

## 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: Dr. Seth Bock	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: Portsmouth	State: RI	Zip Code: 02871.	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Own. % Business Associated with: N/A		Effective Own. % in Applicant: [REDACTED]

  

Name: Richard Radebach	Title: Treasurer	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: Portsmouth	State: RI	Zip Code: 02871	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc		Own. % Business Associated with: N/A		Effective Own. % in Applicant: [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
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<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Own. % Business Associated with:</b> Click to enter text.		<b>Effective Own. % in Applicant:</b> Click to enter text.
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/ Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Own. % Business Associated with:</b> Click to enter text.		<b>Effective Own. % in Applicant:</b> Click to enter text.
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/ Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Own. % Business Associated with:</b> Click to enter text.		<b>Effective Own. % in Applicant:</b> Click to enter text.
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/ Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Own. % Business Associated with:</b> Click to enter text.		<b>Effective Own. % in Applicant:</b> Click to enter text.
<b>B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</b>				
<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>				
<b>Name:</b> Dr. Seth Bock	<b>Title:</b> President /CEO	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/ Background Check current?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Portsmouth	<b>State:</b> RI.	<b>Zip Code:</b> 02871	<b>Phone Number:</b> [REDACTED]

Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Title (director, manager, etc.) CEO / President		
Name: Richard Radebach	Title: Treasurer	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: Portsmouth	State: RI	Zip Code: 02871	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Title (director, manager, etc.) Treasurer		
Name: Robert Donahue	Title: Board Director	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: Newport	State: RI	Zip Code: 02840	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Click to enter text.		Title (director, manager, etc.) Click to enter text.		
Name: Theodore Newcomer	Title: Chief of Staff / Chief Compliance Officer	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: 02908	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Title (director, manager, etc.) Chief of Staff / Chief of Compliance		
Name: Elsa Pacheco, RN	Title: Director of 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: Fall River	State: Mass	Zip Code: 02724	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Title (director, manager, etc.) Director of Operations		
Name: Mark Petrella	Title: Director of Security	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: 02920	Phone Number: [REDACTED]
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Title (director, manager, etc.) Director of Security		

**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).**

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.

<b>Name:</b> Channa Lincoln	<b>Title:</b> Director of Finance	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Tiverton	<b>State:</b> RI	<b>Zip Code:</b> 02878	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Greenleaf Compassionate Care Center, Inc.		<b>Role, interest, etc.:</b> Director of Finance		
<b>Name:</b> Jordan Boucher	<b>Title:</b> Director of Operations	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Tiverton	<b>State:</b> RI	<b>Zip Code:</b> 02878	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Greenleaf Compassionate Care Center, Inc.		<b>Role, interest, etc.:</b> Director of Operations		
<b>Name:</b> Hannah Sherman	<b>Title:</b> Procurement Director	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Newport	<b>State:</b> RI	<b>Zip Code:</b> 02840	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Greenleaf Compassionate Care Center, Inc.		<b>Role, interest, etc.:</b> Director of Procurement		
<b>Name:</b> Tristanlyle Fern	<b>Title:</b> Retail Manager	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Newport	<b>State:</b> RI	<b>Zip Code:</b> 02840	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Greenleaf Compassionate Care Center, Inc.		<b>Role, interest, etc.:</b> Click to enter text.		

<b>Name:</b> Jessica O'Keefe	<b>Title:</b> Retail Manager	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Providence	<b>State:</b> RI	<b>Zip Code:</b> 02906	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Greenleaf Compassionate Care Center, Inc.		<b>Role, interest, etc.:</b> Retail Manager		

  

<b>Name:</b>	<b>Title:</b>	<b>SSN/FEIN:</b>	<b>DOB:</b>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone Number:</b>
<b>Business Associated with (Applicant, parent business or sub-entity):</b>		<b>Role, interest, etc.:</b>		

  

**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).**

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.

  

<b>Name:</b> None	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> Click to enter text.		

  

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

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

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

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

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

**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, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

<b>Name:</b> None	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.

<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> Click to enter text.		
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> Click to enter text.		
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> Click to enter text.		
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> Click to enter text.		
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> Click to enter text.		
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> Click to enter text.		
<b>Name:</b> Click to enter text.	<b>Title:</b> Click to enter text.	<b>SSN/FEIN:</b> Click to enter text.	<b>DOB:</b> Click to enter a date.	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> Click to enter text.	<b>City:</b> Click to enter text.	<b>State:</b> Click to enter text.	<b>Zip Code:</b> Click to enter text.	<b>Phone Number:</b> Click to enter text.
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Click to enter text.		<b>Interest:</b> 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
Greenleaf Compassion Ventures, LLC	N/A	[REDACTED]	Licensee pays Greenleaf Compassion Ventures, LLC rent for the Portsmouth dispensary facility and the building next door. GCV is owned [REDACTED] by Dr. Bock and Mr. Radebach.
Dr. Seth Bock	See above	See above	Officer Loans to Dr. Bock in the amount of [REDACTED]
Richard Radebach	See above.	See above	Officer Loans to Mr. Radebach in the amount of [REDACTED]

David H. Merriam, Trustee of David H. Merriam Revocable Living Trust

Licensee pays David Merriam rent for the Warwick Facility, see annex



**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: Dr. Seth Bock

Printed Title: Chief Executive Officer

Printed Name of Applicant/Licensee: Greenleaf Compassionate Care Center, Inc.

~~May 18th, 2022~~

Date OCTOBER, 18 2022