FORM 2*

Disclosure of Officers, Directors, Owners, Shareholders, Managers, Members, Agents and Consulting/Partnering Parties

Part I: Ownership and Management

List all persons and/or entities that are owners, shareholders or members of the Applicant or who have any other ownership interest in the Applicant; and all officers, directors, managers and agents of the Applicant, whether they have an 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 in the entity, and their effective ownership interest in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name	Title	SSN/FEIN	DOB	App submitted?
Harry Sunderland	Co-Owner	EIN [redacted]	[redacted]	☐Yes ☐No

Address	City	State	ZIP	Phone Number
[redacted]	South Grafton	MA	01560	([redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
J&H Hemp Research	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Jeffrey Nero	Co-Owner	[redacted]	[redacted]	☐Yes ☐No

Address	City	State	ZIP	Phone Number
[redacted]	Pascoag	RI	02859	[redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
J&H Hemp Research	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address	City	State	ZIP	Phone Number ( )
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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: List all persons and/or entities (besides the Key Persons listed above) who will partner with and/or provide consulting services regarding the growing, handling or production of hemp or hemp products. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Role/Services

Authorized Signatory

Jeffrey Nero
Printed Name

Click here to enter a date.
Date