

**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.					
Joel Trojan	Member	[REDACTED]	[REDACTED]	App submitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Lincoln	RI	02865	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Jeffrey Foss	Member	[REDACTED]	[REDACTED]	App submitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Pawtucket	RI	02860	Phone Number	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Name	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	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	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Business Associated with (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	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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

  
 \_\_\_\_\_  
 Authorized Signatory

2/10/2017  
 \_\_\_\_\_  
 Date

Joel Trojan  
 Printed Name