City Newton	State MA	ZIP 02464	Phone Number
Business Associated with (Applicant, parent business or sub- entity) Herbert Housman Family Trust	Role, interest, etc. Member, [REDACTED]			
Name Richard Housman	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Chestnut Hill	State MA	ZIP 02467	Phone Number
Business Associated with (Applicant, parent business or sub- entity) Herbert Housman Family Trust	Role, interest, etc. Member, [REDACTED]			
Name Mia Holdings LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Norwood	State MA	ZIP 002062	Phone Number
Business Associated with (Applicant, parent business or sub- entity) Sigal Holdings LLC	Role, interest, etc. Member [REDACTED]			
Name Robert Fireman	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Jamaica Plain	State MA	ZIP 02130	Phone Number [REDACTED]

Business Associated with (Applicant, parent business or sub-entity) Mia Holdings LLC		Role, interest, etc. Member [REDACTED]		
Name Jon Levine	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dover	State MA	ZIP 02030	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Mia Holdings LLC		Role, interest, etc. Member [REDACTED]		
Name Bruce Levine	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Needham	State MA	ZIP 02492	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]		
Name Commonwealth Real Estate Ventures, LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Boston	State MA	ZIP 02114	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member [REDACTED]		
Name Henry Lewis	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Boston	State MA	ZIP 02114	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Commonwealth Real Estate Ventures, LLC		Role, interest, etc. Member, [REDACTED]		
Name Mericare Inc.	Title Member	SSN/FEIN [REDACTED]	DOB N/A	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No

Address (residence if an individual) [REDACTED]	City Westwood	State MA	ZIP 02090	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]		
Name Steven Rittenberg	Title Member	SSN/FEIN	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Westwood	State MA	ZIP 02090	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Mericare Inc.		Role, interest, etc. Member, [REDACTED]		
Name MSJ Providence LLC	Title N/A	SSN/FEIN 46-2014550	DOB N/A	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Norwood	State MA	ZIP 02062	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]		
Name Steven Sands	Title Member	SSN/FEIN [REDACTED]	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Norwood	State MA	ZIP 02062	Phone Number
Business Associated with (Applicant, parent business or sub-entity) MSJ Providence LLC		Role, interest, etc. Member, [REDACTED]		
Name David E. Cherny	Title Member	SSN/FEIN [REDACTED]	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Boston	State MA	ZIP 02199	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC		Role, interest, etc. Member, [REDACTED]		
Name	Title	SSN/FEIN	DOB	Registry ID Card/ Background Check

James Harlor	Member			current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Wellesley Hills	State MA	ZIP 02481	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC	Role, interest, etc. Member, [REDACTED]			
Name Mitchell Barack	Title Member	SSN/FEIN [REDACTED]	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Lennox	State MA	ZIP 01240	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC	Role, interest, etc. Member [REDACTED]			
Name Paul Winnick	Title Member	SSN/FEIN [REDACTED]	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Needham	State MA	ZIP 02494	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC	Role, interest, etc. Member, [REDACTED]			
Name Providence One LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Rapid City	State SD	ZIP 57701	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Sigal Holdings LLC	Role, interest, etc. Member, [REDACTED]			
Name David Sands	Title Member	SSN/FEIN	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Rapid City	State SD	ZIP 57701	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Providence One LLC	Role, interest, etc. Member, [REDACTED]			

Name CCC-RI LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Newton	State MA	ZIP 02459	Phone Number
Business Associated with (Applicant, parent business or sub- entity) Sigal Holdings LLC	Role, interest, etc. Member, [REDACTED]			
Name Mark Ramsdell	Title Member	SSN/FEIN [REDACTED]	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Newton	State MA	ZIP 02459	Phone Number
Business Associated with (Applicant, parent business or sub- entity) CCC-RI LLC	Role, interest, etc. Member, [REDACTED]			
Name Richard David	Title Member	SSN/FEIN [REDACTED]	DOB	Registry ID Card/ Background Check current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Chestnut Hill	State MA	ZIP 02467	Address (residence if an individual) [REDACTED]
Business Associated with (Applicant, parent business or sub- entity) Sigal Holdings LLC	Role, interest, etc. Member, [REDACTED]			

Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Click to enter text.	Zip Code: Click to enter text.	Phone Number: Click to enter text.
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.		Interest: Click to enter text.		

Section II: List all persons (including individuals, firms, partnerships, corporations, limited liability companies, trusts), besides the owners and other Interest Holders previously listed in this CC Renewal Form [2], who/that 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
Marimed Inc.	N/A		(1/1/15 – 12/31/21): Licensing Fees: ; Packaging Supplies, Materials/Equipment:
Click to enter text.	Click to enter a date.	Click to enter text.	Click to enter text.
Note: MariMed Inc., a publicly traded company is a vendor to the Thomas C. Slater Compassion Center that has provided some supplies and equipment since 2015. The company also has a licensing agreement on the sale of some of its branded medical cannabis products. Gerald J. McGraw, Jr. and James E. Griffin, Jr. are shareholders in the company.	Click to enter a date.	Click to enter text.	Click to enter text.

Section III:

- A. Attach an organizational chart that clearly depicts all Interest Holders identified in this CC Renewal Form 2.
- B. Attach a list of all Interest Holders identified in Section I(A) and I(D) of CC Renewal Form 2 that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to Applicant/Licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.
- C. Attach a list of all Interest Holders identified in Section I(A), I(B), I(C) and I(E) of Form 2 and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest

Holders with respect to 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.

Certification as to CC Renewal Form 2

The undersigned duly authorized signatory of Applicant/Licensee, in his/her capacity as such, for and on behalf of 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 CC Renewal Form 2:

(A) With respect to Applicant/Licensee, all persons and entities that:

- (i) Are owners, members, officers, directors, managers, or agents of Applicant/Licensee; and
- (ii) Have/will have managing or operational control with respect to Applicant/Licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not; and
- (iii) Are investors or have any other financial interest therein; and
- (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 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 CC Renewal Form 2, 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 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 CC Renewal Form 2 are complete, true, correct, and accurate.



Signature of Authorized Signatory

Printed Name: Gerald J. McGraw, Jr.

Printed Title: President & CEO

Printed Name of Applicant/Licensee: **The Thomas C. Slater Compassion Center, Inc.**

2/11/2022

Date



