

FORM 2*

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

Part I: Ownership and Management	
<p>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</p>	

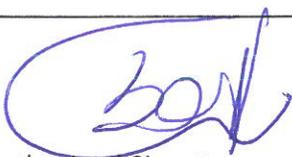
For DBR Use Only: **IHP GR 00** _____
IHP HD 00 _____
IHP DUAL GH 00 _____

Name	Title	SSN/FEIN	DOB
Address	City	State	ZIP Phone Number ()
Business Associated with (Parent business or sub-entity) <i>N/A</i>		Own. % Business Associated with Effect ive Own. % in Appli cant	
Name YONATAN MABAT	Title OWNER	SSN/FEIN [REDACTED]	DOB [REDACTED]
Address [REDACTED]	City Scituate	State RI	ZIP 02857 Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A <i>N/A</i>		Own. % Business Associated with [REDACTED] Effect ive Own. % in Appli cant	
Name	Title	SSN/FEIN	DOB
Address	City	State	ZIP Phone Number ()
Business Associated with (Parent business or sub-entity) <i>N/A</i>		Own. % Business Associated with Effect ive Own. % in Appli cant	

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
N/A		

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Authorized Signatory

8/2/2019
Date

YONATON MABAT
Printed Name

