

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 Mark A. Caddick		Title President		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Coventry	State RI	ZIP 02816	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) St. Jude's Compassion, LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]		
Name Dawn Caddick		Title Vice President		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) St. Jude's Compassion, 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 ()	
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		

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)	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 Mark A. Caddick	Title General Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Coventry	State RI	ZIP 02816	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) St. Jude's Compassion, LLC	Title (officer, director, manager, etc.) President			

Name Dawn Caddick	Title Vice President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) St. Jude's Compassion, LLC	Title (officer, director, manager, etc.) Vice President			

Name James Jarmoszko	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City East Greenwich	State RI	ZIP 02818	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) St. Jude's Compassion, LLC	Title (officer, director, manager, etc.) Head Grower/Manager			

Name Darlene Shaker	Title Treasurer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Rehoboth	State MA	ZIP 02769	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) St. Jude's Compassion, LLC	Title (officer, director, manager, etc.) Treasurer			

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.)			

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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 none	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 none	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 none	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		

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Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		

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Renewal Application for Medical Marijuana Cultivator License

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Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		

Name none	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 none	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 none	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		

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Business Associated with (Applicant, parent business or sub-entity)		Interest		

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Business Associated with (Applicant, parent business or sub-entity)		Interest		
Name none	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 none	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
none			
none			
none			


 Authorized Signatory

2/25/2020

Date

Mark A. Caddick
 Printed Name