FORM 2*
Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons

List (A.) all persons and/or entities with any ownership interest, and (B.) all officers and directors or members/managers, (C.) all persons with managing or operational control with respect to the cultivator license, operations or licensed facility whether they have ownership interest or not, and (D.) all other persons with any financial interest whether they have 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 or other interest 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.

A. LIST ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders; LLC members; and partners if a partnership); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

Name	Title	SSN/FEIN	DOB	App submitted?
Craig Ryan Schulman	Principal	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Baltimore	MD	21209	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC (Applicant)	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Eric Alan Radziminsky	Principal	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Reisterstown	MD	21136	[redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Morey Noah Zuskin	Principal	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Baltimore	MD	21208	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Paul D. Bekman	Investor	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Owings Mills	MD	21117	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Austin Weiskittel	Member/Grower	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Towson	MD	21286	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

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A. LIST ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders; LLC members; and partners if a partnership); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

Name	Title	SSN/FEIN	DOB	App submitted?
Kevin Hoffman	Head Grower	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Jamestown	RI	02835	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Francis Michael Zachara	Investor	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Summit	NJ	07902	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐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

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐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

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐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

Name	Title	SSN/FEIN	DOB	App submitted?
William Carmody	Investor	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	New York	NY	10019	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Jay Dackman	Investor	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	New York	NY	10025	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
MagnaLife RI, LLC	[redacted]	[redacted]

B. LIST ALL DIRECTORS, OFFICERS, AND MANAGERS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A

Name	Title	SSN/FEIN	DOB	App submitted?
Michael Rego	CEO	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Baltimore	MD	21231	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)
MagnaLife RI, LLC	Officer

Name	Title	SSN/FEIN	DOB	App submitted?
Gary Nusinov	VP Cultivation & Processing	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Timonium	MD	21093	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)
MagnaLife RI, LLC	VP of Cultivation and Processing

Name	Title	SSN/FEIN	DOB	App submitted?
William Reckner	Dir. of Processing and Extractions	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Columbia	MD	21044	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)
MagnaLife RI, LLC	Director of Processing

Name	Title	SSN/FEIN	DOB	App submitted?
Jared Surdin	Dir. of Bus Op & Compliance	[redacted]	[redacted]	☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Fulton	MD	20759	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)
MagnaLife RI, LLC	Director of Ops & Compliance

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address (residence if an individual)	City	State	ZIP	Phone Number
				( )

Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)

Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Number ( )
Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)			
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Number ( )
Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)			

C. LIST ALL PERSONS (OTHER THAN PERSONS ALREADY LISTED IN SECTION A OR B ABOVE) WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTION A, THE CULTIVATOR LICENSE, OPERATIONS AND/OR LICENSED FACILITY (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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 PERSONS (OTHER THAN PERSONS ALREADY LISTED IN SECTION A, B OR C ABOVE) WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTION A OR C, THE CULTIVATOR LICENSE, OPERATIONS AND/OR LICENSED FACILITY (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐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 Key Persons listed in this application (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

Authorized Signatory

8/8/2019
Date

Morey Zuskin
Printed Name