

FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Full Circle Inc

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, and (C.) all persons or entities with 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 (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, and (E.) all persons or entities that 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 license and/or the licensed facilities (all persons and entities described in (A)-(E) 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. Attach a separate sheet(s) if necessary.</p>					
<p>1. 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</p>					
Name Craig Ryan Shulman	Title Principal	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Baltimore	State MD	ZIP 21209	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

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Name Eric Alan Radziminsky	Title Principal	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Reisterstown	State MD	ZIP 21136	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]
Name Morey Noah Zuskin	Title Principal	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Baltimore	State MD	ZIP 21208	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]
Name Paul T. Beckman	Title Investor	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Owings Mills	State MD	ZIP 21117	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/PBJ Holdings LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]
Name Austin Weiskittel	Title Member/ Grower	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Towson	State MD	ZIP 21286	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]
Name Francis Michael Zachara	Title Investor	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Summit	State NJ	ZIP 07902	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Full Circle Inc		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]
Name Michael Rego	Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Newport	State RI	ZIP 02840	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]

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2. 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					
Name Michael Rego		Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Newport	State RI	ZIP 02840	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings LLC		Title (officer, director, manager, etc.) Officer			
Name Gary Nusinov		Title VP Cultivation &	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Timonium	State MD	ZIP 21093	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings		Title (officer, director, manager, etc.) VP Cultivation & Processing			
Name William Reckner		Title Director Processing & Extraction	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Columbia	State MD	ZIP 21044	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MagnaLife RI, LLC/CMEGMA Holdings LLC		Title (officer, director, manager, etc.) Director			
Name		Title	SSN/FEIN	DOB	Key Staff App submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
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	Key Staff App submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 A Supplemental:

Name [Gary Nusinov]	Title [VP Cultivation/Processing]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [Timonium]	State [MD]	ZIP [21093]	Phone Number []
Business Associated with (Applicant, parent business or sub- entity) [MagnaLife RI, LLC/ CMEGMA Holdings LLC]	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 []	

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 []	

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Name	Title	SSN/FEIN	DOB	Key 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	Key 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.)		

3. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).

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.

Name	Title	SSN/FEIN	DOB	Key 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)		Role, interest, etc.		

Name	Title	SSN/FEIN	DOB	Key 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)		Role, interest, etc.		

Name	Title	SSN/FEIN	DOB	Key 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)		Role, interest, etc.		

Name	Title	SSN/FEIN	DOB	Key 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)		Role, interest, etc.		

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Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	Key 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)		Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	Key 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)		Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	Key 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)		Role, interest, etc.			
4. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).					
<p>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.</p>					
Name	Title	SSN/FEIN	DOB	Key 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)		Interest			
Name	Title	SSN/FEIN	DOB	Key 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)		Interest			
Name	Title	SSN/FEIN	DOB	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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	Key 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)			Interest		
Name		Title	SSN/FEIN	DOB	Key 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)			Interest		
Name		Title	SSN/FEIN	DOB	Key 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)			Interest		
Name		Title	SSN/FEIN	DOB	Key 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)			Interest		
Name		Title	SSN/FEIN	DOB	Key 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)			Interest		
5. LIST ALL PERSONS OR ENTITIES THAT 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 LICENSE AND/OR THE LICENSED FACILITIES.					
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					

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

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Name		Title
	SSN/FEIN	
	DOB	
	Key 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)		Interest

Name		Title
	SSN/FEIN	
	DOB	
	Key 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)		Interest

Name		Title
	SSN/FEIN	
	DOB	
	Key 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)		Interest

Part II: Who, besides the owners and other Interest Holders listed in this Form 2 (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

Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount

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

Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to the applicant/licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.

Attach a list of all Interest Holders identified in Part I(A), Part I(B), Part I(C) and Part I(E) and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to the applicant/licensee, its operations, the license and/or licensed facilities for the last five years.

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CERTIFICATION AS TO 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:

1. With respect to the applicant/licensee, all persons and entities that:
1. Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or


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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

6/16/2022

Date

Michael C. REGO

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title:

Applicant - Full Circle, Inc.

Directors:	Officers:	Other Key Persons:
Craig Schulman	Michael Rego, CEO	Gary Nusinov, VP of Cultivation and Processing
Eric Radz	Morey Zuskin, Secretary	William Reckner Director of Processing/Extractions

Shareholder 1
MagnaLife, RI, LLC
Managers/Officers/Directors
Craig Schulman, President
Michael Rego, CEO

Shareholder 2
Francis Michael Zachara

LLC Member 1
CMEGMA Holdings, LLC
LLC Managers/Officers/Directors
Craig Schulman, President
Michael Rego, CEO

LLC Member 2
PBJ Holdings, LLC
LLC Managers/Officers/Directors
Paul Bekman, Managing Member

LLC Member 1
Craig Schulman

LLC Member 2
Morey Zuskin

LLC Member 3
Eric Radz

LLC Member 4
Gary Nusinov

LLC Member 5
Michael Rego

LLC Member 6
Austin Weiskittel

Owners by Effective Percentage of Ownership	Ownership Percentage	Capital Contributions (if any)
Craig Shulman		
Michael Rego		
Eric Radz		
Morey Zuskin		
Gary Nusinov		
Paul Bekman		
Austin Weiskittel		
Francis Michael Zachara		

Directors, Officer and Key Persons				
Name	2021 Comp	2020 Comp	2019 Comp	2018 Comp
Craig Schulman				
Eric Radz				
Michael Rego				
Morey Zuskin				
Gary Nusinov				
William Reckner				