# 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.

| Name | Title | SSN/FEIN | DOB | App submitted? |
|---|---|---|---|---|
| Brian McEnany | Sole Member | [redacted] | [redacted] | ☐Yes ☐No |

| Address | City | State | ZIP | Phone Number |
|---|---|---|---|---|
| [redacted] | Providence | RI | 02906 | [redacted] |

| Business Associated with (Parent business or sub-entity) | Own. % Business Associated with | Effective Own. % in Applicant |
|---|---|---|
| N/A | N/A | [redacted] |

| Name | Title | SSN/FEIN | DOB | App submitted? |
|---|---|---|---|---|
| N/A | | | | ☐Yes ☐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? |
|---|---|---|---|---|
| N/A | | | | ☐Yes ☐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? |
|---|---|---|---|---|
| N/A | | | | ☐Yes ☐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? |
|---|---|---|---|---|
| N/A | | | | ☐Yes ☐No |

| Address | City | State | ZIP | Phone Number |
|---|---|---|---|---|
| | | | | ( ) |

| Business Associated with (Parent business or sub-entity) | | | | Own. % Business Associated with | | Effective Own. % in Applicant |
|---|---|---|---|---|---|---|
| Name<br>N/A | Title | | SSN/FEIN | | DOB | App submitted?<br>☐Yes ☐No |
| Address | City | State | ZIP | Phone Number<br>( ) | | |
| 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 |
|---|---|---|---|
| Eric P. Hollander | | | [redacted] |
| N/A | | | |
| N/A | | | |

Authorized Signatory

4/25/2017
Date

Brian McEnany, Sole Member
Printed Name