

**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 Richard St. Angelo					Title President		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]					City Cranston		State RI	ZIP 02921		Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) Pinnacle Industries, LLC					Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name Carmelo Corrente					Title Vice Pres		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]					City Cranston,		State RI	ZIP 02910		Phone Number ( [REDACTED] )		
Business Associated with (Applicant, parent business or sub-entity) Pinnacle Industries, LLC					Own. % Business Associated with [REDACTED]				Effective Own. % in Applicant [REDACTED]			
Name					Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)					City		State	ZIP		Phone Number ( )		

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

Business Associated with (Applicant, 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 (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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

**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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number ( )

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

Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)			
<p><b>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</b></p>					
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)	City	State	ZIP	Phone Number ( )	

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

Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.			
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number ( )
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.			
<b>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</b>					
Name N/A		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number ( )
Business Associated with (Applicant, parent business or sub-entity)		Interest			

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

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
N/A			

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

10/1/2018  
 Date

Rick St. Angelo  
 Printed Name