



**Medical Marijuana
Compassion Center License**

Request for Application



**Rhode Island Department of Business Regulation
Office of Cannabis Regulation**

**Application for Medical Marijuana
Compassion Center License**

**Publication Release Date:
July 17, 2020**

Application Period: From July 17, 2020 through December 15, 2020

Interested parties should review the Application and submit any questions by email only to DBR.mmpcompliance@dbr.ri.gov with the subject line "Medical Marijuana Compassion Center Application Questions." Your questions and the Department's answers will be posted on the Department of Business Regulation website so that all Applicants will have access to the same information.

If you would like to be added to the interested parties list for updates to the Compassion Center Application process, please email DBR.MMPCCompliance@dbr.ri.gov, with a subject line "New Compassion Center Application Interested Parties List."

Department Business Hours: M-F, 8:30 am-4:00 pm

For additional information regarding the Application process, please visit the Department's website at: <https://dbr.ri.gov/>

TABLE OF CONTENTS

Part 1 – Application Information and Instructions -----	3
SECTION A: Application Period -----	3
SECTION B: General Instructions-----	3
SECTION C: Communications with the Department of Business Regulation – Application Questions -----	4
SECTION D: Application Requirements and Procedures -----	5
SECTION E: Important Notices/Disclaimers -----	7
Part 2 – CHECKLIST FOR ALL FORMS, ANNEXES, EXHIBITS, DOCUMENTS, AND DELIVERABLES -----	9
Part 3 – Three (3) Copies of Each Application Required – Digital and Paper – Some Redaction Required -----	11
Part 4 – Compassion Center Required Application Forms -----	13
CC FORM 1 – GENERAL CONTACT INFORMATION, TAXPAYER IDENTIFICATION AND AFFIRMATIONS -----	13
CC FORM 2 -----	18
Disclosure of Owners and Other Interest Holders -----	18
CC FORM 3 -----	26
Owners and Interest Holders Certification Statement Form -----	26
CC FORM 4 -----	29
CERTIFICATION REGARDING NONPROFIT STATUS AND COMPLIANCE -----	29
CC FORM 5 -----	32
BUSINESS LICENSE IDENTIFICATION FORM -----	32
Part 5 – Compassion Center Application Required Exhibits -----	34
CC Exhibit A – Disclosure of Material Financial Interests/Divestiture Plan -----	34
CC Exhibit B – Compliance Plan -----	35
CC Exhibit C– Business Plan -----	36
CC Exhibit D- Security and Safety Plan -----	37
CC Exhibit E – Operations Manual Required Content -----	40
CC Exhibit F – Compassion Center Premises Requirements -----	44
Appendix A – CC Form 2 Organizational Chart Example -----	46
Appendix B – CC Form 2 Sample Schedule of Effective Ownership Interests -----	47

Part 1 – Application Information and Instructions

The Office of Cannabis Regulation within the Rhode Island Department of Business Regulation (the “Department” or the “Office”) is accepting Applications from qualified Applicants interested in being issued a Medical Marijuana Compassion Center License.

Pursuant to The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, Rhode Island General Laws § 21-28.6-1 *et seq.*, as amended by Rhode Island Public Laws 2019, ch. 088, Article 15 (as so amended, the “Act”), the Department is responsible for licensing medical marijuana compassion centers for the licensed dispensing of medical marijuana to registered cardholders. The Medical Marijuana Program allows a patient cardholder or authorized purchaser who is registered with the Department of Health or a primary caregiver who is registered with the Department of Business Regulation to purchase medical marijuana from a licensed compassion center. Licensed compassion centers may acquire medical marijuana in accordance with the Act and *Rules and Regulations Related to the Medical Marijuana Program Administered by the Office of Cannabis Regulation at the Department of Business Regulation*, 230-RICR-80-5-1 (the “Regulations”). Please thoroughly review the Regulations which can be found on the Secretary of State’s website: <https://rules.sos.ri.gov/regulations/part/230-80-05-1>.

SECTION A: Application Period

The period for submission of applications will be from 10:00 a.m. on July 17, 2020, through 3:00 p.m. on December 15, 2020 (the “Application Submission Deadline”). Updates regarding the application period will be posted on the Department’s website: <https://dbr.ri.gov/>.

If you would like to be added to the interested parties list for the Compassion Center Application process, please email DBR.MMPCCompliance@dbr.ri.gov, with a subject line “New Compassion Center Application Interested Parties List.”

It is Applicant’s responsibility to ensure that its application is complete and submitted before the close of the Application Submission Deadline. Incomplete applications will be deficient and will not be accepted for review and evaluation, and the application fee will not be refunded. The Department will not accept or consider applications tendered after the Application Submission Deadline.

SECTION B: General Instructions

Read this Application carefully. Answer each question completely. Do not leave blank spaces.

- **All application materials that require a signature must be signed by an “authorized signatory” of Applicant. An “authorized signatory” means a person that is authorized by the corporation/company to attest to the accuracy of all application information, materials and content submitted to the Department of Business Regulation.**
- If a question does not apply, write “N/A.” If the correct answer to a particular question is “None” write “None.”

Updated to 7/16/2020

- All Forms, Annexes, Exhibits, Documents and Deliverables on the Checklist are mandatory and must be submitted **at the time of filing this Application** in order for your Application to be complete and eligible for review.
- Applicant is under a **continuing duty to promptly notify** the Department of Business Regulation if there is a change in the information provided to the Department.
- All entries on the Application Forms, Annexes, Exhibits, Documents and Deliverables should be single spaced and typed in 12-point Calibri or Times New Roman font.
- Do not misstate or omit any material fact(s).
- The submittal of an Application constitutes acceptance of the requirements, administrative stipulations, and all of the terms and conditions of this Application. All costs and expenses incurred in submitting an Application will be borne by Applicant.
- **Definitions:** Please refer to the "Definitions" set forth in R.I. Gen. Laws § 21-28.6-3 and the "Definitions" in the Regulations, § 1.1.1, which are applicable to all compassion center license applications.

Application Delivery Location

It is Applicant's responsibility to ensure timely delivery of its Application to the Department by the 3:00 p.m., December 15, 2020 Submission Deadline. Late Applications will not be accepted.

Rhode Island Department of Business Regulation
Attn: Office of Cannabis Regulation
1511 Pontiac Avenue, Building 68-1
Cranston, RI 02920
401-462-9500

SECTION C: Communications with the Department of Business Regulation – Application Questions

All questions about the Application or Application process must be sent to the Department of Business Regulation by email only at DBR.mmpcompliance@dbri.gov with the subject line "Medical Marijuana Compassion Center Application Question."

Questions and the Department's answers will be posted on the Department of Business Regulation's website so that all Applicants will have access to the same information. The Department reserves the right to not respond to questions concerning matters that are already addressed in the Application, the Act and/or the Regulations or which are immaterial or inappropriate.

For questions received after 4:00 p.m. on December 1, 2020, the Department may not respond prior to the December 15, 2020 Application Submission Deadline. Applicants and therefore encouraged to identify and submit any questions as soon as possible.

SECTION D: Application Requirements and Procedures

Applicants should review the Act and the Regulations for further information regarding application requirements and procedures.

Zones – Procedures and Limitations

In accordance with R.I. Gen. Laws § 21-28.6-12(c)(3) and §§ 1.2(C) & 1.15 of the Regulations, DBR evaluated the overall health needs of qualifying patients and safety of the public including the factors set forth therein and determined the following “application zones” where six (6) new compassion centers shall be licensed:

ZONE	Geographic Boundaries	Number of New Licenses Available in the Zone
1	Burrillville, Cumberland, Glocester, North Smithfield, Smithfield, and Woonsocket	1
2	Central Falls, Johnston, Lincoln, North Providence, and Providence	1
3	Coventry, Foster, Scituate, West Greenwich, and West Warwick	1
4	Cranston, East Greenwich, North Kingstown, and Warwick	1
5	Charlestown, Exeter, Hopkinton, Narragansett, Richmond, South Kingstown, and Westerly	1
6	Barrington, Bristol, East Providence, Jamestown, Little Compton, Middletown, Newport, New Shoreham, Pawtucket, Portsmouth, Tiverton, and Warren	1

An Applicant who applies for a compassion center license may only submit one application per zone. A person or entity cannot be an interest holder (as defined in the Regulations) with respect to more than one applicant/application for a compassion center license per zone. An Applicant may apply for a license in more than one zone provided, however, that if an Applicant is selected for a license in more than one zone, the Applicant must select a single zone in which Applicant will proceed with licensing in accordance with § 1.2(E) of the Regulations, forfeiting their license eligibility in the other zone. Another Applicant will then be selected for the zone or zones which were not selected. Applicants who apply in more than one zone must submit a separate application and separate application fee for each zone they apply to and indicate in each application all applications it has submitted and in which zones. Pursuant to R.I. Gen. Laws § 21-28.6-12 (c)(1)(i), the application fees are nonrefundable, even in instances where an Applicant submits applications in more than one zone.

Pursuant to § 1.2(E)(4) of the Regulations, a selected Applicant may not change or alter its proposed location to another location within the same zone without prior Department approval. A selected Applicant may not relocate or change its proposed location outside of the zone for which they were selected.

Review and Evaluation Criteria

The Department of Business Regulation shall review and evaluate the submitted Applications based upon the criteria set forth in R.I. Gen. Laws § 21-28.6-12(c)(3) and § 1.2 of the Regulations. All Applicants that are deemed "qualified" by the Department shall be eligible for selection.

The Department may require an initial inspection of the proposed licensed premises in order to verify information contained in an Application before deeming an Applicant "qualified" and eligible for inclusion in the selection process.

Final Inspection, Requirements and Deadlines

Selected Applicants must schedule and receive a final pre-license inspection prior to the Department's issuance of a compassion center license. Additionally, all registry identification card requirements, including completion of national criminal background checks, payment of the \$500,000 licensing fee, and all other licensing conditions and requirements under the Act and Regulations must be satisfied prior to the Department's issuance of a license. Selected Applicants will have nine (9) months from the date of Application approval to complete the pre-requisites for issuance of the license as described in the Regulations. Once a license is issued, a licensee shall have a period of three (3) months to take reasonable and documented efforts to "launch compassion center activities" as defined in the Regulations. If a selected Applicant or compassion center licensee is unable to meet either of these deadlines, the Department of Business Regulation may rescind its selection/approval and/or revoke the license as described in the Regulations.

Divestiture of Prohibited Financial Interests

Pursuant to § 1.2(F)(7) of the Regulations, a compassion center and any interest holders/key persons thereof may not have any "material financial interest or control" in another Rhode Island compassion center, a cultivator, or a licensed cooperative cultivation or vice versa. Accordingly, disclosure of any such interests and a divestiture plan must be made as required in CC Form 3, Question 4, and Exhibit A.

Merger of Cultivator License

Pursuant to R.I. Gen. Laws § 21-28.6-12(b)(10), if a selected Applicant holds a cultivation license, the cultivation license shall merge into the compassion center license and Applicant shall provide the documents required under § 1.2(F)(3)(b)(7) of the Regulations.

Prohibited Business Relationships

A compassion center licensee and any cardholders under the compassion center license are prohibited from entering into a business relationship with any medical practitioner who provides written certifications of qualifying patients' medical conditions in connection with the Medical Marijuana Program.

Denial or Disqualification of Application

The Department of Business Regulation may disqualify or deny any Application or decline to issue a license under any of the following circumstances:

- Applicant fails to submit a complete Application, hard copies, and electronic copies including all Forms, Annexes, Exhibits, Documents and Deliverables set forth on the Checklist in Part 2 and the copies with required redactions set forth in Part 3 of this Application.

Updated to 7/16/2020

- The Application contains a material misstatement, omission, misrepresentation, or untruth.
- Applicant fails to submit the Application by the Application Submission Deadline.
- Applicant fails to pay the \$10,000 Application fee prior to the Application Submission Deadline.
- The payment of taxes due in any jurisdiction is in arrears.
- Applicant fails to demonstrate to the Department's satisfaction that it adequately meets the qualifications and requirements outlined in this application, the Act, and the Regulations.
- Applicant fails to pay the \$500,000 license fee pursuant to R.I. Gen. Laws § 21-28.6-12(c)(5)(ii)(A).
- Applicant fails to implement policies, procedures or actions indicated in its Application.

Inventory Limits

If an Application is approved and a compassion center license is issued to Applicant, Applicant will not be permitted to possess or cultivate medical marijuana seedlings or plants unless a variance request is submitted to, and approved by, the Department in accordance with § 1.6.4 of the Regulations. Applicant may include in its Application information about past cultivation experience and may propose to conduct cultivation activities and/or a licensing of premises for cultivation provided, however, that any such cultivation proposals will not be evaluated or considered by the Department as part of initial licensing. Any such cultivation proposal will only be evaluated and considered by the Department at a later date as determined by the Department in accordance with § 1.6.4 of the Regulations. Pursuant to the Act and § 1.6.4 of the Regulations, a licensed compassion center must limit its inventory of medical marijuana and medical marijuana products to reflect the needs of qualifying patients.

SECTION E: Important Notices/Disclaimers

- This Application is an **OFFICIAL DOCUMENT** of the Rhode Island Department of Business Regulation. It **MAY NOT** be altered or changed in any fashion except to fill in the areas provided with the information that is required. Should any alteration or revision of a question occur, the Department reserves the right to deny the Application in its entirety or deem void that specific response and treat that section as unanswered.
- The burden of proving an Applicant's qualifications at all times rests on Applicant. Applicant accepts any and all risk of adverse public notice, criticism, emotional distress, or financial loss that may result from any action with respect to this Application. Applicant expressly waives any and all claims for damages as a result thereof.
- After the Application has been submitted, Applicant may withdraw the submitted Application after written notice to the Department. The Application fee will not be refunded.
- Applicants are generally prohibited from submitting additional information after the Application is submitted unless the Department requests more information, and except in the event that the Applicant must disclose any changes in ownership, interest holders, and/or CC Form 2, Form 3, Form 4 and Form 5 disclosures throughout the entirety of the application and licensure periods.

Updated to 7/16/2020

- The Department may request any additional information or request an inspection of proposed location if it determines it is necessary to process and fully evaluate an Application. Applicant shall provide the additional information, documentation, materials and/or certifications within the time prescribed and at the Applicant's own expense. If Applicant does not provide the requested information within the prescribed time period, the Department may remove the Application from the evaluation process.
- **Applicant is under a continuing duty to promptly disclose to the Department any changes in ownership, interest holders, and/or CC Form 2 Disclosures throughout the entirety of the application and licensure periods.**
- **Proposed changes to interest holders and key persons require the Department's approval pursuant to the variance procedure outlined in the Regulations, provided, however, that no variance which affects a majority change in ownership, control, financial interest and/or compensation/remuneration will be approved prior to conclusion of the first year of licensed activities except upon the Department's determination that public, health, safety or welfare requires such variance.**
- All notices regarding an Application submission will be sent to Applicant's Compliance Officer email address provided on the Application Information Sheet, CC Form 1. Applicant must immediately notify the Department if Applicant's email address changes. Further, Applicant is responsible for ensuring that the email address provided in Form 1 of this application is and remains operational to ensure that all e-mail communications from the Department of Business Regulation are received; e-mails sent by the Department will be presumed to have been received by Applicant.
- All Application submissions become the property of the Department and will not be returned.
- **The Department of Business Regulation's decision to approve, disqualify, or deny an Application is final.**

Part 2 – CHECKLIST FOR ALL FORMS, ANNEXES, EXHIBITS, DOCUMENTS, AND DELIVERABLES

All Forms, Annexes, Exhibits, Documents, and Deliverables set forth below must be included in an Application for Medical Marijuana Compassion Center License. Pursuant to § 1.2(C)(5) of the Regulations, only applications which the Department determines to be complete, including delivery of all completed Forms, Annexes, Exhibits, Documents, and Deliverables, as set forth below, shall be eligible for further evaluation and review. Incomplete applications will be deficient and will not be considered further, and the application fee will not be refunded.

FORM/Exhibit #	Name/Description	Included Yes
CC Form 1	Application Information Sheet, Taxpayer Status, Notices and Affirmations executed by a duly authorized signatory of Applicant.	<input checked="" type="checkbox"/>
CC Form 2	Disclosure of Owners and Other Interest Holders executed by a duly authorized signatory of Applicant	<input checked="" type="checkbox"/>
	Attached Organizational chart	<input checked="" type="checkbox"/>
	Attached Schedule of effective ownership interests and compensation/remuneration as described in Section III of the CC Form 2, in compliance with § 1.2(C)(4)(h) of the Regulations	<input checked="" type="checkbox"/>
CC Form 3	Interest Holder Certification Statement executed by a duly authorized signatory of Applicant.	<input checked="" type="checkbox"/>
CC Form 4	Certification Regarding Nonprofit Status and Compliance executed by a duly authorized signatory of Applicant.	<input checked="" type="checkbox"/>
	Attached Annex A – Nonprofit Documents	<input checked="" type="checkbox"/>
	Attached Annex B – Management Companies	<input checked="" type="checkbox"/>
	Attached Annex C – Vendors	<input checked="" type="checkbox"/>
	Attached Annex D – Contracts	<input checked="" type="checkbox"/>
	Attached Annex E – Related Party Transactions	<input checked="" type="checkbox"/>
	Attached Annex F – Real Estate	<input checked="" type="checkbox"/>
	Attached Annex G – Equipment	<input checked="" type="checkbox"/>
	Attached Annex H – Annual Compensation	<input checked="" type="checkbox"/>
CC Form 5	Disclosure executed by a duly authorized signatory of Applicant of all applications, licenses and/or registrations in any jurisdiction, and any withdrawals, denials, suspensions, revocations, consents orders/agreements and/or other enforcement or regulatory actions in any jurisdiction, including copies thereof in compliance with § 1.2(C)(4)(m)(1) and (2) of the Regulations	<input checked="" type="checkbox"/>

Updated to 7/16/2020

Application Fee	\$10,000 nonrefundable Application Fee, payable to the General Treasurer, State of Rhode Island, in the form of a cashier's check or money order only in compliance with § 1.2(C)(4)(a) of the Regulations	<input checked="" type="checkbox"/>
CC Exhibit A	Disclosure of any material financial interests or control in another compassion center, cultivator, cooperative cultivation or other marijuana establishment licensee, and a plan of divestiture in compliance with §§ 1.2(C)(4)(i) and 1.2(F)(7) of the Regulations	<input checked="" type="checkbox"/>
CC Exhibit B	Evidence of appointment of a Compliance Officer for the proposed Compassion Center and including Applicant's legal and operational compliance plan in accordance with § 1.2(C)(4)(l) of the Regulations	<input checked="" type="checkbox"/>
CC Exhibit C	Applicant's Business Plan for the Compassion Center with all information and in compliance with § 1.2(C)(4)(c) of the Regulations	<input checked="" type="checkbox"/>
CC Exhibit D	Applicant's Security and Safety Plan with all information and in compliance with § 1.2(C)(4)(d) of the Regulations	<input checked="" type="checkbox"/>
CC Exhibit E	Applicant's Operations Manual for the Compassion Center with all information and in compliance with § 1.2(C)(4)(e) of the Regulations	<input checked="" type="checkbox"/>
CC Exhibit F	Per § 1.2(C)(4)(f)(1) – (5) of the Regulations, a description of the proposed Licensed Premises, including street address, plat/lot number and zoning district	<input checked="" type="checkbox"/>
Submission of Required Electronic and Paper Copies of Entire Application		
Version A – Paper	Complete unredacted signed paper copy of the entire Application	<input checked="" type="checkbox"/>
Version A - Electronic	Complete electronic copy of the Version A paper application on a USB thumb drive	<input checked="" type="checkbox"/>
Version B - Paper	Complete paper copy of entire application redacted as instructed in Part 3 of this Application	<input checked="" type="checkbox"/>
Version B – Electronic	Complete electronic copy of entire application redacted as instructed in Part 3 of this Application on a USB thumb drive	<input checked="" type="checkbox"/>
Version C – Paper	Complete paper copy of entire application redacted as instructed in Part 3 of this Application	<input checked="" type="checkbox"/>
Version C – Electronic	Complete electronic copy of entire application redacted as instructed in Part 3 of this Application on a USB thumb drive	<input checked="" type="checkbox"/>

All Forms must be completed in their entirety; if a question or field is "not applicable" Applicant must insert "N/A." If the correct answer to a particular question is "None" write "None."

Part 3 – Three (3) Copies of Each Application Required – Digital and Paper – Some Redaction Required

Applicant must submit a hard copy and an electronic copy of three different versions of the Application.

- Version A is the unredacted application.
- Version B includes certain redactions for purposes of public records disclosures.
- Version C will be used for the initial review without identifying information. If this information adequately displays Applicant's qualifications and their ability to meet the license requirements under the Act and the Regulations, then the Department will review the rest of the Application.

It is the responsibility of Applicant to redact all necessary information in accordance with the following instructions.

Application Version A – Unredacted Application:

- (1) A complete, signed paper copy of the completed Application with all completed Forms, Annexes, Exhibits, Documents and Deliverables; and
- (2) An electronic copy of item (A)(1) (immediately above) on a USB thumb drive.

Application Redacted Version B – Application with Redacted Personal, Financial and Security Information:

- (1) A paper copy of the completed Application with all completed Forms, Annexes, Exhibits, Documents and Deliverables, redacted as described below to be posted on the Department's website; and
 - (2) An electronic copy of item (B)(1) (immediately above) on a USB thumb drive.
- Leave names of all Owners, Interest Holders and Key Persons visible in the Application.
 - Redact any reference to patient, caregiver or authorized purchaser registration names, addresses, card numbers or cards.
 - Redact any social security numbers and/or federal employer identification numbers
 - Redact all dates of birth and home street addresses as to individual natural persons
 - Redact any bank account numbers and bank account information on any check or other document that is submitted
 - Redact all ownership percentages and dollar amounts, including in the Form 2, Form 4 and schedules/annexes attached thereto
 - Redact all of CC Exhibit C, Applicant's Business Plan
 - Redact all of CC Exhibit D, Applicant's Security and Safety Plan
 - Redact any financial and proprietary information in CC Exhibit E, Applicant's Operations Manual
 - In CC Exhibit F, redact any floor plans/diagrams of the proposed facilities

Updated to 7/16/2020

Application Redacted Version C - Application with Redacted Personal and Interest Holder Information including Names:

- (1) A paper copy of completed Application with all completed Forms, Annexes, Exhibits, Documents and Deliverables, redacted as described below; and
- (2) An electronic copy of item (C)(1) (immediately above) on a USB thumb drive.


- Redact Applicant's name and all names and addresses of all Owners, Interest Holders and Key Persons.
- Redact any reference to all names, addresses, registry identification card numbers of all patients, caregivers and authorized purchasers.
- Redact any social security numbers and/or federal employer identification numbers
- Redact all dates of birth and home street addresses as to individual natural persons
- Redact any bank account numbers and bank account information on any check or other document that is submitted

Other than the redacted material, the information provided in the (A), (B) and (C) versions of the Application must be identical.

Part 4 – Compassion Center Required Application Forms

**CC FORM 1 – GENERAL CONTACT INFORMATION, TAXPAYER
IDENTIFICATION AND AFFIRMATIONS**

1	COMPANY NAME (legal name, and any d/b/a name(s), if applicable)	<u>Enlite RI</u>
	Application ZONE#	4 (note separate applications and application fees are required to apply to multiple zones)
2	BUSINESS STREET ADDRESS	<u>One Park Row, Suite 5</u>
3	CITY, STATE, ZIP	<u>Providence, RI 02903</u>
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF MEDICAL MARIJUANA	<u>45A Commerce Dr</u>
5	CITY, STATE, ZIP	<u>Warwick, RI 02886</u>

6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF MEDICAL MARIJUANA	<u>N/A</u>		
7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALE OF MARIJUANA	<u>3,000 SQ FT</u>		
8	FEIN: (Federal Employer Identification Number)			
9	TELEPHONE NUMBER	AREA CODE	NUMBER	EXTENSION
		(<u>401</u>)	<u>490 - 0004</u>	Ext. _____
10	FAX NUMBER (if not applicable, put "N/A")	AREA CODE	NUMBER	EXTENSION
		(<u>N/A</u>)	- _____	Ext. _____
11	TOLL FREE NUMBER (if not applicable, put "N/A")	AREA CODE	NUMBER	EXTENSION
		(<u>N/A</u>)	- _____	Ext. _____
12	COMPLIANCE OFFICER Identification and Contact Information	Applicant must appoint a Compliance Officer to whom information, notices, and documents will be sent. The Department reserves the right to contact and/or send notices and other correspondence to Applicant by email and/or post mail. It is Applicant's responsibility to ensure that the Compliance Officer information is correct and up to date at all times following application and throughout licensure.		
	Name:	<u>Jack Ferriter</u> Name		
	Title:	<u>Clerk</u>		

Updated to 7/16/2020

Mailing Address:	Address <u>1669 Northampton Street</u> <u>Holyoke Ma 01040</u>
Email Address:	<u>jferriter@ferriter.com</u>
Phone Number	(<u>413</u>) <u>535</u> - <u>4200</u> Ext. _____ AREA CODE NUMBER EXTENSION
Fax Number (if not applicable, put "N/A")	(<u>n/a</u>) - _____ Ext. _____ AREA CODE NUMBER EXTENSION

TAXPAYER STATUS

All persons and entities applying for or renewing any license, registration, permit, or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by R.I. Gen. Laws Chapter 5-76, except as noted below.

PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE

- ☒ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy. (Case # _____)
- ☐ I am in state receivership. (Case # _____)
- ☐ I have been discharged from Bankruptcy. (Case # _____)

Enlite RI Inc

Name of Taxpayer/Entity
Number

[REDACTED]
Social Security or Federal Tax Identification

CC Form 1 - AFFIRMATIONS

Applicant hereby understands and affirms the following:

1. The burden of proving an Applicant's qualifications rests on the party applying for the license.
2. The Department of Business Regulation may deny an Application that contains a material misstatement, omission, misrepresentation, or untruth.
3. An Application shall be complete in every material detail.
4. The Department of Business Regulation may rescind its approval of a Compassion Center License if Applicant has not completed the pre-requisites for issuance of the license as described in the Regulations within nine (9) months of their approval.
5. Regarding the location of the licensed premises, Applicant commits to the following:
 - a. The premises and operations of Applicant shall conform to local zoning requirements.
 - b. The Compassion Center License shall be conspicuously displayed at the licensed premises.
6. Regarding manufacturing, Applicant commits to having any form of manufacturing that uses a heat source or flammable/combustible material approved by the State Fire Marshal and/or the local fire department.
7. Applicant commits to not using any compressed, flammable gas as a solvent in any solvent extraction process, manufacturing or for any other purpose.
8. Applicant commits to not acquiring medical marijuana from anyone other than a licensed cultivator in accordance with the Act and the Regulations.
9. Applicant commits to the limitations set forth in the Act and the Regulations and understands that they are limited to possessing marijuana only as permitted in the Act and the Regulations.
10. Applicant understands that the licensed premises may not be within 1,000 feet of the property line of a preexisting public or private school.
11. Applicant hereby acknowledges that its employees covered by the National Labor Relations Act or the Rhode Island State Labor Relations Act have the right to form, attempt to form or join a union in the workplace. Applicant acknowledges that its covered employees may be fairly represented by a union if one is formed. Applicant also acknowledges that its employees have the right to refuse to do any or all of these things and that Applicant may not interfere with, restrain or coerce employees in the exercise of these rights.
12. Applicant understands that a licensed compassion center and any interest holders/key persons thereof may not have any material financial interest or control in another Rhode Island licensed compassion center, licensed cultivator or a licensed cooperative cultivation or in a Rhode Island Department of Health approved third party testing provider and vice versa.

SIGNATURE FOR CC FORM 1

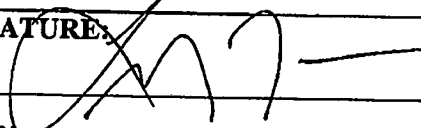
The undersigned attests that Applicant organization understands and will adhere to the all requirements of the Act and the Regulations, including but not limited to those listed above, and that they have the authority to bind Applicant organization to all requirements.

The undersigned Authorized Signatory of Applicant hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes to the entirety of this Application for Medical Marijuana Compassion Center License and shall provide written notice to the Department within thirty (30) days of any change of the information provided herein including all Forms, Annexes, Exhibits, Documents and Deliverables submitted in connection with or as part of the application process; each such notice shall include an updated Form, Annex, Exhibit, Document or Deliverable, as the case may be.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct and accurate.

AUTHORIZED SIGNATORY SIGNATURE

SIGNATURE:



DATE:

12/8/2020

Print Name: Leonard Lopes

Print Title: President

CC FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Enlite RI, LLC

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 <u>Leonard Lopes</u>	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? [REDACTED]
Address (residence if an individual) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Own. % Business Associated with [REDACTED] Effective Own. % in Applicant [REDACTED]		
Name <u>Peter Picknelly</u>	Title <u>President/Director</u>	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? [REDACTED]
Address (residence if an individual) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Own. % Business Associated with [REDACTED] Effective Own. % in Applicant [REDACTED]		
Name <u>Nicholas Yee</u>	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? [REDACTED]
Address (residence if an individual) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Own. % Business Associated with [REDACTED] Effective Own. % in Applicant [REDACTED]		
Name <u>Mark Cutting</u>	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? [REDACTED]
Address (residence if an individual) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Own. % Business Associated with [REDACTED] Effective Own. % in Applicant [REDACTED]		

Updated to 7/16/2020

Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Own. % Business Associated with		Effective Own. % in Applicant	
Name <u>Jack Ferrier</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)		City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)		City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
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 <u>Leonard Lopes</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Title (officer, director, manager, etc.)			
Name <u>Peter Picknelly</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Title (officer, director, manager, etc.)			
Name <u>Mark Cutting</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Title (officer, director, manager, etc.)			
Name <u>Nicholas Yee</u>	Title	SSN/FEIN	DOB	App submitted?	

Updated to 7/16/2020

Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Title (officer, director, manager, etc.)			
Name <u>Jack Ferriter</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Title (officer, director, manager, etc.)			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)		City	State	ZIP	Phone Number (-)
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)		City	State	ZIP	Phone Number (-)
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)			
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.					
Name <u>Leonard Lopes</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Role, interest, etc.			
Name <u>Peter Picknelly</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Role, interest, etc. <u>Vice President/Director 19.5%</u>			
Name <u>Mark Cutting</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number

Updated to 7/16/2020

Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Role, interest, etc.			
Name <u>Nicholas Yee</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Role, interest, etc.			
Name <u>Jack Ferriter</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)		City	State	ZIP	Phone Number (-)
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)		City	State	ZIP	Phone Number (-)
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.			
<p>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> <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 <u>Leonard Lopes</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Interest			
Name <u>Peter Picknelly</u>	Title	SSN/FEIN	DOB	App submitted?	
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Interest			

Updated to 7/16/2020

Name Mark Cutting	Title	SSN/FEIN	DOB	App submitted?
[REDACTED]				
Address (residence if an individual)	City	State	ZIP	Phone Number
[REDACTED]				
Business Associated with (Applicant, parent business or sub-entity) Enlite RI	Interest [REDACTED]			
Name Nicholas Yee	Title	SSN/FEIN	DOB	App submitted?
[REDACTED]				
Address (residence if an individual)	City	State	ZIP	Phone Number
[REDACTED]				
Business Associated with (Applicant, parent business or sub-entity) Enlite RI	Interest [REDACTED]			
Name Jack Ferriter	Title	SSN/FEIN	DOB	App submitted?
[REDACTED]				
Address (residence if an individual)	City	State	ZIP	Phone Number
[REDACTED]				
Business Associated with (Applicant, parent business or sub-entity) Enlite RI	Interest [REDACTED]			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]				
Address (residence if an individual)	City	State	ZIP	Phone Number ()
[REDACTED]				
Business Associated with (Applicant, parent business or sub-entity)	Interest			
[REDACTED]				
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]				
Address (residence if an individual)	City	State	ZIP	Phone Number (-)
[REDACTED]				
Business Associated with (Applicant, parent business or sub-entity)	Interest			
[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, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.				
Name Leonard Lopes	Title	SSN/FEIN	DOB	App submitted?
[REDACTED]				
Address (residence if an individual)	City	State	ZIP	Phone Number
[REDACTED]				
Business Associated with (Applicant, parent business or sub-entity) Enlite RI	Interest [REDACTED]			
Name Peter Picknelly	Title	SSN/FEIN	DOB	App submitted?
[REDACTED]				

Updated to 7/16/2020

Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Interest			
Name <u>Mark Cutting</u>		Title	SSN/FEIN	DOB	App submitted?
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Interest			
Name <u>Nicholas Yee</u>		Title	SSN/FEIN	DOB	App submitted?
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Interest			
Name <u>-Jack Ferrier</u>		Title	SSN/FEIN	DOB	App submitted?
Address (residence if an individual)		City	State	ZIP	Phone Number
Business Associated with (Applicant, parent business or sub-entity) <u>Enlite RI</u>		Interest			
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number (-)
Business Associated with (Applicant, parent business or sub-entity)		Interest			
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Interest			

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 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
<u>N/A</u>			

Updated to 7/16/2020

Section III:

- A. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.
- B. Attach a list of all Interest Holders identified in Section I(A) and I(D) of 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 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 Form 2:

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

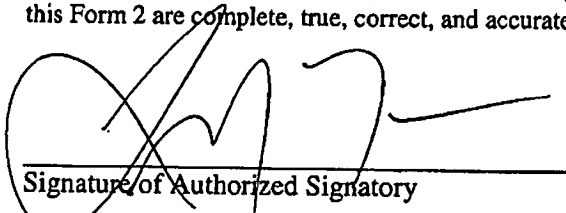
- (i) Are owners, members, officers, directors, managers, or agents of Applicant/Licensee; and
- (ii) Have/will have managing or operational control with respect to Applicant/Licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not; and
- (iii) Are 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 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 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.



Signature of Authorized Signatory

12/8/2020

Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enlite, RI Inc.

CC FORM 3

Owners and Interest Holders Certification Statement Form

On behalf of Applicant, and with respect to Applicant and each of the Interest Holders/Key Persons described in Form 2, the undersigned certifies as follows:

<p>1. Has the Applicant or any Owner or Interest Holder or any marijuana business entity or its equivalent in which such persons hold or have held an interest or a medical marijuana or other marijuana or cannabis license, registration or authorization in another state or jurisdiction, ever been disciplined (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization) by any state or jurisdiction? If "Yes" provide a brief explanation, copies of all documentation and name/address/phone number/contact person for the licensing/registration/authorization authority.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>2. Has the Applicant and/or any Owner or Interest Holder ever been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Rhode Island or any other state or jurisdiction (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization)? If "Yes" provide a brief explanation, copies of all documentation and name/address/phone number/contact person for the licensing/registration/authorization authority.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>3. Is any Owner or Interest Holder employed by the State of Rhode Island? If "Yes" please describe below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>

<p>4. Does the Applicant, or any Owner or Interest Holder have any "material financial interest or control" (as defined in § 1.1.1(A)(30) of the Regulations) in another Rhode Island licensed cultivator, a compassion center, a licensed cooperative cultivation, or a Rhode Island DOH-approved third party testing provider or vice versa. If "Yes" describe below:</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>5. Applicant acknowledges that it fully understands that:</p>		
<p>a. Marijuana is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <i>et seq.</i>);</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>b. The manufacturing, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges;</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>c. Any activity regarding marijuana that does not comply with Rhode Island law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>d. Applicant must comply with the requirements of R.I. Gen. Laws § 21-28.6-12(c)(7) and § 1.4(C) of the Regulations pertaining to criminal identification records checks prior to licensure.</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>6. Applicant acknowledges that Application Fees are non-refundable.</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>7. Applicant acknowledges that in filing an Application for a license, the following:</p> <p>a. The Department of Business Regulation is vested with certain authority and discretion under the Act and Regulations with respect to review and approval of a Compassion Center License; and</p> <p>b. The Department of Business Regulation's decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 <i>et seq.</i></p>	<p>Yes <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

Updated to 7/16/2020

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 information provided and the certifications made in this Form 3 and that each such notice shall include an updated Form 3.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 3 are complete, true, correct, and accurate.



Signature of Authorized Signatory

12/8/2020

Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enlite, RI Inc.

CC FORM 4
CERTIFICATION REGARDING NONPROFIT STATUS AND
COMPLIANCE

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") as follows:

1. Nonprofit Status and Operation

- A. The Applicant/Licensee is and shall be operated on a not-for-profit basis for the mutual benefit of its patients in compliance with The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, Chapter 21-28.6 of the Rhode Island General Laws and the regulations promulgated thereunder.
- B. Compassion centers shall not be organized, structured or operated in a manner that violates R.I. Gen. Laws § 21-28.6-12(f), or which would cause medical marijuana and medical marijuana products to be priced at unreasonable rates, as determined by DBR, in accordance with R.I. Gen. Laws § 21-28.6-12(d)(2)(iii).
- C. The Applicant/Licensee is a nonprofit corporation organized, existing and in good standing under the laws of the State of Rhode Island, including the Rhode Island Nonprofit Corporation Act, R.I. Gen. Laws Chapter 7-6, as evidenced in Annex A attached hereto, which includes the following documents:
 - i. A written overview of Applicant's corporate structure as a nonprofit entity, a listing of all board members, officers, and other key persons along with copies of their resumes, job descriptions, roles and duties.
 - ii. Applicant's nonprofit Articles of Incorporation filed with RI Secretary of State (SOS) in accordance with R.I. Gen. Laws Chapter 7-6;
 - iii. Applicant's corporate Bylaws;
 - iv. Applicant's Certificate of Good Standing from the RI SOS; and
 - v. If applicable, documentation evidencing tax-exempt organization status under US Internal Revenue Code.

2. Management Companies and Vendors

- A. All contracts and agreements, including any loan or other financing agreements, with all management companies and vendors shall be on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject services, supplies, equipment, and other goods.
- B. Attached hereto as Annex B is a list of all management companies used/to be used to supply services, supplies, equipment and/or other goods to the compassion center Applicant/Licensee. This list must also include a list of all persons (names and addresses)

who have any ownership or financial interest (officers, directors, stockholders of 5% or more, LLC managers or members, and/or partners) in or operations or managerial control over the management company.

- C. Attached hereto as Annex C is a list of all anticipated vendors used/to be used to supply services, supplies, equipment and/or other goods to the compassion center Applicant/Licensee of \$100,000 or more per calendar year. This list must also include a list of all persons (names and addresses) who have any ownership or financial interest (officers, directors, stockholders of 5% or more, LLC managers or members, and/or partners) in or operations or managerial control over the management company.
 - D. Attached hereto as Annex D are copies of any/all agreements, contracts and proposals with management companies, vendors, or other contractors, including copies of any proposed management agreements, leases, loans, contracts, or any other documentation reflecting the terms and conditions of any relationships and/or interests between the nonprofit entity and these agents, persons, or entities. Applicant must include any subsidiaries/parent companies associated with these agents, persons, or entities in the overview and organizational chart and/or any other entities engaged in similar cannabis activities which have shared owners, officers, directors or key persons.
3. Related Party Transactions
- A. Attached hereto as Annex E is a list of all financial transactions between Applicant/Licensee, on the one hand, and any immediate family member(s)¹ (whether directly or through an entity in which such family member(s) has an interest) of an officer, director, manager or other person having managerial or operational control of Applicant/Licensee, on the other hand.
 - B. All such financial transactions are on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject matter thereof.

4. Real Estate and Equipment

- A. Attached hereto as Annex F is a list of all real estate to be purchased or leased by Applicant/Licensee; and
- B. Attached hereto as Annex G is a list of all equipment to be purchased or leased by Applicant/Licensee involving compensation/remuneration of \$100,000 or more per calendar year.
- C. Such purchase and lease transactions are on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject matter thereof.

¹ "Family members" means and includes a spouse, parent, grandparent, child, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law and includes adopted, half and step members.

5. Compensation of Officers, Directors and Employees

A. Attached hereto as Annex H is a schedule of annual compensation as to:

- i. All officers, directors, managers, and other persons having managerial or operational control of Applicant/Licensee; and
- ii. The ten (10) other persons with the highest-level annual compensation.

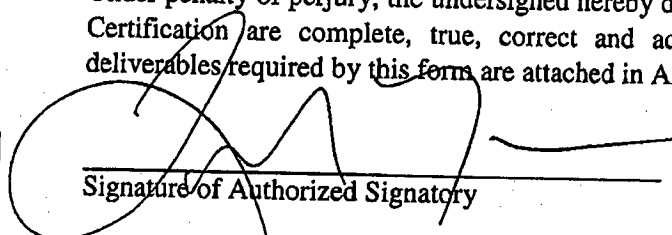
B. Applicant/Licensee is in compliance with the compensation, dividend and loan provisions of the Rhode Island Nonprofit Corporation Act, R.I. Gen. Laws Chapter 7-6, including §§ 7-6-26.1, 7-6-31, and 7-6-32.

6. Revenue Sharing

Applicant/Licensee is not and shall not become a party to any revenue or profit-sharing agreements or other arrangements involving sharing of, or compensation/remuneration based upon a percentage of, the compassion center's revenues or profits.

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 information provided and the certifications made in this Certification and that each such notice shall include an updated Certification and all annexes hereto.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on this Certification are complete, true, correct and accurate and all applicable information and deliverables required by this form are attached in Annexes A through H.



Signature of Authorized Signatory

12/7/2020

Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enlite, RI Inc.

INSTRUCTIONS FOR CC FORM 4 ANNEXES

Attach separate pages for each Annex, A through H, to CC Form 4. If the information to be provided on any Annex is "none", put "none" on that Annex page.

The materials must demonstrate Applicant's understanding of and ability to comply with the requirements under the Act and the Regulations.

ANNEX A- NON-PROFIT DOCUMENTS



State of Rhode Island
Department of State - Business Services Division

Articles of Incorporation
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is: Enlite RI, Inc.		
2. The period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
3. The specific purpose or purposes for which the corporation is organized are: Operate a compassion center, and provide education and health information.		
4. Provisions, if any, not consistent with the law, which the incorporators elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are: <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is: <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
Agent Name Leonard L. Lopes		
Street Address (NOT a P.O. Box) One Park Row, 5th. Floor		
City Providence	State RHODE ISLAND	Zip Code 02903

MAIL TO:
Division of Business Services
146 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

6. The number of the Initial Board of Directors of the Corporation is _____ (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:	
NAME	ADDRESS
Leonard L. Lopes	[REDACTED]
Peter Picknelly	[REDACTED]
Mark Cutting	[REDACTED]
Nicholas Yee	[REDACTED]
Check the box to indicate an attachment <input type="checkbox"/>	
7. The name and address of each incorporator is:	
NAME	ADDRESS
Leonard L. Lopes	One Park Row 5th Flr., Providence, R.I. 02903
Check the box to indicate an attachment <input type="checkbox"/>	
8. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Incorporator	Date
Leonard L. Lopes	12/03/20
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 200 - Revised: 06/2020



State of Rhode Island
Department of State - Business Services Division

Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. All fields are **REQUIRED**.

Name: Leonard L. Lopes		Date: 12/03/20
Proposed Entity Name: Enlite RI, Inc		
Street Address: One Park Row, 5th Floor		
City: Providence	State: RI	Zip Code: 02903
Email Address: LLopes@Victorgroupplc.com		Phone Number: 401-533-4872

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 200 - Revised: 08/2020

ANNEX B- MANAGEMNET COMPANIES

NONE/DOES NOT APPLY

ANNEX C- VENDORS

08/7/2020

Re: Medical Cannabis Wholesale Agreement

Dear Enlite, RI


Zen Blend Farms is pleased to submit this non-binding letter of intent to enter into a wholesale agreement to provide medical cannabis to Enlite, RI in the event that Enlite, RI is successful in its bid to receive a "Compassion Center License" pursuant to the laws of the State of Rhode Island.

This letter is non-binding and subject to a mutually acceptable contract to be negotiated and executed by both parties. This letter does not preclude Enlite, RI from entering similar relationships with any other potential purchasers.

Sincerely,

Zen Blend Farms


Zach Dougherty, Managing Partner


Mark Cutting, Enlite, RI, Partner

ANNEX D- CONTRACTS

08/7/2020

Re: Medical Cannabis Wholesale Agreement

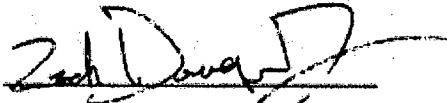
Dear Enlite, RI

Zen Blend Farms is pleased to submit this non-binding letter of intent to enter into a wholesale agreement to provide medical cannabis to Enlite, RI in the event that Enlite, RI is successful in its bid to receive a "Compassion Center License" pursuant to the laws of the State of Rhode Island.

This letter is non-binding and subject to a mutually acceptable contract to be negotiated and executed by both parties. This letter does not preclude Enlite, RI from entering similar relationships with any other potential purchasers.

Sincerely,

Zen Blend Farms

A handwritten signature in black ink, appearing to read "Zach Dougherty", written over a horizontal line.

Zach Dougherty, Managing Partner

A handwritten signature in black ink, appearing to read "Mark Cutting", written over a horizontal line.

Mark Cutting, Enlite, RI, Partner

LETTER OF INTENT

THIS LETTER OF INTENT ("Letter of Intent") is made effective as of the 1 day of December 2020 between ENLITE RI, INC, MARK CUTTING, TREASURER ("Tenant"), and 45 COMMERCE DRIVE LLC, DOUG RIGGS ("Landlord").

BASIC TERMS

Landlord and Tenant agree to the following "Basic Terms" and the other terms and conditions of the Letter of Intent:

A. Premises: The "Premises" have a common street address at 45A Commerce Drive Warwick, RI 02886

B. Term & Lease/Rent Commencement Dates:

The term of the Lease is five (5) years (Initial Term) with four 5-year option terms. The Lease/Rent Commencement Dates will be thirty (30) days from receiving all final approvals/permits (Contingencies). These terms and any subsequent Lease will be null and void, should the Tenant be unsuccessful in fulfilling its Contingencies as outlined below.

C. Landlord's Support:

The Landlord will publicly support and assist the Tenant, if needed, with the pursuit of obtaining any and all approvals/permits. This may include, and may not be limited to, attending community and municipal meetings, making introductions to existing tenants and providing notarized statements as Landlord that the Tenant has control of the Premises.

D. Rental Rate:

Beginning on the Lease/Rent Commencement Date, Tenant will pay Rent during the Initial Term and subsequent Option Terms in accordance with the following schedule:

TERM	RATE/SF
Initial Term - Year 1-5	
Option Term 1	
Option Term 2	
Option Term 3	
Option Term 4	

This is a triple net lease that has the tenant paying for its share of CAM charges (insurance included in CAM charge), real estate taxes and utilities.

E. Maintenance:

Tenant is responsible for any and all maintenance and repairs within and to the Premises including heat, lighting, plumbing, HVAC, windows and doors, security, and all signage. Landlord is responsible for the roof and structural walls.

- F. Expenses:** Tenant is responsible for all operating expenses, including but not limited to water, sewer, real estate taxes, insurance, management, landscaping, snow removal, rubbish removal, heating fuel, and electricity.
- G. Security Deposit:** Upon mutual lease execution the Tenant will provide a security deposit of [REDACTED]. The landlord will deposit said funds in a non-interest bearing account.
- H. Scope of Work:** The Tenant, at Tenant's expense, will be responsible for its interior build out and finishes.
- I. Financials:** The Tenant will provide information, such as financial statements, references, or guarantees, sufficient for the Landlord to make a determination of the Tenant's ability to satisfy its obligations under the lease.
- J. Use:** The Tenant is responsible for obtaining all government and municipal permits and approvals to operate a **medical marijuana compassion center**. Landlord and its agents make no representation as to the permissible uses allowed under current governmental and municipal regulations.
- K. Contingencies:** Subject to Tenant obtaining all required final permits to operate a **medical marijuana compassion center**.
- Subject to final approvals from the Rhode Island Department of Business Regulation.
- Tenant to have up to 6 months to obtain final approvals and permits.


This proposal is non-binding upon the parties, creates no legal rights or duties, and may be subject to withdrawal at any time with proper notice. This proposal is also subject to execution of a mutually accepted Lease. Landlord shall draft and send the Lease Agreement to the Tenant and their attorney. This proposal becomes null and void if not mutually executed within thirty (30) days from the date on the first page.

LANDLORD:


45 COMMERCE DRIVE LLC.
DOUG RIGGS, PRESIDENT

Date: 12/1/2020

TENANT:


ENLITE RI, INC.
MARK CUTTING, TREASURER

Date: 12/1/20

ANNEX E- RELATED PARTY TRANSACTIONS

NONE/DOES NOT APPLY

ANNEX F- REAL ESTATE

JOSEPH J. SOLOMON
MAYOR



ALFRED T. DeCORTE
DIRECTOR & BUILDING OFFICIAL

CITY OF WARWICK
BUILDING DEPARTMENT

3275 POST ROAD • WARWICK, RHODE ISLAND • 02886-7152
Tel (401) 921-9534 • Fax (401) 732-5071

December 7, 2020

Leonard Lopes
One Park Row, Suite 5
Providence, RI 02903

RE: 45 Commerce Drive, Warwick, RI
Assessor's Plat 312, Lot 3

Dear Mr. Lopes:

Please be advised that the above-mentioned property is located in a Light Industrial (LI) zoning district.

The proposed use for a Medical Marijuana Compassion Center is an allowed use in accordance with Table 1 Use Regulations #302 (Clinic), see attached.

Any change in use/ownership of an already existing business/building or unit therein requires a Certificate of Occupancy from the Warwick Building Department.

Please note that this letter is for zoning purposes only. Please contact the Zoning Office at (401) 921-9534 if you have any questions.

Sincerely,

Alfred T. DeCorte
Director & Building Official

ATD/ac

Zoning Districts	OS	A-40	A-15	A-10	A-7	O	WB	GB	L1	GI	Inter-modal	Gate-way	Village District
104. Congregate elderly housing containing between two and ten dwelling units	No	S ⁽³⁾	S ⁽³⁾	S ⁽³⁾	S ⁽³⁾	S ⁽³⁾	No	S ⁽³⁾	No	No	No	No	Yes
105. Congregate elderly housing containing more than ten dwelling units	No	No ⁽³⁾	No ⁽³⁾	No ⁽³⁾	No ⁽³⁾	No ⁽³⁾	No	No ⁽³⁾	No	No	No	No	No
106. Roominghouse	No	No	No	No	No	No	No	Yes	No	No	No	No	No
107. Room for less than three boarders	No	S ⁽⁴⁾	S ⁽⁴⁾	S ⁽⁴⁾	S ⁽⁴⁾	Yes ⁽⁴⁾	No	Yes ⁽⁴⁾	No	No	No	No	No
107.1. Bed and breakfast for up to four guests	No	S	S	S	S	S	No	Yes	No	No	No	No	Yes
108. Mobile home, mobile home park, or trailer park	No	No	No	No	No	No	No	No	No	No	No	No	No
109. Community residence	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No
200. Agricultural uses:													
201. Raising of crops (commercial and noncommercial)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
202. Commercial greenhouse	No	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S	No	Yes	Yes	Yes	No	No	No
203. Sales place for flowers, garden supplies, agricultural produce conducted partly or wholly outdoors	No	No	No	No	No	S	No	Yes	Yes	Yes	No	No	No
204. Raising and keeping of animals and livestock	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	S ⁽⁶⁾	No	No	No
300. Office uses:													
301. Medical offices, excluding clinic	No	No	No	No	No	Yes	No	Yes	Yes	Yes	No	Yes	S
302. Clinic	No	No	No	No	No	S	No	Yes	Yes	Yes	No	Yes	No
303. Law office, accountant, architect or other nonmedical professional person	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes ⁽²³⁾	Yes	Yes
304. Real estate, insurance, travel agency, advertising or similar agency office	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes ⁽²³⁾	Yes	Yes
305. General office use	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes ⁽²³⁾	Yes	Yes ⁽¹⁷⁾
306. Bank, trust company or similar financial institution with drive-in window	No	No	No	No	No	S	No	Yes	Yes	Yes	No	Yes	Yes ⁽¹⁸⁾

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- Tenant to have up to 6 months to obtain final approvals and permits.


This proposal is non-binding upon the parties, creates no legal rights or duties, and may be subject to withdrawal at any time with proper notice. This proposal is also subject to execution of a mutually accepted Lease. Landlord shall draft and send the Lease Agreement to the Tenant and their attorney. This proposal becomes null and void if not mutually executed within thirty (30) days from the date on the first page.

LANDLORD:


45 COMMERCE DRIVE LLC.
DOUG RIGGS, PRESIDENT

Date: 12/1/2020

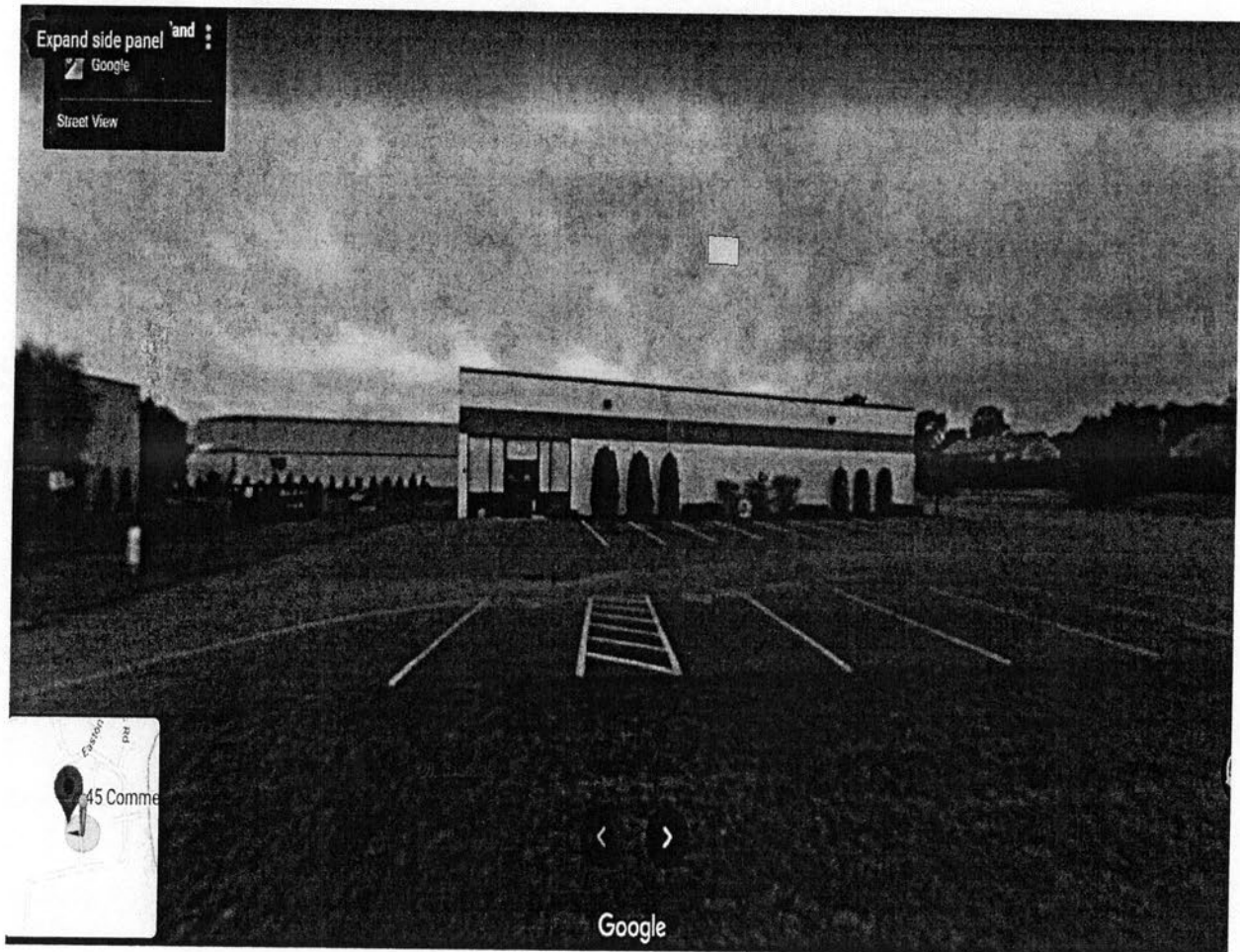
TENANT:


ENLITE RI, INC.
MARK CUTTING, TREASURER

Date: 12/1/20

45A COMMERCE WAY

WARWICK RI 02886



ANNEX G- EQUIPMENT

NONE/DOES NOT APPLY

ANNEX H- ANNUAL COMPENSATION

NONE/DOES NOT APPLY

CC FORM 5

BUSINESS LICENSE IDENTIFICATION FORM

Applicant hereby state(s) as follows:

With respect to Applicant and any Owner or Interest Holders described in Form 2, Section I, such persons have either applied for or are currently or have been previously licensed, registered or authorized to produce or otherwise deal in the manufacture or distribution of marijuana in any form, in the below states or jurisdictions and corresponding agency or authority.

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
Massachusetts & CCC (Cannabis Control Commission)	Retail/Adult Use	Hampshire Hemp LLC DBA Enlite	MR281867

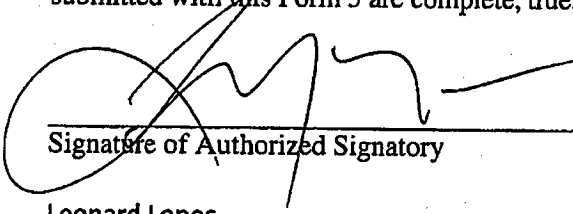
Applicant disclosed and provided any and all denial, suspension, revocation, fines, or other sanction of the license, registration or authorization listed above as instructed in CC FORM 3.

Applicant hereby authorizes: (1) the Rhode Island Department of Business Regulation to contact the agencies indicated above for information regarding Applicant and the licenses/registrations listed above; and (2) such other state agencies to provide any and all information requested by the Department regarding the licenses/registrations. If requested by the Department, Applicant will provide any additional authorization required by any of the state agencies in order to provide information requested by the Department.

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 information provided and the statements made in this Form 5 and that each such notice shall include an updated Form 5.

Updated to 7/16/2020

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 5 are complete, true, correct, and accurate.



Signature of Authorized Signatory

12/8/2020

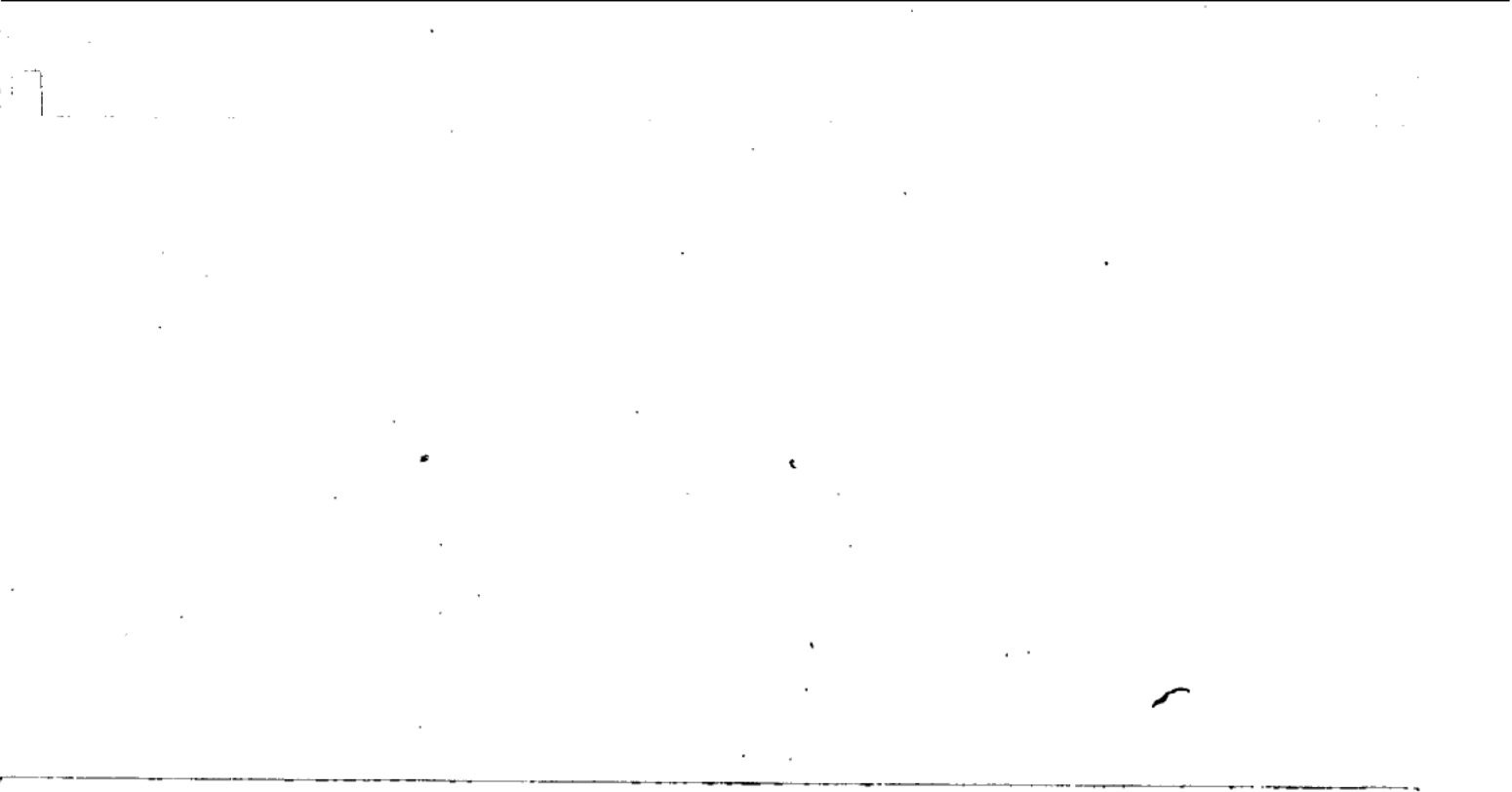
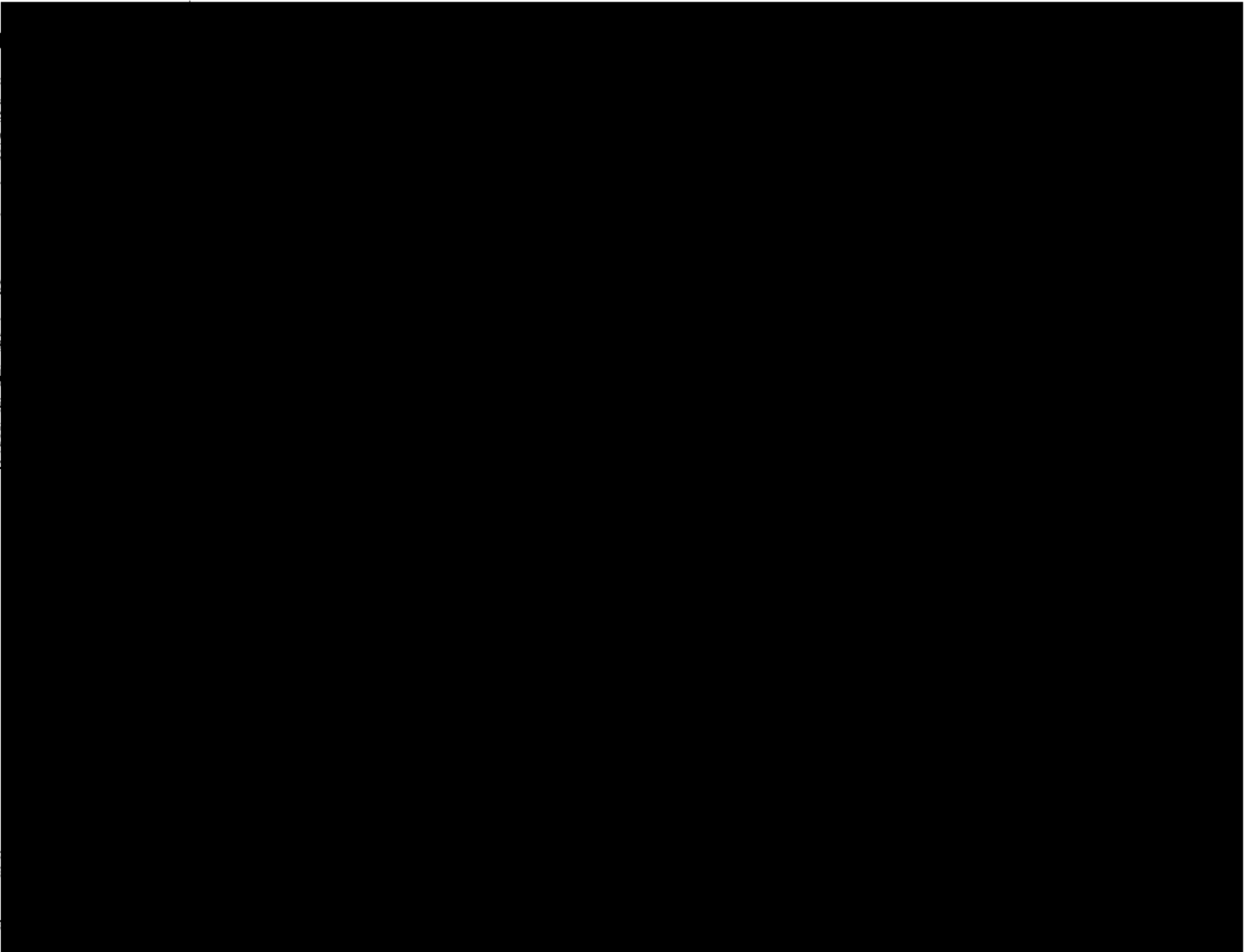
Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enlite, RI Inc.





Part 5 – Compassion Center Application Required Exhibits

CC Exhibit A – Disclosure of Material Financial Interests/Divestiture Plan

Attach hereto as CC Exhibit A is Applicant's complete disclosure statement of any material financial interests or control in another Rhode Island compassion center, cultivator, cooperative cultivation, or other marijuana establishment licensee and a plan of divestiture in compliance with §§ 1.2(C)(4)(i) & 1.2(F)(7). Please review the definition of "material financial interest or control" in § 1.1(A)(30) of the Regulations.

The materials must demonstrate Applicant's understanding of and ability to comply with the requirements under the Act and the Regulations.

[ATTACH AND SIGN BELOW – If None, state "None" and Sign]



Signature of Authorized Signatory

12/8/2020

Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enilte, RI Inc.

Exhibit A- Disclosure of Material Financial Interests/Divestiture Plan

NONE.

Updated to 7/16/2020

CC Exhibit B – Compliance Plan

Attach hereto as CC Exhibit B evidence of appointment of a Compliance Officer for the proposed Compassion Center including Applicant's legal and operational compliance plan in accordance with § 1.2(C)(4)(l) of the Regulations.

The compliance plan must include, without limitation, a written description of Applicant's policies, procedures, and plan with regard to patient privacy, sales to out-of-state patients, procedures for access to restricted areas, affiliations with local patient and community organizations, employee/workplace drug use policies/procedures, compliance testing policies/procedures, and Applicant's proposed policies/procedures/mechanisms to ensure compliance with prohibited financial interests and, if applicable, the additional requirements for establishing and maintaining its nonprofit status.

The plan and materials must demonstrate Applicant's understanding of and ability to comply with the requirements under the Act and the Regulations.

[ATTACH AND SIGN BELOW]



Signature of Authorized Signatory

12/8/2020

Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enlite, RI

Exhibit B- Compliance Plan

Enlite RI is committed to providing a safe, healthy, and economically beneficial working environment for our employees. We will hire employees who share our commitment to fulfilling our mission of providing quality medicines and innovative, holistic services and delivering a positive patient experience in a safe and serene, professional, clinical setting. Our employees are our most valuable resource and we will strive to create a positive and rewarding work environment that will minimize turnover. We will treat all employees with respect and create a professional but caring work environment. Our owners and managers will be accessible to all employees and will strive to make each employee feel valued.

Healthy Environment:

- We will create an alcohol, smoke, and illegal drug free workplace.
- All employees will be subject to background checks and drug screening to ensure a safe and healthy environment for all employees.
- Our air filtration system and monitoring system will ensure a clean air environment.
- We will offer yearly, free flu shots to all of our employees.
- We will create a stress-free, positive and professional environment. We recognize the need for work-life balance and will create a culture that is professional. but also warm and welcoming for our employees.

Workplace Safety:

We will comply with OSHA guidelines and provide periodic training for safety, sexual harassment, workplace violence, HIPAA, first aid, emergency planning, and drug and alcohol abuse. New employees will receive training at the time of hire and existing employees will receive training, at a minimum, once per year.

We will hold monthly meetings to review safety procedures and identify potential safety improvements.

An expert in the marijuana security field has designed the Enlite RI security environment. The dispensary facility will have both an access control system and a video monitoring system. There will be a security guard onsite during all dispensary facility hours. In addition, the parking lot is illuminated, and there is 24/7 perimeter surveillance to ensure the safety of employees.

Codes of Conduct:

High quality patient care and creating a professional work environment are our top priorities. Our company values will be reflected in the codes of conduct, and will include the following:

Respect for others

No discrimination or harassment - We will not tolerate harassment or intimidation of our employees on any basis, including race, color, sex, sexual orientation, age, religion, national origin, handicap, disability, marital status, or veteran status.

Equal opportunity hiring policies - We are committed to hiring the most qualified employees, regardless of race, sex, sexual orientation, age, religion, national origin, handicap, disability, marital status, or veteran status.

Friendly, courteous, and professional behavior to co-workers and patients - We expect professional and courteous behavior towards patients, caregivers, physicians and fellow employees.

Teamwork - We will foster a teamwork environment, which will be modeled by the owners and managers. No job is too small, and managers will pitch in on any task as needed.

Honest and Trustworthiness

Truth and transparency in all transactions - We expect all employees to be truthful and transparent in their communications and in all transactions. We will offer periodic training on best practices including accurate inventory tracking processes and procedures.

Protect confidentiality of personal information - We will train employees to safeguard all personal information for patients, caregivers, and fellow employees. We will treat all personal information as strictly confidential.

Follow all State of Rhode Island laws - We will train our employees to understand the pertinent laws of the State of Rhode Island and in particular, we will discourage the use of recreational marijuana. All employees will be thoroughly trained to reinforce the laws of the State of Rhode Island regarding the prohibition of the recreational use of marijuana.

Follow all company policies - We expect all employees to abide by company policies and procedures.

Economically Beneficial Work Environment

We will offer a generous salary and benefits package to our employees. We value commitment and long term service and will strive to offer above market compensation and benefits to minimize employee turnover. Specific benefits will include:

Healthcare benefits - We will offer medical/dental insurance to our full time employees. Our employees may enroll in the healthcare benefits plan after completing 3 months of service. We will pay the full cost for a single employee. Dependent coverage is available at our group rate.

Educational benefits - We will offer assistance on reimbursement for continuing education expenses.

Retirement benefits - We will establish a 401 K plan with an employee match.

Wage standards - we will pay our employees at or above fair market standards. We will conduct annual performance reviews with employees. and employees will be eligible for annual pay increases.

Vacation and paid time off -We will offer paid vacation. sick leave. and FMLA to our employees.

Employee Assistance program - We will make an employee assistance program available without cost to the employee.

We have developed an employee handbook that outlines our policies. Procedures, and employee benefits. The handbook will be reviewed with all new employees. The manager and employee will document that the handbook has been received and understood.

CC Exhibit E – Operations Manual Required Content

Attach hereto as CC Exhibit E Applicant's Operations Manual for the Compassion Center with all information and in compliance with § 1.2(C)(4)(e) of the Regulations.

The Operations Manual must include, without limitation, a written description of Applicant's policies, procedures and plans regarding:

- Patient intake and identification checks, patient education, patient feedback/product selection, any other proposed services to be provided at the Compassion Center;
- Point of sale tracking;
- Advertising;
- Vehicle/foot traffic impact and mitigation of community impact;
- Packaging and labelling;
- Complaints;
- Returns/refunds; and
- Product recalls.

The Operations Manual must demonstrate Applicant's understanding of and ability to comply with the requirements under the Act and the Regulations and include without limitation a description of:

- (a) The Applicant's biography including experience, knowledge, and training as it relates to:
 1. The marijuana industry in Rhode Island or any other state;
 2. Current role or participation in the Rhode Island Medical Marijuana Program;
 3. Past experience running a business or nonprofit;
 4. Familiarity with medical marijuana products and patients' utilization of products to treat qualifying conditions;
 5. Product testing and the use of seed to sale inventory tracking; and
 6. Any other background information or documentation Applicant believes demonstrates its qualifications to hold a compassion license.

If Applicant is currently a caregiver, licensed cultivator, or part of a licensed cooperative cultivation entity in Rhode Island, Applicant must include their registration ID number and how long they have been a caregiver or operating as a licensed cultivator or cooperative cultivation.

- (b) A list of proposed medical marijuana varieties and product types proposed to be offered.
- (c) A pricing model for how the price of products will be determined. Applicant must do this for products that will be procured from licensed cultivators as well as for products which may be manufactured by the compassion center if approved and/or applicable. This must include price ranges by categories of products (edibles, tinctures, vape cartridges, topicals, *etc.*) and/or any price structures which are based on levels of specific cannabinoids (THC, THCa, CBD, *etc.*). Applicant must state whether the compassion center would utilize pricing tiers for flower or any other categories of products and, if so, describe the general product requirements of each product as well as the price range per tier.

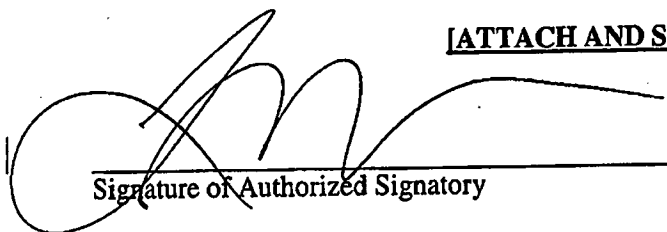
- (d) Any programs the compassion center would adopt to provide patients with discounted or free medicine. Applicant must include any qualifying factors it plans to use, if any, such as patient income, disability status, terminal diagnosis, or any other need-based criteria which the center may adopt.
- (e) How the Applicant would train all employees and registered compassion center agents on Federal and State medical marijuana laws and regulations as well as other laws and regulations pertinent to the compassion center agents' responsibilities.
- (f) How the Applicant would train all employees and licensed compassion center agents on standard operating procedures.
- (g) How the Applicant would train all employees and registered compassion center agents on detection and prevention of diversion of medical marijuana and medical marijuana products.
- (h) How the Applicant would establish written standard operating procedures for receipt of medical marijuana material and/or products, including how Applicant will inspect products for defects, contamination, and compliance with Regulations.
- (i) How the Applicant will use a perpetual inventory control system that identifies and tracks Applicant's stock of medical marijuana products from the time the medical marijuana is obtained by, or delivered to, a registered compassion center to the time it is sold or transferred to a patient cardholder, caregiver cardholder, or authorized purchaser in accordance with the Regulations. Applicant must address the situation in which it has access to the state approved Medical Marijuana Program Tracking System and the situation in which Applicant does not have access to the System (as specified in the Regulations).
- (j) How, as soon as is practical, if the Applicant does not have access to the state approved Medical Marijuana Program Tracking System, Applicant will, for each medical marijuana unit or product:
 - 1. Create a unique identifier;
 - 2. Enter information regarding the product/unit into an alternate inventory control system;
 - 3. Create a label with the unique identifier and batch number; and
 - 4. Securely attach the label to each unit/product.
- (k) How the Applicant will notify the Department of Business Regulation of an inventory or supply discrepancy if Applicant discerns a discrepancy between the inventory and the medical marijuana program tracking system.
- (l) How the Applicant will quarantine and not release any medical marijuana product if notified the product fails to meet all criteria for production or patient consumption in accordance with the Regulations.

- (m) In the case where faulty products have been sold or transferred to customers, how the Applicant will institute a recall and notify customers about the faulty products and what they should do if they still possess them.
- (n) How the Applicant will hold medical marijuana and medical marijuana products in secure and segregated storage.
- (o) How the Applicant, as a licensed compassion center, would establish procedures to receive, organize, store, and respond to all oral, written, electronic, or other complaints regarding medical marijuana and adverse events.
- (p) How the Applicant will ensure it does not transport medical marijuana or medical marijuana products to, or receive any medical marijuana or medical marijuana products from, any place outside of Rhode Island.
- (q) How the Applicant will have a standard operating procedure to require an employee or compassion center agent to report any personal health condition that could pose a threat to customers or compromise the cleanliness or quality of the medical marijuana products the employee/agent might handle.
- (r) How the Applicant will provide for disposal and segregated storage of any medical marijuana or product that is outdated, damaged, deteriorated, misbranded, or adulterated.
- (s) How the packaging and labeling of medical marijuana finished products will be in compliance with all applicable Regulations.
- (t) How a package of medical marijuana finished product will bear any allergen warning required by law.
- (u) How the Applicant will assure that a package of medical marijuana finished product does not bear any resemblance to the trademarked, characteristic, or product-specialized packaging of any commercially available candy, snack, baked good, or beverage.
- (v) How the Applicant will assure that a package of medical marijuana finished product does not bear any statement, artwork, or design that could mislead any person to believe that the package contains anything other than a medical marijuana finished product.
- (w) How the Applicant will assure that a package of medical marijuana finished product does not bear any cartoon, color scheme, image, graphic, or feature that might make the package attractive to children.
- (x) How the Applicant will ensure compliance with state and federal health and safety protocols, requirements and guidance with respect to the COVID-19 health pandemic.

Updated to 7/16/2020

Exhibit E Signature page

[ATTACH AND SIGN BELOW]



Signature of Authorized Signatory

12/8/2020

Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enlite, RI Inc.

Exhibit E-Operations Manual

Intake and Dispense

Enlite RI will dispense only to a registered qualifying patient who has a current valid certification, or to his or her personal caregiver, or an adult 21 years of age or older. A certifying healthcare provider shall have defined the calendar day length of valid certification of a qualifying patient.

Intake:

1. An Agent shall attend to the security cameras and greet incoming patrons outside of the entry door.
2. Upon greeting, the Agent will confirm the patron is a Medical Use Patient.
 - a. All patrons must provide the following:
 - i. A driver's license;
 - ii. A government-issued identification card;
 - iii. A military identification card; or
 - iv. A passport, including a passport card
 - b. All Medicinal Use Patients must also provide:
 - i. Rhode Island State Issued Patient Card
 - ii. If accompanied by a Caregiver, an Active Patient and Caregiver Card must be provided
3. Once the patron is allowed to proceed:
 - a. Medical Use Patients will move to the Check In desk where their information will be updated in our system and verified in RI CIP.
 - b. Adult Use Consumers – ID's will be scanned using an IDWARE 9000 ID Scanner.
4. Upon successful entry, patrons will be directed to the point of sale areas.

Dispense:

Medicinal Use Patient Allotment:

1. For a registered qualifying patient certified for 60 days or longer, the amount of marijuana dispensed, including marijuana contained in MIPs, shall be no more than a 60-day supply in each 60-day period) (e.g. a patient certified for 90 days may receive up to ten ounces in the first 60 days and five ounces in the remaining 30 days, while a patient certified for 180 days may receive up to ten ounces in each 60-day period).
2. For a registered qualifying patient whose certifying healthcare provider has determined that he or she requires a 60-day supply in excess of 10 ounces, the amount of marijuana dispensed, including marijuana contained in MIPs, shall be adjusted accordingly so that the amount of marijuana dispensed, including marijuana contained in MIPS, shall be no more than a 60-day supply as certified by the certifying healthcare provider in each 60 day period.

Process:

1. At the point of sale by an individual, an Agent shall inspect the individual's proof of identification and determine the individual's age.
 - Enlite RI will make interpreter services available that are appropriate to the population served, including for the visually- and hearing-impaired.
2. The Agent will fulfill the qualifying request of products assuming they meet the required allotments.

Enlite RI may refuse to dispense to a registered qualifying patient or personal caregiver if in the opinion of the dispensary agent, the patient or the public would be placed at risk. In any instance of denial, Enlite RI must notify the patient's certifying healthcare provider within 24 hours. 501.

Enlite RI will not receive orders for marijuana in any manner other than from a registered qualifying patient or personal caregiver in person at Enlite RI, except in the cases of home delivery, in which an order may be received by telephone or through a password protected, internet-based platform.

Unless authorized by the DBR, Enlite RI will not sell any products other than marijuana, including MIPs and marijuana seeds, and other products such as vaporizers that facilitate the use of marijuana for medical purposes.

6. Reporting

All medical transactions and adult use will be maintained in the Viridian POS system and Metrc. Enlite RI will only use a point-of-sale system that is approved by the DBR.

POS FOR ONSITE & CURBSIDE

Purpose

The purpose of this SOP is to provide retail employees with instruction as to how to process a curbside order at the dispensary.

1. Scope

"Curbside Operations" is defined as the transfer or dispensing of Marijuana or Marijuana Products by a registered agent of an MTC to a vehicle located in the parking area of the MTC or to an individual at the entrance to the MTC.

2. Prerequisites

In order to effectively execute this SOP, Enlite RI must have the following:

1. Website for Order Processing
 - a. Enlite RI can accept orders on Leafly and EnliteRI.com
2. Access to RICIP
3. Mobile Debit Card Reader
4. CanPay Application
5. Curbside Transaction Area
6. Surveillance monitoring the Curbside Transaction Area
7. Submission and Approval by the State of Rhode Island.

3. Responsibilities

This procedure will be monitored and maintained by the Director of Retail Operations and all retail employees will be trained accordingly.

4. Procedure

Retail Agents will adhere to the following transaction processing procedures:

1. Patients' orders will be received into our system via EnliteRI.com, leafly or over the phone.
 - i. In order to process the order on Leafly, patients SMS (text) their Patient Number to Enlite RI.
2. Once the order is received, Agents will verify patient eligibility for product sale with the MMJOS system prior to processing the transaction.
3. Once verified, the Agent will prepare the order. Specifically, all items will be gathered, packaged per the packaging requirements in. All items will be labeled with Patient information and ready for curbside pickup. A receipt will also be generated at this time.
4. Patients must use the app if a mobile debit reader is unavailable.
5. Patients are directed to the curbside pickup area.
6. Agents will meet the patient at their vehicle and verify the patients two forms of identification including a Rhode Island or qualifying Medical Marijuana Card and government issued identification.
 - i. All passengers in the vehicle must be 21 years or older or have a valid and current Rhode Island Medical Marijuana Card.

- ii. Identification can be scanned from the vehicle and not handled directly by the Agent.
7. Once verified, the Agent will get the order and process payment using the CanPay application.
8. If payment is required in the form of cashless atm (debit) or cash, Patients may still pull up into the curbside line, but will be asked to enter the lobby to process payment.

Traffic Queuing

Curbside traffic will be carefully maintained using traffic cones as follows:

Enlite RI's driveway will have two-way access. Enlite RI will use one lane to offer curbside service. The traffic queue will operate as follows:

1. Patients will enter the Curbside Transaction Area at the designated arrow.
2. An Agent will direct the vehicle to stop in front of the customer entrance
3. Agents will process the transaction.
 - a. If the patient is paying cash, they will be directed to pull ahead. They will be allowed to leave the vehicle, enter the lobby, and pay for the order inside the building
 - b. If the patient is paying via Debit Card, they will also be allowed to leave the vehicle, enter the lobby, and pay for the order inside the building.
 - c. If the patient is paying via CanPay, they can remain in the vehicle. Agents will process the payment and deliver the order.

5. Reporting

Inventory will be monitored daily

The manager on duty and CFO will ensure that a system of controls is maintained for cash handling and accounting functions. Tight controls must remove opportunities for unauthorized access to cash. This SOP ensures that cash is transferred from the registers to the safe and from the facility to the bank.

Internal Controls

- Dual custody is required any time cash is transferred from the registers to the safe and from the facility to the bank. Cash will be placed in a sealed bag prepared for transport.
- Enlite RI will use an armored transport provider that is licensed (watch, guard or patrol agency) and has been approved by the financial institution.
- Any register cash will be under the control of the manager or supervisor on duty and reconciled daily. All receipts and vouchers will be accounted for and the drawer should be in balance at all times.
- Cashless ATM and CannPay debit card transactions must be reconciled daily.
- Only the CEO, CFO, manager or approved supervisor may open the safe.

- Enlite RI is equipped with a 1,000 lb. safe secured in a vault exclusively for the purpose of securing cash –
- Our vault is in a LAA with video cameras directed to provide images of where the cash is kept –

Prerequisites

In order to ensure the proper protocols be taken for cash management, there are a few prerequisites that must be established. This will include:

- Ensure cash drawer has an accurate beginning balance
- Every cash transaction must be put through the register

Responsibilities

It is the responsibility of the CFO to ensure cash management is done properly. In addition, the facility has made an investment in an appropriate safe as well as security cameras.

Procedures

- 1) The Director of Retail Operations will assign a “drawer limit” to all POS cash drawers. This limit indicates the maximum amount of cash allowed in the drawer at any given time. The limit amount will vary depending on store size and customer volume.
- 2) As soon as a drawer limit is reached or surpassed, it is the responsibility of the employee running the POS cash drawer to notify his/her manager of the occurrence.
- 3) The employee and manager will then go into “dual control” where the cash overage will be transferred from the POS drawer to the safe.

Cash Handling – Opening and Closing Procedures

- CEO, CFO, manager or approved supervisor will open the safe at the beginning of each day.
- The cash drawers are removed from the safe and recounted in dual control by the associate and manager/supervisor on duty.
- The cash drawers are then ready for use and placed in the registers and daily transactions can begin.
- At shift change and/or end of the day Associates get the amount of daily deposit/cash receipt that should be in the drawer from the POS system and print the debit card transaction detail report from the debit card system. Canpay is integrated with the POS system so there is no Canpay report to print.
- The Associate, in dual control with the manager or supervisor on duty, counts the amount of cash in the drawer in an amount that is equal to the daily deposit/cash receipt.
- This count is documented on the Cash Till Closeout Sheet which includes denominations and total amount.
- The cash is recounted by the manager or supervisor on duty.
- Once verified the manager or supervisor on duty will place the cash in a sealed money bag and which is placed in the safe.

- The cash remaining in the drawer, which should be equal to the beginning of day drawer balance, is also counted by the Associate and verified by the manager or supervisor on duty.
- Once verified, the manager or supervisor on duty will put the drawers into the safe and lock it.
- The manager or supervisor on duty will verify the Cash Log is updated. The Cash Log documents in excel the amount in the safe at the end of each day.

Reporting

Discrepancies in cash counting must be reported during the shift that it occurs in. Discrepancies will be investigated and documented on the Cash Log.

Advertising

- 1) **Purpose:** To streamline the process of getting marketing materials approved while staying compliant with all DBR regulations. All advertising, marketing, and branding materials should go through this approval process before being utilized in the company's name.

Marketing and Advertising Requirements:

Permitted Practices:

- (1) Enlite RI developed a business name and logo to be used in labeling, signage, and other materials provided that use of medical symbols, images of Marijuana, or related Paraphernalia, and images that are appealing to persons younger than 21 years of age and colloquial references to Cannabis and Marijuana not used.
- (2) Enlite RI will only sponsor philanthropies, sporting or similar events where 85% of the audience is reasonably expected to be either 21 years of age or older or individuals with a debilitating condition, as determined by reliable, current audience composition data;
- (3) Enlite RI displays, in secure, locked cases, samples of products offered for sale and subject to the requirements of DBR: Security Requirements for Medical Marijuana Treatment Centers. These display cases are transparent. An authorized CMO Agent may remove a sample of Marijuana from the case and provide it to the Registered Qualifying Patient for inspection. The Registered Qualifying Patient may not consume or otherwise use the sample.
- (4) Enlite RI will deploy tv displays and printed menu's in the store allowing patients and consumers to learn about products, prices, and promotions. This information is also available on our website and through online platforms such as Leafly and Weedmaps.
- (5) Enlite RI uses Billboards, Social Media, our Website, and Print Marketing to advertise our brands. All efforts are focused on maintaining the public health, welfare or safety of the general public. Enlite RI is highly focused on preventing the diversion of Marijuana or Marijuana use in individuals younger than 21 years old or otherwise promote practices inconsistent with the purposes. Any such marketing, advertising and branding created for viewing by the public shall include the statement "Please Consume Responsibly" in a conspicuous manner on the face of the advertisement and shall

include a minimum of two of the following warnings in their entirety in a conspicuous manner on the face of the advertisement:

- "This product may cause impairment and may be habit forming."
- "Marijuana can impair concentration, coordination and judgment. Do not operate a vehicle or machinery under the influence of this drug."
- "There may be health risks associated with consumption of this product."
- "For use only by adults 21 years of age or older. Keep out of the reach of children."
- "Marijuana should not be used by women who are pregnant or breastfeeding."

(6) All marketing, advertising and branding produced by or on behalf of Enlite RI shall include the following warning, including capitalization,):

- This product has not been analyzed or approved by the Food and Drug Administration (FDA). There is limited information on the side effects of using this product, and there may be associated health risks. Marijuana use during pregnancy and breast-feeding may pose potential harms. It is against the law to drive or operate machinery when under the influence of this product. KEEP THIS PRODUCT AWAY FROM CHILDREN. There may be health risks associated with consumption of this product. Marijuana can impair concentration, coordination, and judgment. The impairment effects of Edible Marijuana Products may be delayed by two hours or more. In case of accidental ingestion, contact poison control hotline 1-800-222-1222 or 9-1-1.

Prohibited Practices:

- Advertising, marketing, and branding in such a manner that is deemed to be deceptive, misleading, false or fraudulent, or that tends to deceive or create a misleading impression, whether directly or by omission or ambiguity.
- Advertising, marketing and branding by means of television, radio, internet, mobile applications, social media, or other electronic communication, billboard or other outdoor advertising, or print publication, unless at least 85% of the audience is reasonably expected to be 21 years of age or older or comprised of individuals with debilitating conditions, as determined by reliable and current audience composition data.
- Advertising, marketing, and branding that utilizes statements, designs, representations, pictures or illustrations that portray anyone younger than 21 years old.
- Advertising, marketing, and branding including, but not limited to, mascots, cartoons, brand sponsorships and celebrity endorsements, that is deemed to appeal to a person younger than 21 years old.
- Advertising, marketing, and branding, including statements by a Licensee, that makes any false or statements concerning other Licensees and the conduct and products of such other Licensees that is deceptive, misleading, false or fraudulent, or that tends to deceive or create a misleading impression, whether directly or by omission or ambiguity;

- Advertising, marketing, and branding by a Licensee that asserts that its products are safe or represent that its products have curative or therapeutic effects, other than labeling required, unless supported by substantial evidence or substantial clinical data with reasonable scientific rigor as determined by the DBR.
 - Advertising on any billboards or any other public signage which fails to comply with all state and local ordinances and requirements.
 - Installation of any illuminated neon signage or external signage beyond the period of 30 minutes before sundown until closing.
 - The use of vehicles equipped with radio or loudspeakers for the advertising of Marijuana.
 - The use of radio or loudspeaker equipment for the purpose of attracting attention to the sale of Marijuana.
 - Advertising, marketing, and branding at, or in connection with, a charitable, sporting or similar event, unless at least 85% of the audience is reasonably expected to be 21 years of age or older, as determined by reliable, current audience composition data.
 - Operation of any website that fails to verify that the entrant is 21 years of age or older.
 - Use of unsolicited pop-up advertisements on the internet or text message.
 - Any advertising of an improper or objectionable nature including, but not limited to, the use of recipe books or pamphlets for Marijuana Products which contain obscene or suggestive statements.
 - Advertising, marketing or branding of Marijuana Products, on clothing, cups, drink holders, apparel accessories, electronic equipment or accessories, sporting equipment, novelty items and similar portable promotional items.
 - Advertising, marketing or branding on or in public or private vehicles and at bus stops, taxi stands, transportation waiting areas, train stations, airports, or other similar transportation venues including, but not limited to, vinyl-wrapped vehicles or signs or logos on transportation vehicles or company cars.
 - Advertising, marketing, branding, signs or other printed matter advertising any brand or kind of Marijuana Products that are displayed on the exterior or interior of any licensed Premises where Marijuana Products are not regularly and usually kept for sale.
 - Display of Marijuana Products so as to be clearly visible to a person from the exterior of the building.
 - Advertising, marketing or branding including any statement, design, representation, picture, or illustration that encourages or represents the use of Marijuana for any purpose other than to treat a Debilitating Medical Condition or related symptoms.
 - Advertising, marketing or branding including any statement, design, representation, picture, or illustration that encourages or represents the recreational use of Marijuana.
 - Enlite RI shall not display on the exterior of the facility advertisements for Marijuana or any brand name and may only identify the building by the registered name.
- 2) **Definitions:** Item for review is the Advertising, Marketing, or Branding item that is trying to get approved.

- 3) **Supplies:** Printout/Picture of the presented advertisement, printout of any supporting documents, and the Marketing and Advertising Compliance Checklist.
- 4) **Procedure:** The steps described below should be completed in order to ensure the item for review is processed in a timely fashion.

Step 1: Analyze the item for review using the Marketing and Advertising Compliance Checklist

- It is critical to read through each bullet point and consider if it applies to the item for review.

Step 2: Complete the Checklist with as much detail as possible to finalize the initial review.

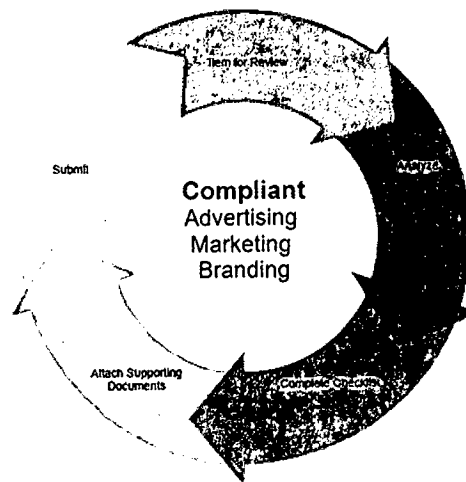
- If you found areas that were out of compliance fix the issues before submitting a packet.

Step 3: Attach supporting documents if available.

Step 4: Submit a printed and completed packet to the DBR for final approval.

- 5) **Assessment:** The item for review will go through the process described above a second time by the DBR. The second review should take no longer than 5 business days to complete from the date it was received. Once complete the packet will be marked either approved or denied and returned. If approved then the item for review can be used in advertising, marketing, and branding for Enlite RI, Inc. If the item for review is denied, then it needs to be fixed and brought into compliance and then a new packet should be submitted. A log should be maintained by the Director of Marketing.

- 6) **Flow Diagram:**



Education outreach materials are produced by our in-house media team, who will also be responsible for the repository of such property. We will maintain education outreach materials on our website, hard copies of information within the retail space, as well as digitized files available for download by the public.

1. Purpose

Enlite RI, Inc. realizes that it will be part of the surrounding community in which it operates. As such, the enterprise wants to become a valuable and productive member of that community.

- We will provide educational materials about marijuana to registered consumers, qualifying patients and their personal caregivers.
- We will have an adequate supply of up-to-date educational material available for distribution
- Educational materials must be available in languages accessible to all patients served by the CMO, including for the visually- and hearing-impaired.
- Educational materials shall be made available for inspection by the DBR upon request.
- "The educational material must include at least the following:
 - A warning that marijuana has not been analyzed or approved by FDA, that there is limited information on side effects, that there may be health risks associated with using marijuana, and that it should be kept away from children;
 - (b) A warning that when under the influence of marijuana, driving is prohibited and machinery should not be operated;
 - (c) Information to assist in the selection of marijuana, describing the potential differing effects of various strains of marijuana, as well as various forms and routes of administration;
 - (d) Materials offered to registered qualifying patients and their personal caregivers to enable them to track the strains used and their associated effects;
 - (e) Information describing proper dosage and titration for different routes of administration. Emphasis shall be on using the smallest amount possible to achieve the desired effect. The impact of potency must also be explained;
 - (f) A discussion of tolerance, dependence, and withdrawal; distribute marijuana to any other individual, and that they must return unused, excess, or contaminated product to the CMO from which they purchased the product, for disposal; and
 - Any other information required by the DBR."

2. Scope

The scope of the SOP includes a public relations strategy, online marketing initiatives, printed brochures, monthly newsletters, direct mail campaigns, patient loyalty programs, event sponsorship opportunities, and participation in trade shows.

3. Prerequisites

In order to provide education outreach to the community, we will need to write and print education materials including a comprehensive overview of medical marijuana, appropriate uses of medical marijuana, and design and implement seminars for specific target audiences. Our Director of Marketing will coordinate and host seminars for community residents where they will be given the opportunity to discuss any concerns or questions they have about medical marijuana, its usage, or other questions that have been vetted by our executive staff for qualified answers to insure the information offered is accurate, and does not cross the line into medical advice we are not licensed to offer.

4. Responsibilities

Education outreach is created by the director of marketing, the media team, and assisted by upper management. The outreach itself is the responsibility of the facility employee's tasked with community relations, education outreach, and providing community feedback channels.

5. Procedure

Education outreach will be done through scheduled informational sessions to help provide information about the benefits of cannabis, and other methods of communication including webinars, open houses, our web page and opt in email messages.

6. Reporting

Education outreach will keep statistics on web page hits and downloads, attendance at different seminars, and our email list along with the different pieces sent to us opt in list.

Packaging & Labeling

1. Purpose

The purpose of this SOP is to provide guidance on the proper packaging of infused products created at the facility.

2. Scope

The scope of this SOP is for all employees involved in the preparation, packaging, labeling, quality control and shipping infused cannabis products from the facility.

3. Prerequisites

Employees must be familiar with the different sort of packaging available at the facility, what products belong in which packages, determining that the package is intact, sanitary and has been inspected before being shipped.

4. Responsibilities

It is the responsibility of the Compliance Officer to ensure all employees understand the requirements for packaging products, and how to ensure they are kept in a safe, sanitary and protected area.

5. Procedure

All packaging used during the distribution of cannabis concentrate will be plain, unmarked, and in no way indicate or signify the presence of cannabis. This includes batch packaging used for large-scale transportation to a licensed distributor, as well as, the unique packaging of individual cannabis products. Additionally:

- Individual packaging will in no way contain any imagery, logos, or artwork that is designed to in any way mislead the public as to the contents of the package.
- Bright colors, cartoons, and other imagery that is found to be appealing to children under the age of 21 will be prohibited.
- Each product will have a Brand and Batch label that includes all required information per DBR regulations:

Packaging will incorporate the following:

1. Is child resistant in accordance with the Poison Prevention Packaging Act;
2. Is opaque so that the product cannot be seen from outside the packaging;
3. Not able to be opened easily with scissors if appealing to children;
4. Re-sealable for any marijuana product intended for more than a single use or containing multiple servings; and
5. Certified by a qualified third-party tamper or child-resistant packaging firm that the packaging is in compliance with the most recent poison prevention packaging regulations of the US Consumer Product Safety DBR; OR, placed in an exit package that is:
6. Capable of being re-sealed and made tamper or child-resistant again after it has been opened;

7. Includes the following statement, including capitalization, in at least ten-point Times New Roman, Helvetica or Arial font: "KEEP OUT OF REACH OF CHILDREN"; and
8. Protects the product from contamination and does not impart any toxic or harmful substance to the marijuana or manufactured marijuana product; and
9. Adult use products contain no more than five milligrams tetrahydrocannabinol for one dose, serving, or single wrapped item; provided that no manufactured marijuana product that is sold in a pack of multiple doses, servings, or single wrapped items, or any containers of oils, shall contain a total of no more than one hundred milligrams of tetrahydrocannabinol per pack or container.

Limits on packaging design include:

- 1) Imitating or having a semblance to any existing branded consumer products, including foods and beverages, that do not contain marijuana;
- 2) Featuring cartoons;
- 3) Using bright (neon) colors,
- 4) Featuring a design, brand or name that resembles a non-cannabis consumer product of the type that is typically marketed to minors;
- 5) Featuring symbols or celebrities that are commonly used to market products to minors; and
- 6) Featuring images of minors; and
- 7) Featuring words that refer to products that are commonly associated with minors or marketed to minors

Packaging of multiple servings:

- 1) Packaging for products sold or displayed for registered qualifying patients and consumers in multiple servings will include the following statement on the exterior of the package in a printed font that is no smaller than ten-point Times New Roman, Helvetica or Arial, including capitalization: "INCLUDES MULTIPLE SERVINGS"
- 2) Packaging for products in solid form sold or displayed in multiple servings will allow the patient to easily perform the division into single servings;
 - a. Edible marijuana products in a solid form will be easily and permanently scored to identify individual servings;
 - b. If a product cannot be scored, due to its form, the product will be packaged in a single serving size
 - c. Packaging for Marijuana Product Beverages shall be packages solely in a single serving size. Multiple serving beverages are strictly prohibited for sale.
- 3) Each single serving of an Edible Marijuana Product contained in a multiple-serving package shall be marked, stamped or otherwise imprinted with the symbol issued by the DBR that indicates that the single serving is a Marijuana Product.

Serving size will be determined by the Director of Product Development.

Exit Packaging will be labeled with the statement.

- All packages that are not Tamper or Child Resistant and therefore must be placed in a Tamper or Child Resistant Exit Bag, will have printed on it, incapitalization, in at least ten-point Times New Roman, Helvetica or Arial font: "KEEP OUT OF REACH OF CHILDREN"

Multiple Servings Packaging labeling shall include:

- the following statement on the exterior of the package in a printed font that is no smaller than ten-point Times New Roman, Helvetica or Arial, including capitalization: "INCLUDES MULTIPLE SERVINGS."
- A computer tracking inventory identification number barcode generated by tracking software;
- The phrases "For medical use only" and "Not for resale or transfer to another person";
- The following warnings:
 - "This product may be unlawful outside of the state and is unlawful to possess or use under federal law";
 - "This product has intoxicating effects and may be habit forming";
 - "Smoking is hazardous to your health" on appropriate products;

6. Reporting

Prior to a Marijuana Product being sold at a Marijuana Establishment, Enlite RI will submit an application, in a form and manner determined by the DBR, for packaging and label approval to the DBR. The packaging and labeling preapproval process shall in no way substitute for compliance.

All packaging must be approved by the Director of Product Development, Marketing Director, CFO and CEO, and any changes or proposed changes must be run through their office first and must also meet approval of the DBR.

Complaints

1. Purpose

This SOP provides guidance for recording and handling complaints concerning products, safety issues, or other matters brought to the attention of facility employees. These procedures were created to ensure customer satisfaction and to provide a mechanism for reporting issues to management.

2. Scope

The scope of this SOP is to ensure that any and all complaints are documented, reported, and acted upon.

3. Prerequisites

When a customer wishes to make a formal complaint, the following procedures are part of the SOP. Have customer wishing to file a complaint complete customer complaint form.

4. Responsibilities

It is the responsibility of the quality control supervisor and staff to ensure Customer Complaint Forms are filed correctly and reported to both upper management and to the Cannabis Control DBR.

5. Procedure

In the event a complaint is associated with a serious adverse event, the facility will require registered employees to:

- Promptly report the complaint to the DBR
- Report the complaint to any licensed processor or licensed dispensaries that may have received a shipment containing medical marijuana from the batch determined to cause the complaint
- As required by state regulations, in the event a complaint associated with a serious adverse event, management will be required to promptly report the complaint to, (1) the DBR, (2) either the licensed grower from which the medical marijuana originated, or the licensed processor from which the medical marijuana concentrate originated, (3) the certifying physician caring for the qualifying patient.
- Within 24-hours registered employees must report the complaint to the DBR

6. Reporting

All customer complaints are to be directed to the retail director, and to the DBR after review.

CUSTOMER COMPLAINT FORM

Date:	Location:
Customer Name:	
Employee Documenting Complaint:	Supervisor:
Description of Complaint:	
Corrective Action to be Taken:	
Customer Comments:	
Customer Signature:	Date:
Employee Signature	Date:

Returns & Refunds

1. Purpose

The purpose of this SOP is to provide guidance for the facility's return policy for medical marijuana.

2. Scope

The scope of this SOP is for all employees who work at the point of sale stations and work with patients and caregivers who have come to the facility to return purchased products.

3. Prerequisites

All employees in initial training received guidance on the facility's return policy and recall policy, both instances where marijuana is returned to the facility. Employees must understand the return policy, understand how to either add the material back to inventory or to log it for destruction.

4. Responsibilities

It is the retail manager who is responsible for maintaining and updating the return policy in coordination with outside counsel who reviews new regulations concerning the return of inventory. All employees who are involved with return will have also engaged in a role playing scenario where they are presented with a patient who seeks to return an item to the facility and the proper procedures to do so in order to put it back into the seed to sale system, and also document the chain of custody for the return.

5. Procedure

Handling Customer Returns – When a customer wishes to return a product, perform the following procedure:

- ☐ Acquire the product needing to be returned and begin the process of completing Addendum 32 - Returned Marijuana Products Log Sheet.
- ☐ Ask for the reason as to why the product is being returned and record this information.
- ☐ Log the product as being returned into the electronic inventory tracking system.
- ☐ Offer and pay reimbursement for the medical marijuana products returned per our written and posted policy.
- ☐ Ensure that the returned marijuana Products log sheet is completed and filed.

Return policy - Inform patient that any product that has not met their satisfaction can be returned to the facility for proper disposal.

- A) Do not leave the patient or customer unattended while in the service area.
- B) Patients will be instructed that qualifying patients may not distribute cannabis to any other individual, and that they must return any unused, contaminated, or excess product to the retail dispensing location from which it was purchased for destruction.
- C) Detain and segregate all products to be recalled which have been returned to the facility.

6. Reporting

All product returns are entered on the Returned Cannabis Product Log, Addendum 32, which provides the necessary information to be input into the seed to sale tracking software for revised tracking numbers.

Product Recalls

1. Purpose

This SOP provides guidance for reported adverse events and potential recalls of products that were either manufactured or purchased and sold by Enlite RI, Inc. and may have caused a patient or consumer to have an adverse reaction to the medicine or product. This SOP will also be part of all new facility employees training to ensure they follow the right protocols for obtaining information and helping isolate the cause of the adverse reaction.

2. Scope

The intended audience are all employees who package, and ship manufactured cannabis products, provide quality control or monitor the supply chain of product sold in the facility. An adverse reaction to cannabis requires participation by the management of the facility, the manufacturer, and obtaining the relevant logs and laboratory testing of the product in question. The Enlite RI staff will also isolate all similar product from the same batch until the issue is resolved.

RECALL AND REPORTING: In the event of an adverse reaction, the facility must consider and analyze the need for a recall and isolation of products potentially connected to the batch being analyzed. It is critical to determine whether this is of the scope where the complaint should be made public through social media or other news outlet, and also how to identify potential purchasers of the cannabis or cannabis derived product and notify them.

3. Prerequisites

All involved parties will need access to the facility's client database, inventory database (Viridian), and information about ancillary supplies and from where the cannabis product was purchased from.

4. Responsibilities

Management will follow this SOP for any adverse reactions to products sold from the facility. The procedures and steps as outlined above will be monitored by management, who will utilize the form referenced below to ensure all steps are carefully followed, documented, and proper changes implemented.

5. Procedure

The facility, once determining that the product has caused an adverse reaction among patients, will notify the DBR and all other relevant government agencies. The management will then:

- a. Identify and isolate all of the products of the batch associated with the recall including raw flower, material in production, oils, and edibles.
- b. Ensure proper communication of the issue with government agencies and obtain all necessary forms and documents to provide specific details.
- c. Discontinue all shipments of the specific products, and check manifests to ensure any scheduled deliveries are stopped.
- d. Notify retailers/wholesalers/dispensaries to stop selling the product and ask them to help identify consumers who purchased the item and provide them with return instructions for any identified product in their inventory.
- e. Review the companies' databases to identify those customers who purchased the product and assemble contact information for each.
- f. Prepare a press release announcing the recall (if necessary).
- g. Get the message out on public notice, social media, etc., email posting on web sites for our own facility and providing free graphics for other affected dispensaries who have obtained the product from our facility.
- h. Set up a dedicated phone number to handle the number of calls expected after the recall announcement;
- i. Modify the company website to announce the recall and accept email requests to participate;
- j. Develop a plan to ship replacement product to those affected by the recall and notify each retailer of expected shipments.
- k. Make it clear to the retailer the steps to be taken to properly dispose of product and to provide inventory reports for replacement. Ensure that pickup of the product or prepaid mail/delivery service is offered to them.
- l. Monitor the product recall and provide timely reports to all involved government agencies on the progress of the recall; and
- m. Identify those upgrades in quality control and risk analysis procedures to prevent a similar product recall in the future. Management will also ensure that specific inspections are adhered to and documented.

7. Reporting

The Director of Director of Retail, Director of Marketing, and Executive Management must be part of the adverse reaction/recall procedure. They will query the patient database while complying with state law and will use the inventory database to isolate products effected.

The chain of command for reporting adverse reactions includes Executive Management, Director of Retail Operations, and the Director of Marketing. All will contribute to the report describing the incident, the corrective action, and those responsible for implementing it.

Any recall must be documented with the following information and held for no less than one year:

- Date, product description, batch number and total volume of product.
- Reason for recall, name of person ordering recall.
- Amount of product successfully destroyed following waste handling protocols.

The total volume of product destroyed on site and sold to consumers, should account for the entire volume of the recalled batch.

CC Exhibit F – Compassion Center Premises Requirements

Attach hereto as CC Exhibit F, per § 1.2(C)(4)(f) of the Regulations, is all the information responsive to paragraphs (i) through (vi) below.

Is the applicant proposing **alternative locations** in the same zone under this application?

Yes ☐ No ☒

If "Yes", then Application must provide a complete response to paragraphs (i) through (vi) below for each proposed location.

Applicant's response must demonstrate its understanding of, and ability to comply with, the requirements under the Act and the Regulations and include without limitation:

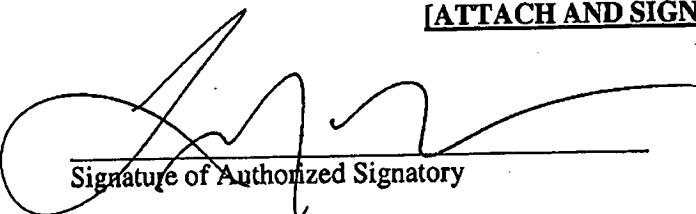
- i. A description of the proposed Licensed Premises, including street address, plat/lot number and zoning district.
- ii. Evidence of compliance for the location(s) with the local zoning laws in the form of a certificate or letter from an authorized zoning official;
- iii. Evidence that the physical location is not located within one thousand feet (1,000') of the property line of a preexisting public or private school in compliance with R.I. Gen. Laws § 21-28.6-12(f)(2) as demonstrated by a GIS Map or other similar municipal map showing Applicant's property, and the 1,000 foot distance from the property line of any schools;
- iv. A draft diagram, shown to scale, no smaller than 8.5" by 11" and no larger than 11" X 17", of the proposed facilities showing:
 - (1) Where medical marijuana will be stored, processed, packaged, manufactured and dispensed;
 - (2) The restricted-access areas, limited-access areas, walls, partitions, entrances, exits and location of security alarms, cameras, and surveillance recording equipment locations;
 - (3) Patient access areas including areas designated for patient enrollment, waiting, and education;
 - (4) Any public transportation services nearby,
 - (5) A diagram of all proposed on-site and off-site parking capacity (including spaces for persons with disabilities);
 - (6) How the facility will provide ADA-compliant access for persons with disabilities; and
 - (7) The location of the facility relative to streets and other public areas, and any other relevant information;
- v. A description of objective parameters (such as distances from streets and public areas) and/or proposed measures (such as black-out window shades) that ensure that marijuana at the premises shall not be visible from the street or other public areas; and

Updated to 7/16/2020

- vi. Documents evidencing either ownership of property or lease agreement with owner of property to allow the operation of a compassion center on the property, if property has already been purchased or leased at the time of the application or a signed letter of intent for such a sale or lease.

Exhibit F Signature page

[ATTACH AND SIGN BELOW]



Signature of Authorized Signatory

12/8/2020

Date

Leonard Lopes

Printed Name

Print Title: President

Print Name of Applicant/Licensee: Enlite, RI Inc.

JOSEPH J. SOLOMON
MAYOR



ALFRED T. DeCORTE
DIRECTOR & BUILDING OFFICIAL

CITY OF WARWICK
BUILDING DEPARTMENT

3275 POST ROAD • WARWICK, RHODE ISLAND • 02886-7152
Tel (401) 921-9534 • Fax (401) 732-5071

December 7, 2020

Leonard Lopes
One Park Row, Suite 5
Providence, RI 02903

RE: 45 Commerce Drive, Warwick, RI
Assessor's Plat 312, Lot 3

Dear Mr. Lopes:

Please be advised that the above-mentioned property is located in a Light Industrial (LI) zoning district.

The proposed use for a Medical Marijuana Compassion Center is an allowed use in accordance with Table 1 Use Regulations #302 (Clinic), see attached.

Any change in use/ownership of an already existing business/building or unit therein requires a Certificate of Occupancy from the Warwick Building Department.

Please note that this letter is for zoning purposes only. Please contact the Zoning Office at (401) 921-9534 if you have any questions.

Sincerely,

Alfred T. DeCorte
Director & Building Official

ATD/ac

Zoning Districts	OS	A-40	A-15	A-10	A-7	O	WB	GB	LI	GI	Inter-modal	Gate-way	Village District
104. Congregate elderly housing containing between two and ten dwelling units	No	S ⁽²⁾	S ⁽²⁾	S ⁽²⁾	S ⁽²⁾	S ⁽²⁾	No	S ⁽²⁾	No	No	No	No	Yes
105. Congregate elderly housing containing more than ten dwelling units	No	No ⁽³⁾	No ⁽³⁾	No ⁽³⁾	No ⁽³⁾	No ⁽³⁾	No	No ⁽³⁾	No	No	No	No	No
106. Roominghouse	No	No	No	No	No	No	No	Yes	No	No	No	No	No
107. Room for less than three boarders	No	S ⁽⁴⁾	S ⁽⁴⁾	S ⁽⁴⁾	S ⁽⁴⁾	Yes ⁽⁴⁾	No	Yes ⁽⁴⁾	No	No	No	No	No
107.1. Bed and breakfast for up to four guests	No	S	S	S	S	S	No	Yes	No	No	No	No	Yes
108. Mobile home, mobile home park, or trailer park	No	No	No	No	No	No	No	No	No	No	No	No	No
109. Community residence	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No
200. Agricultural uses:													
201. Raising of crops (commercial and noncommercial)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
202. Commercial greenhouse	No	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S	No	Yes	Yes	Yes	No	No	No
203. Sales place for flowers, garden supplies, agricultural produce conducted partly or wholly outdoors	No	No	No	No	No	S	No	Yes	Yes	Yes	No	No	No
204. Raising and keeping of animals and livestock	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	S ⁽⁵⁾	No	No	No
300. Office uses:													
301. Medical offices, excluding clinic	No	No	No	No	No	Yes	No	Yes	Yes	Yes	No	Yes	S
302. Clinic	No	No	No	No	No	S	No	Yes	Yes	Yes	No	Yes	No
303. Law office, accountant, architect or other nonmedical professional person	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes ⁽²⁵⁾	Yes	Yes
304. Real estate, insurance, travel agency, advertising or similar agency offices	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes ⁽²⁵⁾	Yes	Yes
305. General office use	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes ⁽²⁵⁾	Yes	Yes ⁽¹⁷⁾
306. Bank, trust company or similar financial institution with drive-in window	No	No	No	No	No	S	No	Yes	Yes	Yes	No	Yes	Yes ⁽¹⁶⁾

LETTER OF INTENT

THIS LETTER OF INTENT ("Letter of Intent") is made effective as of the 1 day of December 2020 between ENLITE RI, INC, MARK CUTTING, TREASURER ("Tenant"), and 45 COMMERCE DRIVE LLC, DOUG RIGGS ("Landlord").

BASIC TERMS

Landlord and Tenant agree to the following "Basic Terms" and the other terms and conditions of the Letter of Intent:

A. Premises: The "Premises" have a common street address at 45A Commerce Drive Warwick, RI 02886

B. Term & Lease/Rent Commencement Dates:

The term of the Lease is five (5) years (Initial Term) with four 5-year option terms. The Lease/Rent Commencement Dates will be thirty (30) days from receiving all final approvals/permits (Contingencies). These terms and any subsequent Lease will be null and void, should the Tenant be unsuccessful in fulfilling its Contingencies as outlined below.

C. Landlord's Support:

The Landlord will publicly support and assist the Tenant, if needed, with the pursuit of obtaining any and all approvals/permits. This may include, and may not be limited to, attending community and municipal meetings, making introductions to existing tenants and providing notarized statements as Landlord that the Tenant has control of the Premises.

D. Rental Rate:

Beginning on the Lease/Rent Commencement Date, Tenant will pay Rent during the Initial Term and subsequent Option Terms in accordance with the following schedule:

TERM	RATE/SF
Initial Term - Year 1-5	
Option Term 1	
Option Term 2	
Option Term 3	
Option Term 4	

This is a triple net lease that has the tenant paying for its share of CAM charges (insurance included in CAM charge), real estate taxes and utilities.

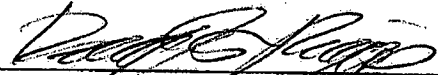
E. Maintenance:

Tenant is responsible for any and all maintenance and repairs within and to the Premises including heat, lighting, plumbing, HVAC, windows and doors, security, and all signage. Landlord is responsible for the roof and structural walls.

- F. Expenses:** Tenant is responsible for all operating expenses, including but not limited to water, sewer, real estate taxes, insurance, management, landscaping, snow removal, rubbish removal, heating fuel, and electricity.
- G. Security Deposit:** Upon mutual lease execution the Tenant will provide a security deposit of [REDACTED]. The landlord will deposit said funds in a non-interest bearing account.
- H. Scope of Work:** The Tenant, at Tenant's expense, will be responsible for its interior build out and finishes.
- I. Financials:** The Tenant will provide information, such as financial statements, references, or guarantees, sufficient for the Landlord to make a determination of the Tenant's ability to satisfy its obligations under the lease.
- J. Use:** The Tenant is responsible for obtaining all government and municipal permits and approvals to operate a **medical marijuana compassion center**. Landlord and its agents make no representation as to the permissible uses allowed under current governmental and municipal regulations.
- K. Contingencies:** Subject to Tenant obtaining all required final permits to operate a **medical marijuana compassion center**.
- Subject to final approvals from the Rhode Island Department of Business Regulation.
- Tenant to have up to 6 months to obtain final approvals and permits.


This proposal is non-binding upon the parties, creates no legal rights or duties, and may be subject to withdrawal at any time with proper notice. This proposal is also subject to execution of a mutually accepted Lease. Landlord shall draft and send the Lease Agreement to the Tenant and their attorney. This proposal becomes null and void if not mutually executed within thirty (30) days from the date on the first page.

LANDLORD:


45 COMMERCE DRIVE LLC.
DOUG RIGGS, PRESIDENT

Date: 12/1/2020

TENANT:


ENLITE RI, INC.
MARK CUTTING, TREASURER

Date: 12/1/20

Appendix A- ENLITE RI OWNERSHIP & ORGANIZATIONAL STRUCTURE

