

FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Cann Cure Cultivation, LLC

Part I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, and (B.) all officers, directors, members, managers or agents of the applicant/licensee, and (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the 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 Gregory S. Cooper | | Title Managing Member | | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | | City South Kingstown | State RI | ZIP 02879 | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | Effective Own. % in Applicant [REDACTED] | |
| Name Patricia A. Thornton | | Title Member | | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | | City South Kingstown | State RI | ZIP 02879 | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | Effective Own. % in Applicant [REDACTED] | |
| Name Michael Watkins | | Title Member | | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | | City Bradford | State RI | ZIP 02808 | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | Effective Own. % in Applicant [REDACTED] | |

| | | | | | | | | | | | | |
|---|--|--|--|--|---|--|------------------------|--|-------------------|---|---|--|
| Name Angie Watkins | | | | | Title Member | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (residence if an individual) [REDACTED] | | | | | City Bradford | | State RI | | ZIP 02808 | | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) | | | | | Own. % Business Associated with | | | | | Effective Own. % in Applicant [REDACTED] | | |
| Name Brian Slusarz | | | | | Title Member | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (residence if an individual) [REDACTED] | | | | | City Wyoming | | State RI | | ZIP 02898 | | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) | | | | | Own. % Business Associated with | | | | | Effective Own. % in Applicant [REDACTED] | | |
| Name TechniArt Inc. | | | | | Title Member | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (residence if an individual) [REDACTED] | | | | | City Collinsville | | State CT | | ZIP 06022 | | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) | | | | | Own. % Business Associated with | | | | | Effective Own. % in Applicant [REDACTED] | | |
| Name Gary Cardillo | | | | | Title Member | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (residence if an individual) [REDACTED] | | | | | City Unionville | | State CT | | ZIP 06085 | | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) TechniArt Inc. | | | | | Own. % Business Associated with [REDACTED] | | | | | Effective Own. % in Applicant [REDACTED] | | |
| Name Adam Tardif | | | | | Title Member | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | | App Submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (residence if an individual) [REDACTED] | | | | | City Easton | | State CT | | ZIP 06612 | | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) TechniArt Inc. | | | | | Own. % Business Associated with [REDACTED] | | | | | Effective Own. % in Applicant [REDACTED] | | |
| B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE 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 Gregory S. Cooper | | | | | Title Managing Member | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (residence if an individual) [REDACTED] | | | | | City South Kingstown | | State RI | | ZIP 02879 | | Phone Number [REDACTED] | |
| Business Associated with (Applicant, parent business or sub-entity) | | | | | Title (officer, director, manager, etc.) | | | | | | | |

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|---|----------------------------|---|-------------------|---|
| Name Patricia A. Thorton | Title Member | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | City South Kingstown | State RI | ZIP 02879 | Phone Number [REDACTED] |
| Business Associated with (Applicant, parent business or sub- entity) | | Title (officer, director, manager, etc.) President | | |
| Name Michael Watkins | Title Member | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | City Bradford | State RI | ZIP 02808 | Phone Number [REDACTED] |
| Business Associated with (Applicant, parent business or sub- entity) | | Title (officer, director, manager, etc.) | | |
| Name Angie Watkins | Title Member | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | City Bradford | State RI | ZIP 02808 | Phone Number [REDACTED] |
| Business Associated with (Applicant, parent business or sub- entity) | | Title (officer, director, manager, etc.) | | |
| Name Brian Slusarz | Title Member | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | City Wyoming | State RI | ZIP 02898 | Phone Number [REDACTED] |
| Business Associated with (Applicant, parent business or sub- entity) | | Title (officer, director, manager, etc.) | | |
| Name Gary Cardillo | Title Member | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | City Unionville | State CT | ZIP 06065 | Phone Number [REDACTED] |
| Business Associated with (Applicant, parent business or sub- entity) TechniArt Inc. | | Title (officer, director, manager, etc.) CEO | | |
| Name Adam Tardif | Title Member | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | City Easton | State CT | ZIP 06612 | Phone Number [REDACTED] |
| Business Associated with (Applicant, parent business or sub- entity) TechniArt Inc. | | Title (officer, director, manager, etc.) President | | |

C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE 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 Gregory S. Cooper | Title Managing Member | SSN/FEIN [REDACTED] | DOB [REDACTED] | App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Address (residence if an individual) [REDACTED] | City South Kingstown | State RI | ZIP 02879 | Phone Number [REDACTED] |
| 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. | | |
| 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. | | |
| 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. | | |
| 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. | | |

D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).

To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

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|---|-------|----------|-----|--|
| 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 | | |
| 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 | | |
| 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 | | |

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| 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 | | |

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 THE 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.

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|---|-------|----------|-----|--|
| 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 | | |

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|---|-------|----------|-----|--|
| 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 | | |

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|---|-------|----------|-----|--|
| 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 | | |

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|---|-------|----------|-----|--|
| 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 | | |

Part II: Who, besides the owners and other Interest Holders listed in this Form 2 (including persons, firms, partnerships, corporations, limited liability companies, trusts), 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 |
|------|---------------|----------|------------------------|
| | | | |
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| | | | |

Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to the applicant/licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.

Attach a list of all Interest Holders identified in Part I(A), Part I(B), Part I(C) and Part I(E) and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to the 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 FORM 2

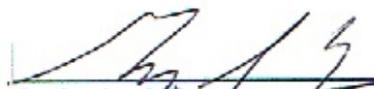
The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she has disclosed to the Department in this Form 2:

- (A) With respect to the applicant/licensee, all persons and entities that:
- (i) Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
 - (ii) Have/will have managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and/or
 - (iii) Are investors or have any other financial interest therein, and/or
 - (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 the 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 the 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.

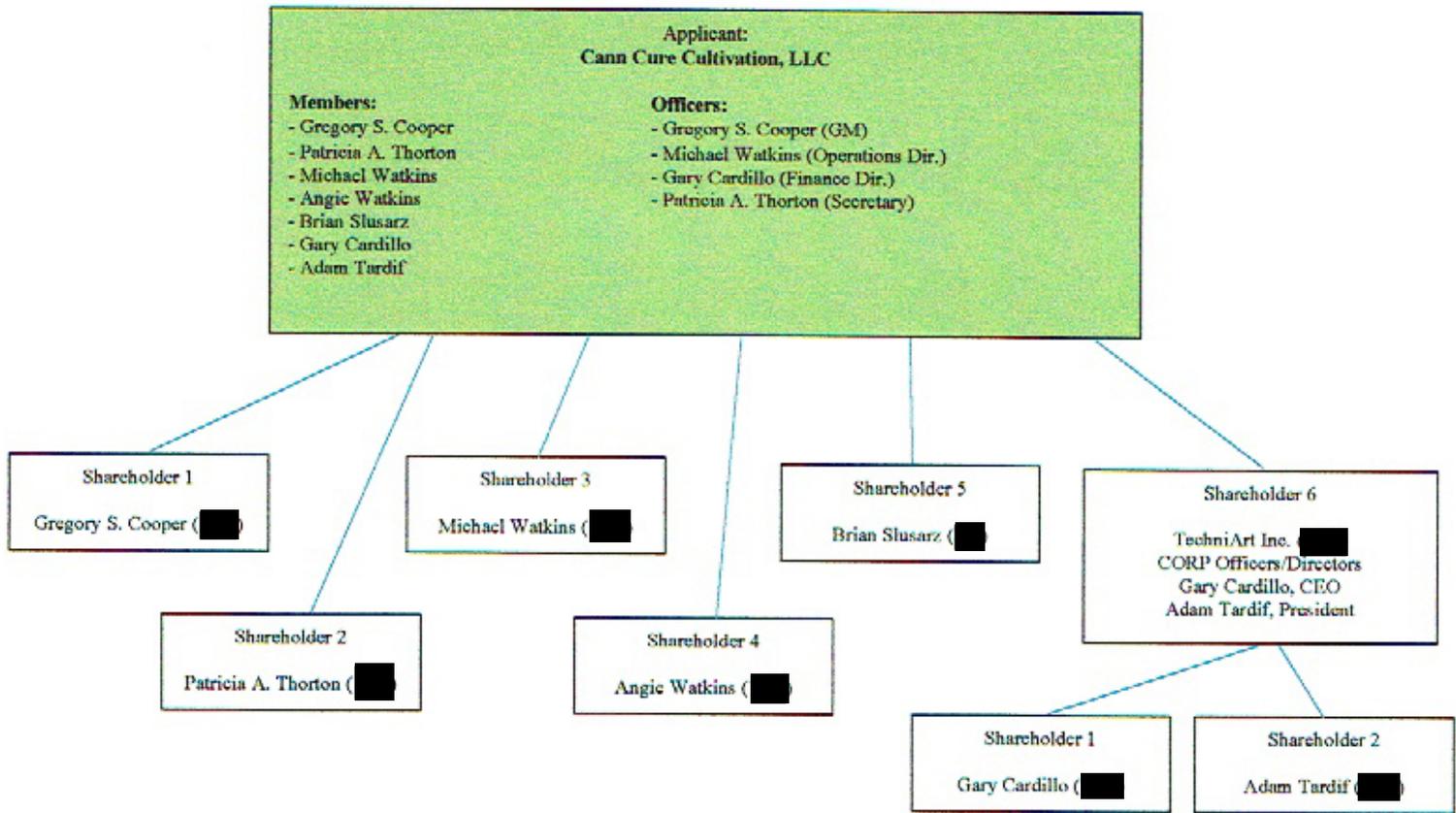


Authorized Signatory

8/25/2020
Date

Gregory S. Cooper
Printed Name
Print Name of Applicant/Licensee: Cann Cure Cultivation, LLC
Print Officer Title: Managing Member

Cann Cure Cultivation, LLC. Organizational Chart



Cann Cure Cultivation, LLC Interest Holders Effective Ownership Breakout

| Owners by Effective Percentage of Ownership | Effective Percentage of Ownership | Capital Contributions, if any |
|---|-----------------------------------|-------------------------------|
| Cardillo, Gary | | [REDACTED] |
| Cooper, Gregory S. | | |
| Thorton, Patricia A. | | |
| Watkins, Michael | | |
| Watkins, Angie | | |
| Tardif, Adam | | |
| Slusarz, Brian | | |

Directors, Officers, and Key Persons

| Name | 2020 Comp YTD August 30 | 2019 Comp | 2018 Comp | 2017 Comp | 2016 Comp |
|----------------------|-------------------------|-----------|-----------|-----------|-----------|
| Cardillo, Gary | | | | | |
| Cooper, Gregory S. | | | | | |
| Thorton, Patricia A. | | | | | |
| Watkins, Michael | | | | | |
| Watkins, Angie | | | | | |
| Tardif, Adam | | | | | |
| Slusarz, Brian | | | | | |
| TechniArt Inc. | | | | | |