

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 Jackson W. Borwick		Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Providence	State RI	ZIP 02908	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Alexander D. Wagner		Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Providence	State RI	ZIP 02908	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Alexander S. Joffe		Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Pawtucket	State RI	ZIP 02860	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Andres A. Plümacher		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Cranston	State RI	ZIP 02910	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Marc B. Vaccaro		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Eastsound	State WA	ZIP 98245	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Astrid G. VanZon	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Eastsound	State WA	ZIP 98245	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Robert S. Armstrong, Jr.	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Bondville	State VT	ZIP 05340	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Ingrid M. Borwick	Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City South Egremont	State MA	ZIP 01258	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Joseph M. Santos	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Acushnet	State MA	ZIP 02743	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Gabriele VanZon Revocable Trust	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Ponte Vedra Beach	State FL	ZIP 32082	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Skye Blue Irrevocable Living Trust	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Acushnet	State MA	ZIP 02743	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Michael St. Ours	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dartmouth	State MA	ZIP 02747	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Raymond R. Forster, III		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]			City Pawtucket		State RI		ZIP 02860		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)				Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name Coleman D. Organisciak		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]			City Pawtucket		State RI		ZIP 02860		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)				Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name Masaki Kondo		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]			City Wellesley Hills		State MA		ZIP 02481		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)				Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name Zachary N. Joffe		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]			City Pawtucket		State RI		ZIP 02860		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)				Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name James B. Borwick		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]			City Columbia		State MO		ZIP 65203		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)				Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name Cynthia L. DeMartino		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]			City Saco		State ME		ZIP 04072		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)				Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name Hans M. Wagner		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]			City Andover		State MA		ZIP 01810		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)				Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			

Name Joseph Ippolito	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Andover	State MA	ZIP 01810	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name John King Wright Revocable Trust	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Ponte Vedra Beach	State FL	ZIP 32082	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Barbara Tressler	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Solana Beach	State CA	ZIP 92075	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Charles Tressler	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Solana Beach	State CA	ZIP 92075	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC (Parent)	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

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

Name N/A	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.)			
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.)			
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.)			
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.)			
<p>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</p>						
Name	N/A		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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
N/A				
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		

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	

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, 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
N/A			



 Authorized Signatory

10/15/2019

 Date

Alexander D. Wagner

 Printed Name