

Douglas P Guilbert
 Printed Name

FORM 2*

Disclosure of Officers, Directors, Owners, Shareholders, Managers, Members, Agents and Consulting/Partnering Parties

Part I: Ownership and Management					
List all persons and/or entities that are owners, shareholders or members of the Applicant or who have any other ownership interest in the Applicant; and all officers, directors, managers and agents of the Applicant, whether they have an ownership interest or not (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership interest in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.					
Name Douglas Guilbert		Title Managing Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City West Kingston	State RI	ZIP 02892	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Mark Picozza		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Hopkinton	State MA	ZIP 01748	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Brandon Gobeille		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Hopkinton	State MA	ZIP 01748	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Jason Bates		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Worcester	State MA	ZIP 01606	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	

Rhode Island Department of Business Regulation
Application for Industrial Hemp Agricultural Pilot Program License

Name Stephen Biszko		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]			City Warren		State RI	ZIP 02885		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant [REDACTED]		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			City		State	ZIP		Phone Number ()	
Business Associated with (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			City		State	ZIP		Phone Number ()	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		

Part II: List all persons and/or entities (besides the Key Persons listed above) who will partner with and/or provide consulting services regarding the growing, handling or production of hemp or hemp products. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Role/Services



 Authorized Signatory

10/7/2019

 Date

Douglas P Guilbert

 Printed Name