

AUG 25 2020

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**FORM 2\***

**Disclosure of Owners and Other Interest Holders**

**Name of Applicant/Licensee: JBE Industries 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.

**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 Jason Webski	Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06901	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Benjamin Herbst	Title VP Operations	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name EGJR, LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10005	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	

Name Eric Lazar	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10005	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) EGJR, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Carl Allison	Title CFO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10019	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Richard Solano	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Carmel	State NY	ZIP 10512	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name John Valenza	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Massapequa	State NY	ZIP 11758	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
<b>B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</b>				
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 Jason Webski	Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06901	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Title (officer, director, manager, etc.) Officer, Director			
Name Benjamin Herbst	Title VP Operations	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Title (officer, director, manager, etc.) Officer, Director			
Name Eric Lazar	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Address (residence if an individual) [REDACTED]		City New York	State NY	ZIP 10005	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) EGJR, LLC			Title (officer, director, manager, etc.) Director		
Name Carl Allison		Title CFO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City New York	State NY	ZIP 10019	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A			Title (officer, director, manager, etc.) Officer, Director		
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><b>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).</b></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	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.			
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 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 None	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		
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		
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		

**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.**

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 None	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		
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		
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		

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 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
CFR Realty Partners LLC	N/A		Irving Klein (Landlord) is the Sole Member receiving all rental payments pursuant to the lease.
100 Pioneer RI, LLC	N/A	N/A	Landlord

Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 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.

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 with this form.

CERTIFICATION AS TO FORM 2

The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she has disclosed to the Department in this Form 2:

- (A) With respect to the applicant/licensee, all persons and entities that:
- (i) Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
  - (ii) 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
- (B) 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

8/13/2020  
Date

Carl Allison  
Printed Name  
Print Name of Applicant/Licensee: JBE Industries LLC  
Print Officer Title: CFO

Use for Part A Supplemental:

Name Gil Lazar	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Palm Beach	State FL	ZIP 33418	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name A Fortnight Enterprises, LLC	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Denver	State CO	ZIP 80211	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Trevor Weeks	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Westport	State CT	ZIP 06880	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) A Fortnight Enterprises, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name William Howard Weeks Jr	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10011	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) A Fortnight Enterprises, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name MEC Enterprises, LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06901	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Eugenia Tzoannopoulos	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06905	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Chris Tzoannopoulos	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06907	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Michael O'Leary	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Address (residence if an individual) [REDACTED]		City Stamford	State CT	ZIP 06903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises, LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Y&Y Enterprises LLC		Title N/A	SSN/FEIN [REDACTED]		DOB N/A
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City New York	State NY	ZIP 10158	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Yuri Bachayev		Title N/A	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Flushing	State NY	ZIP 11367	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Y&Y Enterprises LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Joanne Kandler		Title N/A	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City New York	State NY	ZIP 10065	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Blue Sky Green Grass LLC		Title N/A	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City New York	State NY	ZIP 10128	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Geoffrey Feldkamp		Title N/A	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City New York	State NY	ZIP 10007	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Nina Sisselman Brian		Title N/A	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City New York	State NY	ZIP 10128	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Brian Murphy		Title N/A	SSN/FEIN [REDACTED]		DOB [REDACTED]
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Address (residence if an individual) [REDACTED]		City Long Island City	State NY	ZIP 11101	Phone Number [REDACTED]

Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Brad Gruber		Title N/A		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Dix Hills		State NY	
		ZIP 11746		DOB [REDACTED]	
				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number [REDACTED]					
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Michael Palkovic		Title N/A		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Villa Park		State CA	
		ZIP 92861		DOB [REDACTED]	
				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number [REDACTED]					
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Steven Waldman		Title N/A		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City North Andover		State MA	
		ZIP 01845		DOB [REDACTED]	
				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number [REDACTED]					
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Jane Waldman		Title N/A		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City North Andover		State MA	
		ZIP 01845		DOB [REDACTED]	
				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number [REDACTED]					
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name DCGM1 LLC		Title N/A		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Scarsdale		State NY	
		ZIP 10583		DOB [REDACTED]	
				App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number [REDACTED]					
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Cory Greenbaum		Title N/A		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Scarsdale		State NY	
		ZIP 10583		DOB [REDACTED]	
				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number [REDACTED]					
Business Associated with (Applicant, parent business or sub-entity) DCGM1 LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Derek Greenbaum		Title N/A		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Scarsdale		State NY	
		ZIP 10583		DOB [REDACTED]	
				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number [REDACTED]					
Business Associated with (Applicant, parent business or sub-entity) DCGM1 LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Michael Levitt	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Port Washington	State NY	ZIP 11050	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Patrick Doyle	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Rancho Palos Verdes	State CA	ZIP 90275	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
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)	Own. % Business Associated with		Effective Own. % in Applicant	
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)	Own. % Business Associated with		Effective Own. % in Applicant	
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)	Own. % Business Associated with		Effective Own. % in Applicant	
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)	Own. % Business Associated with		Effective Own. % in Applicant	

Use for Part B Supplemental:

Name None	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ( )









**APPLICANT:**  
**JBE INDUSTRIES LLC**  
 Ownership Organizational Chart

**Directors:**  
 Jason Webski  
 Benjamin Herbst  
 Carl Allison  
 Eric Lazar

**Officers:**  
 Jason Webski, CEO  
 Benjamin Herbst, VP Operations  
 Carl Allison, CFO

Shareholder #	Shareholder Name	Ownership %	Company Individual Shareholders	Ownership %
Shareholder 1	Jason Webski		N/A	
Shareholder 2	Benjamin Herbst		N/A	
Shareholder 3	EGJR, LLC		Eric Lazar, Member	
Shareholder 4	Carl Allison		N/A	
Shareholder 5	Richard Solano		N/A	
Shareholder 6	John Valenza		N/A	
Shareholder 7	Gil Lazar		N/A	
Shareholder 8	A Fortnight Enterprises, LLC		Trevor Weeks, Member William Howard Weeks Jr., Member	
Shareholder 9	MEC Enterprises, LLC		Eugenia Tzoannopoulos, Member Chris Tzoannopoulos, Member Michael O'Leary, Member	
Shareholder 10	Y&Y Enterprises LLC		Yuri Bachayev, Member	
Shareholder 11	Joanne Kandler		N/A	
Shareholder 12	Blue Sky Green Grass, LLC		Geoffrey Feldkamp, Member Nina Susselman Brian, Member	
Shareholder 13	Brian Murphy		N/A	
Shareholder 14	Brad Gruber		N/A	
Shareholder 15	Michael Palkovic		N/A	
Shareholder 16	Steven Waldman		N/A	
Shareholder 17	Jane Waldman		N/A	
Shareholder 18	DCGM1 LLC		Corey Greenbaum, Member Derek Greenbaum, Member	
Shareholder 19	Michael Levitt		N/A	
Shareholder 20	Patrick Doyle		N/A	
<b>Total Ownership</b>		<b>100.00%</b>		