

State of Rhode Island

Office of Cannabis Regulation

560 Jefferson Boulevard

Warwick, RI 02886

**Hemp Licensee Change in Governance/Ownership Structure**

Use this form to request a change in ownership. Completed forms may be emailed to DBR.HempCompliance@dbr.ri.gov or mailed to the above address.

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| 1. **Current Licensee Information**
 |
| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. |
| Hemp License # | Click or tap here to enter text. | Hemp License Type | [ ] Handler | [ ] Grower | [ ] Dual |
| Ownership Type | [ ] SoleProprietor | [ ] Corporation | [ ] LLC | [ ] LP/LLP/LLLP |
| Location Address | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | City | State, Zip |

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| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |  |

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| 1. **New Licensee Information**
 |
| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. |
| Hemp License # | Click or tap here to enter text. | Hemp License Type | [ ] Handler | [ ] Grower | [ ] Dual |
| Ownership Type | [ ] SoleProprietor | [ ] Corporation | [ ] LLC | [ ] L/LLP/LLLP |
| Location Address | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | City | State, Zip |

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| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |  |

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| 1. **Addition of Governing Person(s)**
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| Name (Last, MI, First) or Entity Name | Title | Percentage of Ownership in Licensee |
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| 1. **Removal of Governing Person(s)**
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| 1. **Reallocation of Current Interest(s)**
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| Name (Last, MI, First) or Entity Name | Title | Current Interest | Proposed Interest |
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**Attach additional sheets as necessary**

I, the undersigned, declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

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| Print Name |  |  | Title |  | Date |
|  |  |  |  |
| Signature (Licensee) |  |  |  |  |