

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 Michael J Simpson		Title Co-Founder	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Providence	State RI	ZIP 02909	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) Lovewell Farms Co.		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Asa M Angel		Title Co-Founder	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Providence	State RI	ZIP 09209	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) Lovewell Farms Co.		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Travis Snow		Title Director of Brimstone Farm	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Little Compton	State RI	ZIP 02837	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) Lovewell Farms Co.		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Aidan Hayes		Title Horticultural Assistant	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Little Compton	State RI	ZIP 02837	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) Lovewell Farms Co.		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
[REDACTED]		[REDACTED]	[REDACTED]	DOB [REDACTED]	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
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

Michael J. Simpson

Printed Name

[Click here to enter a date.](#)
Date