

## FORM 2\*

### Disclosure of Owners, Investors, Managers and Controlling Parties

<b>Part I: Ownership Structure</b>					
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.					
Name Spencer Blier		Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Connor Blier		Title COO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City East Greenwich	State RI	ZIP 02818	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Fred Joyal		Title CSO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Playa Vista	State CA	ZIP 90094	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with 0%		Effective Own. % in Applicant [REDACTED]	
Name Lisa Casey		Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Saunderstown	State RI	ZIP 02874	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Brian D. Hubert		Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City S Kingstown	State RI	ZIP 02879	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]		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: 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



9/12/2017

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

Date

Connor Blier  
\_\_\_\_\_  
Printed Name