

**Rhode Island Department of Business Regulation**

Application for Industrial Hemp Agricultural Pilot Program License

NE Finest LLC

Printed Name

**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 John Jarrell	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Coventry	State RI	ZIP 02816	Phone Number ( [REDACTED] )	
Business Associated with (Parent business or sub-entity) NE Finest LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Stephen Jarrell	Title Agent	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Coventry	State RI	ZIP 02816	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) NE Finest 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	
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Address	City	State	ZIP	Phone Number ( )	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

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
NA			

  
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 Authorized Signatory  
 John D Jarrell, PhD, PE  
 \_\_\_\_\_  
 Printed Name

12/21/2019  
 \_\_\_\_\_  
 Date