## <u>CC RENEWAL FORM 2 – DISCLOSURE OF OWNERS</u> <u>& OTHER INTEREST HOLDERS</u>

## 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	Titte: President/ CEO	10	SSN/FEIN:		DOB:		Registry ID Card/ Background Check current?  XYes  □No
Address (residence if an individual):	City: Portsmouth	Sta	ate: I	100mm	Code:	Pho	one Number:
Business Associated with (Applicant, parent businesentity): Greenleaf Compassionate Care Center	6	Own. N/A	% Business Asso	ociated	with:	Eff	ective Own. % in Applicant:
Name: Richard Radebach	Title: Treasurer		SSN/FEIN:		DOB:		Registry ID Card/ Background Check current?  XYes □No
Address (residence if an individual):	City: Portsmouth	Sta R	ate: [	Zip (	Code: 71	Pho	one Number:
Business Associated with (Applicant, parent busines entity): Greenleaf Compassionate Care Center, I	#50905040942813136500 23	Own. N/A	% Business Asso	ociated	with:	Effe	ective Own. % in Applicant:
Name: Click to enter text.	Title: Click to enter tex	st.	SSN/FEIN: Click to enter to	ext.	DOB: Click to enter date.	a	Registry ID Card/ Background Check current?  □ Yes □No

Address (residence if an individual): Click to enter text.	City: Click to enter text.	- 10	State: Click to enter text.	Zip Code: Click to enter text.		E	one Number: ck to enter text.	
Business Associated with (Applicant, parent busines entity): Click to enter text.	ess or sub-		n. % Business Ass ek to enter text.	ociated			ective Own. % in Applicant:	
Name: Click to enter text.	Title: Click to enter to	ext. SSN/FEIN: Click to enter text.		Nt.   DOB:   Click to enter   date.		Registry ID Card/ Background Check current?  ☐ Yes ☐ No		
Address (residence if an individual): Click to enter text.	City: Click to enter text.		State: Click to enter lext.		Code: c to enter text.		Phone Number: Click to enter text.	
Business Associated with (Applicant, parent busines entity): Click to enter text.	s or sub-		n. % Business Assets to enter text.	ociated	l with:	Effective Own. % in Applicant: Click to enter text.		
Name: Click to enter text.	Title: Click to enter to	ext.	SSN/FEIN: Click to enter text.		DOB: Click to enter date.	a	Registry ID Card/ Background Check current?  ☐ Yes ☐ No	
Address (residence if an individual): Click to enter text.	City: Click to enter text.	(	State: Zip Code: Click to enter text.		Phone Number: Click to enter text.			
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Name: Click to enter text.	Title: Click to enter to	SSN/FEIN: Click to enter text				а	Registry ID Card/ Background Check current?  ☐ Yes ☐ No	
Address (residence if an individual): Click to enter text.	City: Click to enter text.	(	State: 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.			with:	Effective Own. % in Applicant: Click to enter text.		
B. LIST ALL OFFICERS, DIRECTORS AND ANY OTHER ENTITIES DESC				R AG	ENTS OF A	PPL	ICANT/LICENSEE	
To the extent that any such Interest Holders are entity until all such Interest Holders are	The same of the sa						The state of the s	
Name: Dr. Seth Bock	Title: President /0	CEO	SSN/FEIN:		DOB:		Registry ID Card/ Background Check current? xYes □No	
Address (residence if an individual):	City: Portsmouth		State: RI.	Zip Code: 02871		Pho	one Number:	

Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Title	Title (director, manager, etc.) CEO / President							
Name: Richard Radebach	Title: Treasurer		SSN/FEIN:		DOB:		Registry ID Card/Background Check current?  XYes  No			
Address (residence if an individual):	City: Portsmouth	State RI			Zip Code: 02871		one Number			
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.			Title (director, manager, etc.) Treasurer							
Name: Robert Donahue	Title: Board Directo		SSN/FEIN:		DOB:		Registry ID Card/Background Check current? ×Yes □No			
Address (residence if an individual):	City: Newport	State RI					Phone Number:			
Business Associated with (Applicant, parent busines Click to enter text	ss or sub-entity):		Title (director, manager, etc.) Click to enter text.							
Name: Theodore Newcomer	Title: Chief of Staff Chief Compliance Officer		SSN/FEIN:		DOB;		Registry ID Card/Background Check current? XYes □No			
Address (residence if an individual):	City: Providence	State RI	::	Zip (	Code:	Pho	one Number:			
Business Associated with (Applicant, parent busines Greenleaf Compassionate Care Center, I		Title (director, manager, etc.) Chief of Staff / Chief of Compliance								
Name: Elsa Pacheco, RN	Title: Director of Operations		SSN/FEIN:		DOB:		Registry ID Card/Background Check current? x Yes □No			
Address (residence if an individual):	City: Fall River		State: Zip Code: Mass 02724			Phone Number:				
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	S	SSN/FEIN:		DOB:		Registry ID Card/Background Check current? xYes □No			
Address (residence if an individual):	City: Cranston	State: RI	:		Zip Code: Ph		one Number:			
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 RESPECT TO APPLICANT/LICEN OPERATIONS, THE LICENSE, AN INTEREST OR NOT).	SEE, ANY OTH	IER	ENTITIES	DESC	CRIBED IN	SEC	CTIONS A OR B. ITS
To the extent that any such Interest Hol entity until all such Interest Holders are	der is an entity (o identified and d	corp	oration, partnosed down to t	ership the in	o, LLC, etc. dividual per	), list rson l	all Interest Holders in that evel.
Name: Channa Lincoln	Title: Director of Finance		SSN/FEIN:		DOB:		Registry ID Card/Background Check current? x Yes □No
Address (residence if an individual):	City: Tiverton	St R	ate: I	Zip (	Code: 578	Pho	one Number:
Business Associated with (Applicant, parent busines Greenleaf Compassionate Care Center, I	s or sub-entity): nc.		ole, interest, etc.: irector of Fin	ance	:		
Name: Jordan Boucher	Title: Director of Operations	i	SSN/FEIN:		DOB:		Registry ID Card/Background Check current? × Yes □No
Address (residence if an individual):	City: Tiverton	Sta	ate: I	Zip 6	Code: 78	Pho	one Number:
Business Associated with (Applicant, parent busines Greenleaf Compassionate Care Center, I		15.17.0000.000	le, interest, etc.:	eratio	ons	<u>.</u>	
Name: Hannah Sherman	Title: Procurement Director		SSN/FEIN:		DOB:		Registry ID Card/Background Check current? x Yes □No
Address (residence if an individual):	City: Newport	Sta	ate:	Zip (	Code:	Pho	one Number:
Business Associated with (Applicant, parent busines Greenleaf Compassionate Care Center, I			le, interest, etc.: irector of Pro	cure	ment	ļ	
Name: Tristanlyle Fern	Title: Retail Manag	er	SSN/FEIN:		DOB:		Registry ID Card/Background Check current? x Yes □No
Address (residence if an individual):	City: Newport	Sta R	ate:		Zip Code: 1 02840		one Number:
Business Associated with (Applicant, parent business or sub-entity): Greenleaf Compassionate Care Center, Inc.		Role, interest, etc.: Click to emer text.					

			46.5					
Name: Jessica O'Keefe	Title: Retail Manager			DOR:		Registry ID Card/Background Check current? × Yes □No		
Address (residence if an individual)	City: Providence	Stat RI	e;	Zip 029	Code: 906	Phe	one Number:	
Business Associated with (Applicant, parent busines Greenleaf Compassionate Care Center, 1			, interest, etc.: ail Manage	r				
Name:	Title:		SSN/FEIN:		DOB:		Registry ID Card/Background Check current? Yes □No	
Address (residence if an individual):	City:	State: Zip Code:			Code:	Phone Number:		
Business Associated with (Applicant, parent busines	s or sub-entity):	Role	, interest, etc.:					
WITH RESPECT TO APPLICANT/I C, ITS OPERATIONS, THE LICENS OWNERSHIP INTEREST OR NOT)  To the extent that any such Interest Hole entity until all such Interest Holders are	SE, AND/OR LI  der is an entity (c	CEN	SED FACII	LITI) ership	ES (WHETH	IER list	THEY HAVE AN all Interest Holders in that	
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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?  □ Yes □ No	
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Business Associated with (Applicant, parent busines Click to enter text.	s or sub-entity):	AMERICAN	erest: ck to enter text.		,			
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Address (residence if an individual): Click to enter text.	City: Click to enter text.	2000	ite: ck to enter L				Phone Number: Tick to enter text.	
Business Associated with (Applicant, parent busines Click to enter text.	s or sub-entity);	100000000000000000000000000000000000000	erest: ck to enter text.		,			
E. LIST ALL PERSONS OR ENTITIES COMPANIES, MANAGEMENT AG MANAGEMENT OR OPERATIONA OPERATIONS, THE LICENSE AND TO the outent that are each letterest Helder in	REEMENTS, O AL CONTROL V D/OR THE LICI	R C WIT ENS	THER AGR TH RESPEC' ED FACILI	EEM TTO TIES.	IENTS THA APPLICAN	T A NT/L	FFORD THIRD-PARTY ICENSEE, ITS	
To the extent that any such Interest Holder is until all such Interest Holders are identified						all li	iterest Holders in that entity	
Name: None	Title: Click to enter text.	SSN/FEIN: Click to enter te		text. Click to enter a date.		a	Registry ID Card/Background Check current? □ Yes □ No	
Address (residence if an individual): Click to enter text.	City: Click to enter text.	Cli	State: Zip C Click to enter text. Click		C <b>ode:</b> to enter text.		one Number: ck to enter text.	

Business Associated with (Applicant, parent l Click to enter text.	ousiness or sub-entity):	Interest: Click to enter text	le.				
Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.		ext. Click to enter a date.		Registry ID Card/Background Check current? □ Yes □ No	
Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Zip Code: Click to enter text.		Phone Number: Click to enter text.			
Business Associated with (Applicant, parent belief to enter text.	ousiness or sub-entity):	Interest: Click to enter text			1		
Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.  DOB: Click to enter date.		ra	Registry ID Card/Background Check current? □ Yes □ No		
Address (residence if an individual): Click to enter text.	City: Click to enter text.	4 1965/1975		95	Phone Number: Click to enter text.		
Business Associated with (Applicant, parent b	ousiness or sub-entity):	Interest: Click to enter text			Agentum		
Name: Click to enter text.	Title: Click to enter text.	SSN/FEIN: Click to enter text.  DOB: Click to enter a date.			ra	Registry ID Card/Background Check current?	
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Address (residence if an individual): Click to enter text.	City: Click to enter text.	State: Zip Code: Click to enter text. Click to enter text.		Phone Number: Click to enter text.			
Business Associated with (Applicant, parent be Click to enter text.	ousiness or sub-entity):	Interest: Click to enter text	· · · · · ·				
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Address (residence if an individual): Click to enter text.	City: Click to enter text.						
Business Associated with (Applicant, parent b	ousiness or sub-entity):	Interest: Click to enter text			<del></del>		

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		Licensee pays Greenleaf Compassion Ventures, LLC rent for the Portsmouth dispensary facility and the building next door. GCV is owned by Dr. Bock and Mr. Radebach.
Dr. Seth Bock	See above	See above	Officer Loans to Dr. Bock in the amount of
Richard Radebach	See above.	See above	Officer Loans to Mr. Radebach in the amount of

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:
  - 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

May 18th, 2022
Date OCTOBER, 18 2022

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