

**FORM 2\***

**Disclosure of Owners and Other Interest Holders**

**Name of Applicant/Licensee:** GREGORY DOLAN GARDENING FOR GOOD 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.

1. **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 <u>GREGORY DOLAN</u>	Title <u>owner</u>	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City <u>cranston</u>	State <u>RI</u>	ZIP <u>02905</u>	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) <u>GARDENING FOR GOOD LLC</u>	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name	Title	SSN/FEIN	DOB	Key Staff 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-	Own. % Business Associated with		Effective Own. % in Applicant	

**Rhode Island Department of Business Regulation, Office of Cannabis Regulation**  
**Renewal Application for Medical Marijuana Cultivator License**

entity)					
Name	Title	SSN/FEIN	DOB	Key Staff 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)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	Key Staff 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)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	Key Staff 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)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	Key Staff 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)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	Key Staff 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)		Own. % Business Associated with		Effective Own. % in Applicant	

**2. 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 <i>Gregory Dolan</i>	Title <i>owner</i>	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City <i>Cranston</i>	State <i>RI</i>	ZIP <i>02905</i>	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) <i>ganjerry For good LLC</i>		Title (officer, director, manager, etc.) <i>owner</i>			
Name	Title	SSN/FEIN	DOB	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)	City	State	ZIP	Phone Number	

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						( )	
Business Associated with (Applicant, parent business or sub-entity)				Title (officer, director, manager, etc.)			
Name		Title		SSN/FEIN		DOB	
						Key Staff 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	
						Key Staff 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	
						Key Staff 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	
						Key Staff 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	
						Key Staff 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	
						Key Staff 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	
						Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)		City		State		ZIP	
						Phone Number ( )	

**3. 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 <i>Gregory Dolan</i>		Title <i>owner</i>		SSN/FEIN [REDACTED]		DOB [REDACTED]	
						Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City <i>Cranston</i>		State <i>RI</i>		ZIP <i>02905</i>	
						Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) <i>GARDENING For Good LLC</i>				Role, interest, etc. -			

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Name	Title	SSN/FEIN	DOB	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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.		

**4. 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.

Name <i>Gregory Dolan</i>	Title <i>owner</i>	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual) [REDACTED]		City Cranston	State RI	ZIP 02905	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) GARDENING For GOOD LLC		Interest [REDACTED]			
Name	Title	SSN/FEIN		DOB	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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			

**5. 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 <i>Gregory Dolan</i>		Title <i>Gunn</i>		SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City <i>CRANSTON</i>	State <i>RI</i>	ZIP <i>02905</i>	Phone Number ( [REDACTED] )	
Business Associated with (Applicant, parent business or sub-entity) <i>GARDENING FOR GOOD LLC</i>			Interest [REDACTED]			

Name		Title		SSN/FEIN	DOB	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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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2. 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
2. 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.

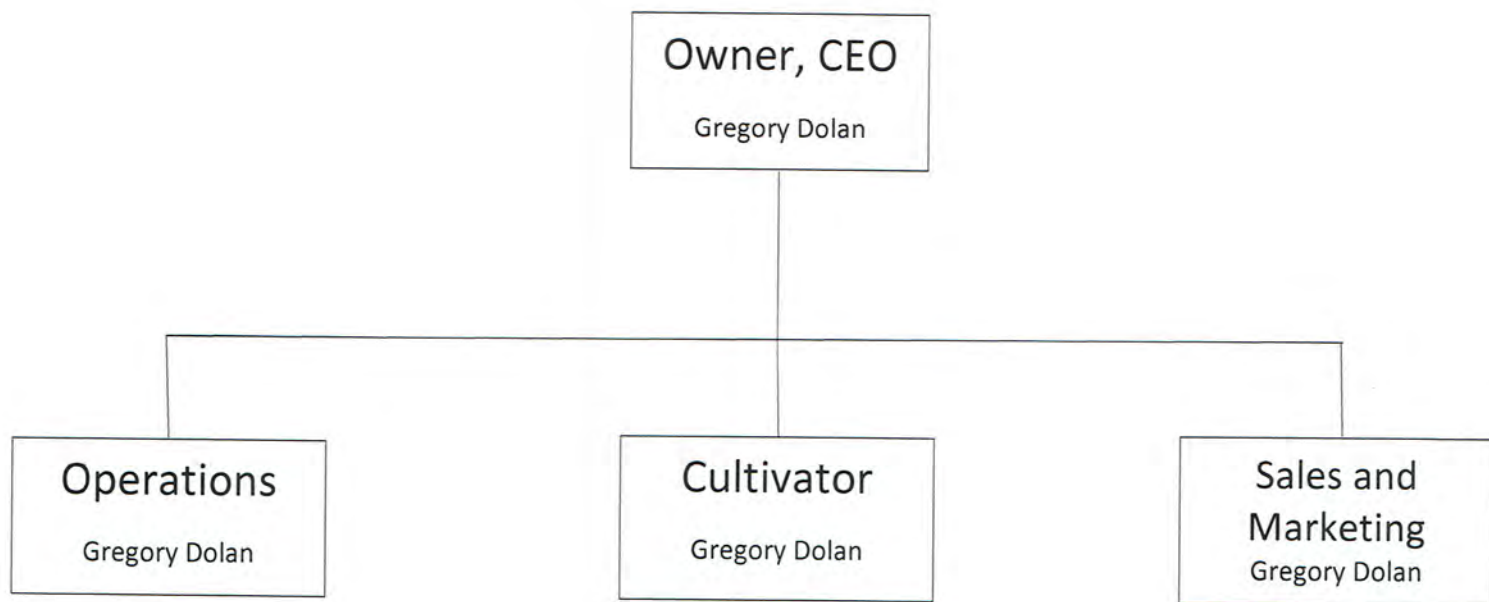
Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct and accurate.

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

7/20/20  
Click here to enter a date.  
Date

Gregory Dolan  
\_\_\_\_\_  
Printed Name  
Print Name of Applicant/Licensee:  
Print Officer Title:

## Gardening for Good Organizational Chart



## Gardening For Good Compensation Schedule

<u>Directors, Officer, and Key Persons</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
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<u>Gregory Dolan</u>			
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