

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure					
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership 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.					
Name Shannon K. Senior	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Central Falls	State RI	ZIP 02863	Phone Number ([REDACTED])	
Business Associated with (Parent business or sub-entity) Hope Harvest LLC		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Adam C. Dunn	Title Master Grower	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Denver	State CO	ZIP 80205	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Victor Mark Brown	Title Operations Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City East Greenwich	State RI	ZIP 02818	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name N/A	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 N/A	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 N/A	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ()	

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

Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEI	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	

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



 Authorized Signatory

4/28/2017 (Revised 5/12/2017)

Date

Shannon K. Senior
 Printed Name