

FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Kelsy Green, 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 Growth Industries of New England LLC	Title Holding Company for Kelsy Green	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Parent Entity to Applicant Kelsy Green LLC	Own. % Business Associated with NA		Effective Own. % in Applicant [REDACTED]	
Name T-Dog LLC	Title Member of Growth Industries of New England LLC (GINE)	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Providence	State RI	ZIP 02903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Michael Kelly, Esq.	Title Member of T-Dog LLC	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 MA	ZIP 02790	Phone Number [REDACTED]

Business Associated with (Applicant, parent business or sub-entity) [T-Dog LLC]		Own. % Business Associated with [REDACTED] ownership in T-Dog LLC		Effective Own. % in Applicant [REDACTED]	
Name Llanos Pharma Consulting LLC		Title Member of Growth Industries of New England LLC (GINE)		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Coral Springs		State FL	
DOB [REDACTED]		ZIP 33065		Phone Number [REDACTED]	
App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Alvin Llanos		Title Member of Llanos Pharma Consulting LLC		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Coral Springs		State FL	
DOB [REDACTED]		ZIP 33065		Phone Number [REDACTED]	
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Business Associated with (Applicant, parent business or sub-entity) [Llanos Pharma Consulting LLC]		Own. % Business Associated with [REDACTED] ownership in Llanos Pharma Consulting LLC		Effective Own. % in Applicant [REDACTED]	
Name Parlay Capital LLC		Title Member of Growth Industries of New England LLC (GINE)		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City North Andover		State MA	
DOB [REDACTED]		ZIP 01845		Phone Number [REDACTED]	
App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Jay Warner		Title Member of Parlay Capital LLC		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City North Andover		State MA	
DOB [REDACTED]		ZIP 01845		Phone Number [REDACTED]	
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Business Associated with (Applicant, parent business or sub-entity) [Parlay Capital LLC]		Own. % Business Associated with [REDACTED] ownership of this investment in Parlay Capital LLC		Effective Own. % in Applicant [REDACTED]	
Name C&D Investments LLC		Title Member of Growth Industries of New England LLC (GINE)		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Cumberland		State RI	
DOB [REDACTED]		ZIP 02864		Phone Number [REDACTED]	
App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Bradford Dean		Title Member of C&D Investments LLC		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Cumberland		State RI	
DOB [REDACTED]		ZIP 02864		Phone Number [REDACTED]	
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Business Associated with (Applicant, parent business or sub-entity) [C&D Investments LLC]		Own. % Business Associated with [REDACTED] ownership in C&D Investments LLC		Effective Own. % in Applicant [REDACTED]	
Name David Chenevert		Title Member of C&D Investments LLC		SSN/FEIN [REDACTED]	
Address (residence if an individual) [REDACTED]		City Cumberland		State RI	
DOB [REDACTED]		ZIP 02864		Phone Number [REDACTED]	
App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Address (residence if an individual) [REDACTED]	City Cumberland	State RI	ZIP 02864	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) C&D Investments LLC	Own. % Business Associated with [REDACTED] ownership in C&D Investments LLC		Effective Own. % in Applicant [REDACTED]	
Name Brad Faxon	Title Member of Growth Industries of New England LLC (GINE)	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 MA	ZIP 027900	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] ownership in GINE (held jointly with Eileen Faxon)		Effective Own. % in Applicant [REDACTED]	
Name Eileen Faxon	Title Member of Growth Industries of New England LLC (GINE)	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 MA	ZIP 02790	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] ownership in GINE (held jointly with Brad Faxon)		Effective Own. % in Applicant [REDACTED]	
Name Robert Mulholland	Title Member of Growth Industries of New England LLC (GINE)	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Naples	State FL	ZIP 33130	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Killingworth Investors LLC	Title Member of Growth Industries of New England LLC (GINE)	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Killingworth	State CT	ZIP 06419	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Jeremiah Mullane	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Alpharetta	State GA	ZIP 30009	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] % ownership in Killingworth Investors LLC		Effective Own. % in Applicant [REDACTED]	
Name Daniel Mullane	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Killingworth	State CT	ZIP 06419	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors LLC		Effective Own. % in Applicant [REDACTED]	

Name Don Morton	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City West Boxford	State MA	ZIP 01885	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors LLC		Effective Own. % in Applicant [REDACTED]	
Name Leonard R. Gray	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City West Palm Beach	State FL	ZIP 33401	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name Maureen Dulmer	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Greenwich	State NY	ZIP 12834	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name Norman Liedtke	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Bryn Mawr	State PA	ZIP 19010	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name Howard Epstein	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Upper Arlington	State OH	ZIP 43221	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors (held jointly with Terry Epstein)		Effective Own. % in Applicant [REDACTED]	
Name Terry Epstein	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Upper Arlington	State OH	ZIP 43221	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors (held jointly with Howard Epstein)		Effective Own. % in Applicant [REDACTED]	
Name Scott Jordan	Title Member of Killingworth Investors LLC	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) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	

Name Sean Handerhan	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Arlington	State VA	ZIP 22207	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name Robert Spagnola	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Galveston	State TX	ZIP 77553	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name David Danahy	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New City	State NY	ZIP 10956	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name S Robert Williams	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Manilus	State NY	ZIP 13104	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name James Sullivan	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Apopka	State FL	ZIP 32712	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name Richard Stuckey	Title Member of Killingworth Investors LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Bloomfield Hills	State MI	ZIP 48302	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Own. % Business Associated with [REDACTED] ownership in Killingworth Investors		Effective Own. % in Applicant [REDACTED]	
Name Matt Somberg	Title Member of Growth Industries of New England LLC (GINE)	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City South Glastonbury	State CT	ZIP 06073	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	

Name Steven Lee	Title Member of Growth Industries of New England LLC (GINE)	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Guilford	State CT	ZIP 06437	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Robin Pimentel P.A.	Title Member of Growth Industries of New England LLC (GINE)	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Miami	State FL	ZIP 33130	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Own. % Business Associated with [REDACTED] % ownership in GINE		Effective Own. % in Applicant [REDACTED]	
Name Robin Pimentel, Esq.	Title Member of Robin Pimentel P.A.	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Miami	State FL	ZIP 33130	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Robin Pimentel, P.A.	Own. % Business Associated with [REDACTED] ownership in Robin Pimentel, P.A.		Effective Own. % in Applicant [REDACTED]	
Name [REDACTED]	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant 0.00%	
Name [REDACTED]	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant 0.00%	
Name [REDACTED]	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant 0.00%	
Name [REDACTED]	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant 0.00%	

Name	Title	SSN/FEIN	DOB	App submitted? <input checked="" 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 [0.00%]	
Name	Title	SSN/FEIN	DOB	App submitted? <input checked="" 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 [0.00%]	
Name	Title	SSN/FEIN	DOB	App submitted? <input checked="" 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 [0.00%]	
Name	Title	SSN/FEIN	DOB	App submitted? <input checked="" 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 [0.00%]	
Name	Title	SSN/FEIN	DOB	App submitted? <input checked="" 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 [0.00%]	
Name	Title	SSN/FEIN	DOB	App submitted? <input checked="" 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 [0.00%]	
Name	Title	SSN/FEIN	DOB	App submitted? <input checked="" 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 [0.00%]	

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant 0.00%
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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 Steven Lee	Title President & Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Guilford	State CT	ZIP 06437	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) NA	Title (officer, director, manager, etc.) NA			
Name Jay Warner	Title Treasurer, Secretary & Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City North Andover	State MA	ZIP 01845	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Parlay Capital LLC	Title (officer, director, manager, etc.) Member			
Name Bradford Dean	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cumberland	State RI	ZIP 02864	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) C&D Investments LLC	Title (officer, director, manager, etc.) Member			
Name Alvin Llanos	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Coral Springs	State FL	ZIP 33065	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Llanos Pharma Consulting LLC	Title (officer, director, manager, etc.) Member			
Name Jeremiah Mullane	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Alpharetta	State GA	ZIP 30009	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Killingworth Investors LLC	Title (officer, director, manager, etc.) Member			
Name Robin Pimentel	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Miami	State FL	ZIP 33130	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Robin Pimentel, P.A.	Title (officer, director, manager, etc.) Member			

Name [Alex Lavin]	Title [Manager]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Warwick]	State [RI]	ZIP [02886]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]	Title (officer, director, manager, etc.) [NA]			
<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 [Raul Palacios]	Title [Cultivation Director]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Warwick]	State [RI]	ZIP [02886]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]	Role, interest, etc. [NA]			
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	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 [Alex Lavin]	Title [President]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Boca Raton]	State [FL]	ZIP [33433]	Phone Number [REDACTED])
Business Associated with (Applicant, parent business or sub-entity) [Applicant]		Interest [REDACTED] of Growth Industries LLC]		
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 		

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

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.

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CERTIFICATION AS TO FORM 2

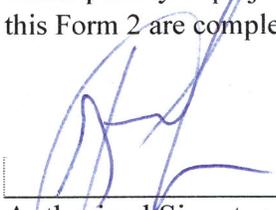
The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she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

2/27/2020

Date

Steven G. Lee

Printed Name
Print Name of Applicant/Licensee:
Print Officer Title:

**Kelsy Green LLC Capitalization Table
and Related Party Compensation:
Current Raise**



Owners by Effective Percentage of Ownership in Kelsy Green LLC (Applicant)	Effective Percentage of Ownership of Kelsy Green LLC (Applicant)	Capital Contributions, if any, into Growth Industries of New England
Llanos Pharma Consulting Alvin Llanos		\$
Robin Pimentel P.A. Robin Pimentel		\$
Killingsworth Investors, LLC Jeremiah Mullane Daniel Mullane Don Morton Len Gray Maureen Dulmer Norman Liedtke Howard & Terry Epstein Scott Cameron Sean Handerhan Robert Spagnola David Danahy S Robert Williams James Sullivan Richard Stucky		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
T-Dog LLC Michael Kelly		\$
Parlay Capital, LLC Jay Warner		\$
C&D Investments, LLC Bradford Dean David Chenevert		\$
		\$
Steven Lee		\$
Brad and Eileen Faxon		\$
Matt Somberg		\$
Robert Mulholland		\$
Total	100.00%	\$

Third Party Management/Operations Agreements		
Entity	2019 Comp	2018 Comp
Growth Industries, LLC	\$ -	\$ -

Licensing agreement in place between Kelsy Green and Growth Industries, LLC (Florida registered)

Directors, Officers and Key Persons		
Name	2019 Comp	2018 Comp
Dean, Brad - Manager	\$ -	\$ -
Lavin, Alex - Manager	\$ -	\$ -
Lee, Steven - President & Manager	\$ -	\$ -
Llanos, Alvin - Manager	\$ -	\$ -
Mullane, Jeremiah - Manager	\$ -	\$ -
Pimentel, Robin - Manager	\$ -	\$ -
Warner, Jay - Secretary, Treasurer & Manager	\$ -	\$ -

Growth Industries of New England – Organizational Chart

