

Rhode Island Department of Business Regulation  
 Application for Industrial Hemp Agricultural Pilot Program License

**FORM 2\***

**Disclosure of Officers, Directors, Owners, Shareholders, Managers, Members, Agents and Consulting/Partnering Parties**

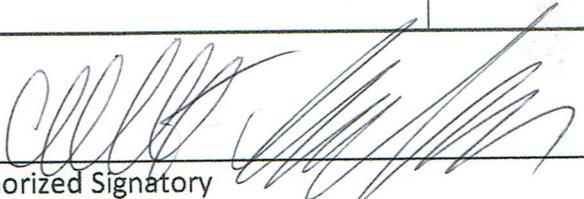
Part I: Ownership and Management						
List all persons and/or entities that are owners, shareholders or members of the Applicant or who have any other ownership interest in the Applicant; and all officers, directors, managers and agents of the Applicant, whether they have an ownership interest or not (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership interest in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Name	Albert Brandon	Title	Owner	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address	[REDACTED]	City	narragansett	State	RI	ZIP
						02882
						Phone Number ( [REDACTED] )
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Real Food RI LLC (DBA: Brandon Family Farm)		[REDACTED]		[REDACTED]		
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 ( )
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Address	City	State	ZIP	Phone Number ( )
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Part II: List all persons and/or entities (besides the Key Persons listed above) who will partner with and/or provide consulting services regarding the growing, handling or production of hemp or hemp products. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Role/Services
n/a			

  
 Authorized Signatory

12/17/18  
 Click here to enter a date.  
 Date

Printed Name Albert Brandon  
 Printed Name