

HEMP PROGRAM - FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: _____

Part I: Owners and Other Interest Holders					
<p>List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, and (B.) all officers, directors, members, managers or agents of the applicant/licensee (all persons and entities described in (A)-(B) being hereinafter individually referred to as an "Interest Holder" and collectively referred to as "Interest Holders").</p> <p>To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level; <u>provided, however</u>, that if any entity is a publicly traded company, as to the owners of that publicly traded company, you need only list persons and/or entities owning 5% or more of such entity. Attach a separate sheet(s) if necessary.</p>					
<p>A. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the applicant/licensee is a subsidiary of another entity).</p> <p>To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level; <u>provided, however</u>, that if any entity is a publicly traded company, as to the owners of that publicly traded company, you need only list persons and/or entities owning 5% or more of such entity.</p>					
Name	Title	SSN/FEIN	DOB	Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JEFFREY FARRELL	OFFICER	[REDACTED]	[REDACTED]		
Address (residence if an individual)	City	State	ZIP	Phone Number	
[REDACTED]	NARRAGANSETT	RI	02882	[REDACTED]	
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant		
			[REDACTED]		
Name	Title	SSN/FEIN	DOB	Staff 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	Staff 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	Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Rhode Island Department of Business Regulation, Office of Cannabis Regulation
Renewal Application for Industrial Hemp Program

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	Staff 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	Staff 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 OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.

To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level; provided, however, that if any entity is a publicly traded company, as to the owners of that publicly traded company, you need only list persons and/or entities owning 5% or more of such entity.

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

Part II: Organizational Chart

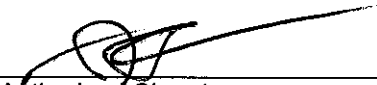
Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

CERTIFICATION AS TO HEMP PROGRAM – FORM 2

The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she has disclosed to the Department in this Form 2, all persons and entities that are owners, members, officers, directors, managers or agents of the applicant/licensee; provided, however, that as to any entity that is a publicly traded company, as to the owners of that publicly traded company, it/she/he has disclosed only those persons and/or entities owning 5% or more of such entity.

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
 Printed Name Joseph Fournier
 Printed Name _____
 Print Name of Applicant/Licensee: _____
 Print Officer Title: _____

01/17/2021
 Click here to enter a date.

 Date