

**FORM 2\***  
**Disclosure of Owners and Other Key Persons**

**Part I: Owners and Other Key Persons**

List (A.) all persons and/or entities with any ownership interest, and (B.) all officers and directors or members/managers, (C.) all persons with managing or operational control with respect to the cultivator license, operations or licensed facility whether they have ownership interest or not, and (D.) all other persons with any financial interest whether they have 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 or other interest in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

**A. LIST ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders; LLC members; and partners if a partnership); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY**

Name JOSEPH L WELCH	Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes x No
Address (residence if an individual) [REDACTED]	City WARWICK	State RI	ZIP 02886	Phone Number ( [REDACTED] ) [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) EAST COAST CULTIVATION LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name SUSAN C WELCH	Title COO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes No
Address (residence if an individual) [REDACTED]	City WARWICK	State RI	ZIP 02886	Phone Number ( [REDACTED] ) [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) EAST COAST CULTIVATION LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name	Title	SSN/FEIN	DOB	App submitted?

East Coast Cultivation LLC				[REDACTED]				Yes	No
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]		Warwick	RI	02886	( [REDACTED] )				
Business Associated with (Applicant, parent business or sub-entity)			Own. % Business Associated with			Effective Own. % in Applicant			
Name		Title		SSN/FEIN		DOB		App submitted? Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]					( )				
Business Associated with (Applicant, parent business or sub-entity)			Own. % Business Associated with			Effective Own. % in Applicant			
Name		Title		SSN/FEIN		DOB		App submitted? Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]					( )				
Business Associated with (Applicant, parent business or sub-entity)			Own. % Business Associated with			Effective Own. % in Applicant			
Name		Title		SSN/FEIN		DOB		App submitted? Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]					( )				
Business Associated with (Applicant, parent business or sub-entity)			Own. % Business Associated with			Effective Own. % in Applicant			
Name		Title		SSN/FEIN		DOB		App submitted? Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]					( )				
Business Associated with (Applicant, parent business or sub-entity)			Own. % Business Associated with			Effective Own. % in Applicant			
Name		Title		SSN/FEIN		DOB		App submitted? Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]					( )				
Business Associated with (Applicant, parent business or sub-entity)			Own. % Business Associated with			Effective Own. % in Applicant			

**B. LIST ALL DIRECTORS, OFFICERS, AND MANAGERS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A**

Name ALEX WELCH		Title		SSN/FEIN		DOB		App submitted? Yes No	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]		WARWICK	RI	02886	( [REDACTED] )				
Business Associated with (Applicant, parent business or sub-entity)			Title (officer, director, manager, etc.)						
EAST COAST CULTIVATION LLC			OFFICER						
Name TYLER GREENLESS		Title		SSN/FEIN		DOB		App submitted? Yes No	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]		Warwick	RI	02886	( [REDACTED] )				
Business Associated with (Applicant, parent business or sub-entity)			Title (officer, director, manager, etc.)						
East Coast Cultivation LLC			Officer						
Name Bishop, Gains		Title		SSN/FEIN		DOB		App submitted? Yes No	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		Yes No	
Address (residence if an individual)		City	State	ZIP	Phone Number				
[REDACTED]		Warwick	RI	02886	( [REDACTED] )				

Business Associated with (Applicant, parent business or sub-entity) East Coast Cultivation LLC		Title (officer, director, manager, etc.) Manager		
Name Joseph Welch	Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02886	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) East Coast Cultivation LLC		Title (officer, director, manager, etc.) Officer		
Name Susan Welch	Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02886	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) East Coast Cultivation LLC		Title (officer, director, manager, etc.) Officer		
Name	Title	SSN/FEIN	DOB	App submitted? Yes 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? Yes 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 (OTHER THAN PERSONS ALREADY LISTED IN SECTION A OR B ABOVE) WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTION A, THE CULTIVATOR LICENSE, OPERATIONS AND/OR LICENSED FACILITY (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY**

Name Yellow Labs Inc	Title	SSN/FEIN [REDACTED]	DOB	App submitted? Yes No
Address (residence if an individual)	City	State	ZIP	Phone Number ( )
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
Name Ander Wensberg	Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes No
Address (residence if an individual) [REDACTED]	City Glouster	State MA	ZIP 01938	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Yellow Labs Inc.	Role, interest, etc. Managing Member			
Name Roy Campana	Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes No
Address (residence if an individual) [REDACTED]	City Rockport	State MA	ZIP 01966	Phone Number ( [REDACTED] [REDACTED] )

Business Associated with (Applicant, parent business or sub-entity) Yellow Labs, Inc	Role, interest, etc. Managing Member			
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Name	Title	SSN/FEIN	DOB	App submitted? Yes No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
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Name	Title	SSN/FEIN	DOB	App submitted? Yes No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
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Name	Title	SSN/FEIN	DOB	App submitted? Yes No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
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Name	Title	SSN/FEIN	DOB	App submitted? Yes No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
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**D. LIST ALL PERSONS (OTHER THAN PERSONS ALREADY LISTED IN SECTION A, B OR C ABOVE) WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTION A OR C, THE CULTIVATOR LICENSE, OPERATIONS AND/OR LICENSED FACILITY (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY**

Name	Title	SSN/FEIN	DOB	App submitted? Yes No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Interest			
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Name	Title	SSN/FEIN	DOB	App submitted? Yes No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Interest			
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Name	Title	SSN/FEIN	DOB	App submitted? Yes No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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