

CC FORM 2*
Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Greenleaf Compassionate Care Center, Inc.

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 comparrties, 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.

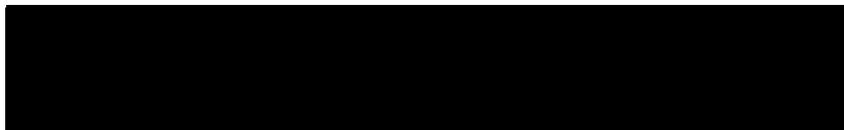
NOTE: "Interest Holder" or collectively "Interest Holders" refers to all persons and entities described in CC Form 2, Part I,(A)-(E), above.

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 Dr. Seth H. Bock		Title CEO	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 Portsmouth	State RI	ZIP 02871	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Richard W. Radebach		Title CFO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) 2 [REDACTED]		City Portsmouth	State RI	ZIP 02871	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Own. % Business Associated with N/A		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-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

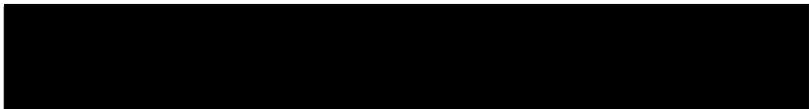


Address (residence if an individual)		City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with			Effective Own. % in Applicant
Name		Title	SSN/FEIN	DOB	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 Dr. Seth H. Bock		Title CEO/Board Member	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 Portsmouth	State RI	ZIP 02871	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Title (officer, director, manager, etc.) CEO/Board Member			
Name Richard W. Radebach		Title CFO/Board Member	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 Portsmouth	State RI	ZIP 02871	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Title (officer, director, manager, etc.) CFO/Board Member			
Name Robert Donahue		Title Director	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 Newport	State RI	ZIP 02840	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Title (officer, director, manager, etc.) Director			

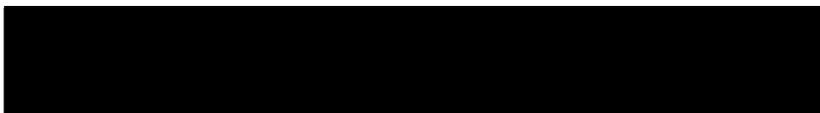
Name Petra Napolitano	Title COO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Jamestown	State RI	ZIP 02835	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Title (officer, director, manager, etc.) COO		
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 02835	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)		
Name	Title	SSN/FEIN	DOB 0	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.)		
<p>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).</p> <p>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.</p>				
Name Same as B	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 Ernie Iantenelli	Title Sr. Dir. Ops & Compliance (Grow)	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 Coventry	State RI	ZIP 02816	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Role, interest, etc. Senior Director of Operations and Compliance (Grow)		
Name Jeff Pietrefesa	Title Dir. Retail Ops & Compliance	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 W. Warwick	State RI	ZIP 02853	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Role, interest, etc. Director of Retail Operations and Compliance			
Name Elsa Pacheco		Title R.N. Dir. Ops (Grow)	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 Fall River	State MA	ZIP 02724	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center, Inc.		Role, interest, etc. R.N. Director of Operations (Grow)			
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.			
<p>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).</p> <p>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.</p>					
Name NONE		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			
<p>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.</p> <p>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.</p>					
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 NONE		Title	SSN/FEIN		DOB
Address (residence if an individual)		City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Interest			

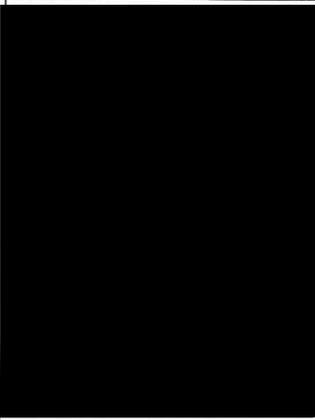
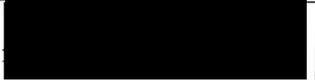


Name	Title	SSN/FEIN	DOB	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Interest		
Name	Title	SSN/FEIN	DOB	Key Staff App submitted?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

Part II: Identify 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
Greenleaf Compassion Ventures, LLC			



			
Dr. Seth H. Bock	See above	See above	
Richard Radebach	See above	See above	
-----	-----	-----	-----
David H. Merriam, Trustee of David H. Merriam Revocable Living Trust			

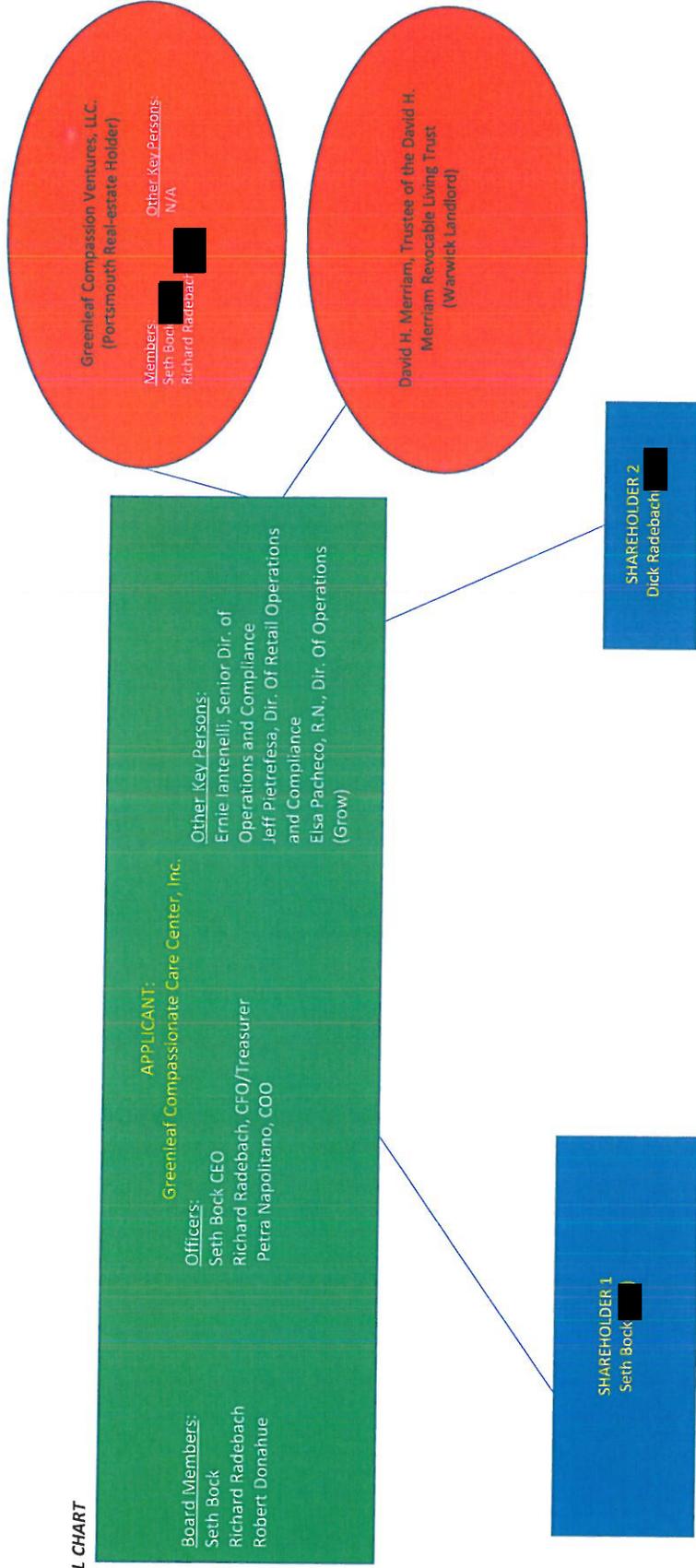
Part III:

1. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.
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.
3. 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 below.



GL ORGANIZATIONAL CHART



If any interest is held by a corporation, limited liability company, partnership, trust or other entity, continue to add boxes that delineate next level interest holders until the orga individual person level.

Owners By Effective Percentage of Ownership	Effective Percentage of Ownership	Capital Contributions, if any
Bock, Seth		
Radebach, Richard		

Third Party Management/ Operation Agreements
N/A

Directors Officers and Key Persons				
Name	2020 Comp. through	2019 Comp.	2018 Comp.	2017 Comp.
	May 2020			
Seth Bock				
Richard Radebach				
Julie Stapelton****				
Robert Donahue				
Russ Carlone***				
Petra Napolitano				
Ella Kopesticki				
Rob Dupont				
Jeff Pietrefesa				
Elsa Pacheco, RN*				
Jeffrey Dieffenbach**				
Ernie Iantennelli				

Notes:
 *Ella Kopesticki and Rob Dupont were former Directors of Operations for the Newport facility. They are no longer employed by Greenleaf.
 **Jeffrey Dieffenbach was the former Director of Finance. He is no longer employed by Greenleaf.
 *** Russ Carlone was the former COO of Greenleaf. He is no longer employed by Greenleaf as of July 31, 2020.
 **** Julie Stapelton is a former director of Greenleaf. Ms. Stapelton is no longer a member of the Board of Directors as of August 3, 2020.