

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	Robert A. Robley	Title	OWNER CEO	SSN/FEIN	[REDACTED]	DOB	[REDACTED]	App submitted?	<input checked="" 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)		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					
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 ()
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 ()
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.)			

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.)		

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

Name <i>NA</i>		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 ()
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.		

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

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		

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		

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
			


Rhode Island Department of Business Regulation, Office of Cannabis Regulation
Renewal Application for Medical Marijuana Cultivator License

2. Have/will have managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and/or
- (iii) Are investors or have any other financial interest therein, and/or
 - (iv) Hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to the applicant/licensee, its operations, the proposed license and/or the licensed facilities (any person or entity in the foregoing (i), (ii) and (iii) being herein individually referred to as an "interest holder" and all such persons and entities in the foregoing (i), (ii), (iii) and (iv) being collectively referred to as the "interest holders"), and
3. To the extent that any interest holder described in (A) above is an entity, all interest holders in that entity until all such interest holders are identified and disclosed down to the individual person level.

The undersigned, after due inquiry, further certifies to the Department that, except for the license that is the subject of this Form 2 and except as permitted under R.I. Gen. Laws § 21-28.6-12(b)(10), no "interest holder" disclosed herein is an "interest holder" with respect to any other license issued by, or license application made to, the Department as to a "marijuana establishment licensee" as defined in R.I. Gen. Laws § 21-28.6-3(17).

The undersigned hereby acknowledges and agrees that the applicant/licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the persons/entities/interest holders described and the certifications made in this Form 2 and that each such notice shall include an updated Form 2.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct and accurate.


Authorized Signatory

10/29/2020
Click here to enter a date.
Date

Printed Name ROBERT ROBLEY

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title: