

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.					
Thomas Mirza	Managing Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Providence	RI	02906	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
Kia D Storti	Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Saunderstown	RI	002874	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
Dennis Raymond	Managing Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Lincoln	RI	02865	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
Julie Masse-Hanna	Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Wakefield	RI	02879	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
George Cancel	Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Cranston	RI	02921	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
David N. Bazar	Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	East Greenwich	RI	02818	Phone Number	

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

						[REDACTED]	
Business Associated with (Parent business)				Own. % Business Associated with			
Larry Amato				Member		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
[REDACTED]		Cranston	RI	02910	Phone Number		
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			
SEE ADDITIONAL PAGE							

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
None			



 Authorized Signatory
 Thomas Mirza
 Printed Name

2/14/2017

 Date

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Carole Scitalia	Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Cranston	RI	02910	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
Samuel Bazar	Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Rumford	RI	02916	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
Robert Kops	Member				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Milwaukie	WI	53211	Phone Number	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
				DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
					App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			
					App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Phone Number	