

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	JRAH LLC	Title	OWNER	SSN/FEIN [REDACTED] DOB [REDACTED]
Address	[REDACTED]	City	pawtucket	State RI ZIP 02860 Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		N/A		Own. % Business Associated with [REDACTED] Effective Own. % in Applicant [REDACTED]
Name	Jay Rudolph	Title	President	SSN/FEIN [REDACTED] DOB [REDACTED]
Address	[REDACTED]	City	Narragansett	State RI ZIP 02882 Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		JRAH LLC		Own. % Business Associated with [REDACTED] Effective Own. % in Applicant [REDACTED]
Name	Alex Hager	Title	Operations Manager	SSN/FEIN [REDACTED] DOB [REDACTED]
Address	[REDACTED]	City	Warwick	State RI ZIP 02886 Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		JRAH LLC		Own. % Business Associated with [REDACTED] Effective Own. % in Applicant [REDACTED]
Name	N/A	Title		SSN/FEIN DOB
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
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
Address		City		State ZIP Phone Number ()
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with Effective Own. % in Applicant

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

Name N/A		Title	SSN/FEIN	DOB
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
N/A		

Authorized Signatory *Jay Rudolph*

Date *4-27-17*

Printed Name *Jay Rudolph*