

**Rhode Island Department of Business Regulation**  
**Application for Medical Marijuana Cultivator License**

Name Joshua Mota		Title Principal		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Woonsocket		State RI		ZIP 02895		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant [REDACTED]		
Name Samantha Hill		Title Co-Owner		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Woonsocket		State RI		ZIP 02895		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant [REDACTED]		
Name Buteau Francois, Jr.		Title Co-Owner		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Cumberland		State RI		ZIP 02864		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant [REDACTED]		
Name Thomas Monahan		Title Co-Owner		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City North Attleboro		State MA		ZIP 02760		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant 5		
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		
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		

**Rhode Island Department of Business Regulation**  
 Application for Medical Marijuana Cultivator License

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
John Mota	[REDACTED]	[REDACTED]	[REDACTED]

  
 \_\_\_\_\_  
 Authorized Signatory

4/6/2017  
 \_\_\_\_\_  
 Date

Joshua Mota  
 \_\_\_\_\_  
 Printed Name

**FORM 3\***

**BUSINESS LICENSE IDENTIFICATION FORM**

I/We, on behalf of the undersigned Applicant, hereby state(s) as follows:  
 With respect to the Applicant and the Key Persons described in Form 2, Part I, such persons have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the manufacture or distribution of Marijuana in any form, in the following States or jurisdiction and corresponding agency or authority: