

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

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

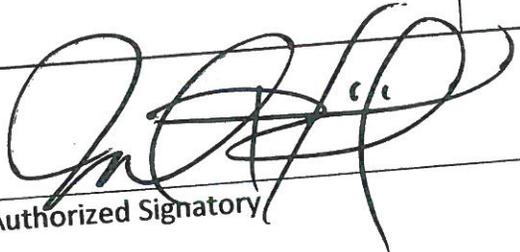
Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "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 <b>MICHAEL CHESTER RATKIEWICZ</b>		Title <b>Mr.</b>	SSN/FEIN		DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address		City <b>Newport</b>	State <b>RI</b>	ZIP <b>02840</b>	Phone Number	
Business Associated with (Parent business or sub-entity) <b>Treetop Farms, LLC</b>			Own. % Business Associated with		Effective Own. % in Applicant	
Name <b>KATHLEEN AMY RATKIEWICZ</b>		Title <b>Ms.</b>	SSN/FEIN		DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address		City <b>Newport</b>	State <b>RI</b>	ZIP <b>02840</b>	Phone Number ( )	
Business Associated with (Parent business or sub-entity) <b>Treetop Farms, LLC</b>			Own. % Business Associated with		Effective Own. % in Applicant	
Name <b>KATHERINE SOKOL RATKIEWICZ</b>		Title <b>Mrs.</b>	SSN/FEIN		DOB	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address		City <b>Newport</b>	State <b>RI</b>	ZIP <b>02840</b>	Phone Number	
Business Associated with (Parent business or sub-entity) <b>Treetop Farms, LLC</b>			Own. % Business Associated with		Effective Own. % in Applicant	
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Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	
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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
TIMOTHY JOSEPH RATKIEWICZ			
EILEEN JOHNSON RATKIEWICZ			
KATHLEEN AMY RATKIEWICZ			

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

MICHAEL C. RATKIEWICZ  
 \_\_\_\_\_  
 Printed Name

3/25/2017  
 \_\_\_\_\_  
 Date