Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee:	Pinnacle Industries, LLC
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Part I: Owners and Other Interest Holde	ers				
List (A.) all persons and/or entities with an officers, directors, members, managers or managing or operational control with resp facilities whether they have an ownership financial interest whether they have ownershing under shared management comparaising under shared management comparaising under shared management comparaising under shared management control with relicensed facilities (all persons and entities Holder" and collectively referred to as "Into the extent that any Interest Holder is a entity until all such Interest Holders are identifications.	r agents of the ect to the application interest or near anies, manages pect to the described interest Holden	ie ap plica ot, ar t or n perne appl (A)- s").	plicant/licensee, and nt/licensee, its opera nd (D.) all investors ot, and (E.) all perso nt agreements, or ot licant/licensee, its op (E) being hereinafter ion, partnership, LLC	I (C.) all ations, the or other pons or en her agre- perations r individu	persons or entities with e license and/or licensed persons or entities with any tities that hold interest(s) ements that afford third-party the license and/or the ally referred to as an "Interest st all Interest Holders in that
sheet(s) if necessary.					
LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (includin partnership; this includes parent entity). To the extent that any Interest Holder i that entity until all such Interest Holder Name	g corporation t companies s an entity (c	on sto	ockholders; LLC m e applicant/license ration, partnership, L	embers; e is a su LC, etc.)	and partners if a bsidiary of another , list all Interest Holders in
Rick St. Angelo	President		SSN/I EIN	508	☐Yes ☐No
Address (residence if an individual)	City Cranston	State Ri	ZIP 02921	Phone N	umber
Business Associated with (Applicant, parent business entity) Pinnacle Industries, LLC	or sub- Own	. % Bu	usiness Associated with		Effective Own. % in Applicant
Name Carmelo Corrente	Title Vice Presid	ent	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City Cranston	State Ri	ZIP 02920	Phone N	umber
Business Associated with (Applicant, parent business entity) Pinnacle Industries, LLC	or sub-	i. % B≀	usiness Associated with		Effective Own. % in Applicant

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Name	Title			SSN/F	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	y St a			ZIP	Phone Number			
Business Associated with (Applicant, parent business entity)	or sub-	Own.	% B:	ısiness	Associated with	·	Effectiv	ve Own. % in Applicant	
Name	Title			SSN/FEIN		DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	s	State		ZIP	Phone N	lumber		
Business Associated with (Applicant, parent business entity)	s or sub- Own. %			Jsiness	: Associated with	l	Effectiv	/e Own. % in Applicant	
Name	Title	i	SSN		SN/FEIN		<u> </u>	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	5	tate	:	ZIP	Phone N	lumber		
Business Associated with (Applicant, parent business entity)	or sub-	Own.	%iBı	siness	Associated with		Effectiv	ve Own. % in Applicant	
Name	Title	ı		SSN/F	FEIN	DOB	<u> </u>	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	S	tate	L	ZIP	Phone Numbe		- · · · · · · · · · · · · · · · · · · ·	
Business Associated with (Applicant, parent business entity)	or sub-	Own.	% Bι	siness	Associated with	Effective Own. % in Applicant			
Name	Trtie			SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	S	State ZIP		ZIP	Phone N	iumber		
Business Associated with (Applicant, parent business entity)	or sub-	Own.	% Bu	siness	Associated with		Effectiv	ve Own. % in Applicant	
2. LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND ANY To the extent that any such Interest Holders in that entity until all such Interest level	/ OTHEI older is a	R ENT n entit	TTE	es de	escribed in station, partnersh	SECTIO	N A.	, list all Interest	
Name Rick St. Angelo	Title Preside	ent		SSN/F	EIN	DOB	- "-	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City Cransto		State RI		ZIP 02921		lumber		
Business Associated with (Applicant, parent business entity) Pinnacle Industries, LLC	or sub-			r, direc or / Of	tor, manager, etc.) ficer				
Name Carmelo Corrente	Title VP	1		SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No	

Address (residence if an Individual)	City	5	State		ZIP	Phone Numb	oer	
	Cranst	on	Ri		02920			
Business Associated with (Applicant, parent business entity) Pinnacle Industries, LLC	or sub-			r, dired r / Of	ctor, manager, etc.) ficer			
Name	Title			SSN/	FEIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	(State	•	ZIP	Phone Numl	ber	
Business Associated with (Applicant, parent business entity)	s or sub-	Title ((officer, director, manager, etc.)					
Name	Title	1		SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	3	State	,	ZIP	Phone Numl	ber	
Business Associated with (Applicant, parent business entity)	or sub-	Title (office	er, dire	ctor, manager, etc.)			
Name	Title			SSN/	FEIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City		State	.	ZIP	Phone Number		
Business Associated with (Applicant, parent business entity)	s or sub-	Title (office	er, dire	ctor, manager, etc.)			
Name	Title	1		SSN/	FEIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	5	State	tate ZIP		Phone Number ()		
Business Associated with (Applicant, parent business entity)	s or sub-	Title (office	r, dire	ctor, manager, etc.)			
Name	Title	1		SSN/	FEIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	\$	State	·····	ZIP	Phone Numl	ber	
Business Associated with (Applicant, parent business entity)	s or sub-	Title (office	er, dire	ctor, manager, etc.)		.,	
3. LIST ALL PERSONS OR ENTITIE RESPECT TO THE APPLICANTA ITS OPERATIONS, THE LICENSI OWNERSHIP INTEREST OR NO To the extent that any such Interest H Holders in that entity until all such Intel level.	LICENSE E, AND/C T). older is a	EE, AI OR LIC	NY (CEN ity (OTHE ISED Corpo	R ENTITIES DI FACILITIES (W	SCRIBED METHER hip, LLC, e	O IN SECTIONS A OR B, THEY HAVE AN tc.), list all Interest	
Name Does Not Apply	Title			SSN/FEIN		DOB	Key Staff App submitted? ☐Yes ☐No	

Address (residence if an individual)	City	Sta	te	ZIP	Phone Num.	ber			
Business Associated with (Applicant, parent busines entity)	s or sub-	Role, int	ere	est, etc.					
Name	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No			
Address (residence if an individual)	City	Sta	ite	ZIP	Phone Num	ber			
Business Associated with (Applicant, parent busines entity)	s or sub-	Role, inte		est, etc.					
Name	Title			SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No			
Address (residence if an individual)	City	Sta	te	ZIP	Phone Num ()	ber			
Business Associated with (Applicant, parent busines entity)	s or sub-	Role, int	ere	est, etc.					
Name	Title	-4		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No			
Address (residence if an individual)	City	Sta	ite	ZIP	Phone Num	Phone Number			
Business Associated with (Applicant, parent business or sub- entity)				e, inferest, etc.					
Name	Title	:		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No			
Address (residence if an individual)	City	Sta	te	ZIP	Phone Num	ber			
Business Associated with (Applicant, parent busines entity)	s or sub-	Role, int	ere	est, etc.					
Name	Title			SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No			
Address (residence if an individual)	City	Sta	te	ZiP	Phone Numl	ber			
Business Associated with (Applicant, parent busines entity)	s or sub-	Role, int	еге	est, etc.					
Name	Title			SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No			
Address (residence if an individual)	City	Sta	te	ZIP	Phone Numl	ber			
Business Associated with (Applicant, parent busines entity)	s or sub-	Role, int	ere	est, etc.					
4. LIST ALL INVESTORS OR OTHE WITH RESPECT TO THE APPLIC B OR C, ITS OPERATIONS, THE AN OWNERSHIP INTEREST OR	CANT/LICENS	CENSE	Ξ,	ANY OTHER EN	NTITIES DESC	RIBED IN SECTIONS A,			

To the extent that any such Interest Holder is an entity Holders in that entity until all such Interest Holders are level.									
Name Does Not Apply	Title			SSN/F	EIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	Sta	State		ZIP	Phone Number			
Business Associated with (Applicant, parent business entity)	or sub-	Interest							
Name	Title	1 ,		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	St	ate	•	ZIP	Phone Number			
Business Associated with (Applicant, parent business entity)	s or sub-	Interest				<u> </u>			
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	St	ate	I	ZIP	Phone Number			
Business Associated with (Applicant, parent business or subentity)				nterest					
Name	Title	•		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	St	ate	e ZIP		Phone Number ()			
Business Associated with (Applicant, parent business entity)	or sub-	Interest							
Name	Title	•	1	SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	St	ate		ZIP	Phone Number			
Business Associated with (Applicant, parent business entity)	s or sub-	Interest	t						
Name	Title	•		SSN/I	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Sta			ZIP	Phone Number			
Business Associated with (Applicant, parent business entity)	s or sub-	Interes	t						
Name	Title			SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	St	ate		ZIP	Phone Number			

entity)	Associated with (Applicant, parent business or su								
	LIST ALL PERSONS OR ENTITIES TH COMPANIES, MANAGEMENT AGREE MANAGEMENT OR OPERATIONAL C OPERATIONS, THE LICENSE AND/OI	MENTS, ONTROL	OR C	THE H RE	R A	GREEME CT TO T	NTS THAT AF	FORD THIRD-PARTY	
To the e	extent that any such Interest Holder is an ty until all such Interest Holders are ide	n entity (contified and	orpora I disc	ation losed	, par I dov	tnership, vn to the i	LLC, etc.), list a ndividual perso	all Interest Holders in on level.	
Name	Does Not Apply	Title		SSN/FEIN		DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State	}	ZIP	Phone Num	ber	
Business	Associated with (Applicant, parent business or su	b-entity)	Inter	est		<u>,</u>			
Name		Title			SSN	/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	•	ZIP	Phone Numl	ber	
Business	Associated with (Applicant, parent business or su	b-entity)	Inter	est					
Name		Title			SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	;	ZIP	Phone Number ()		
Business	Associated with (Applicant, parent business or su	b-entity)	Inter	est					
Name		Title	•		SSN/FEIN		DOB	Key Staff App submitted? □Yes □No	
Address (ı	residence if an individual)	City		State	e ZIP		Phone Numb	ber	
Business	Associated with (Applicant, parent business or su	entity)	Inter	est					
Name		Title			SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (I	esidence if an individual)	City		State		ZIP	Phone Numb	ber	
Business	Associated with (Applicant, parent business or su	b-entity)	Inter	Interest					
Name		Title		S		FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	•	ZIP	Phone Numl	ber	
Business /	Associated with (Applicant, parent business or su	b-entity)	Inter	est					

Renewal Application for Medical Marijuana Cultivator License

Name	Title	e		SSN/	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone (e Number	Γ	
Business Associated with (Applicant, parent business or sub-	ss or sub-entity)		Interest						
Part II: Who, besides the owners and other partnerships, corporations, limited liability of property interests, equipment, inventory, fundusiness, or hold a security interest therein interests from this business. Attach a separate with any ownership in or control of that entity.	ompanie niture, lic ; or who	s, tri ensi will	usts) ng o I rec	, wil or otl eive	l loan, g ner propr money,	ive or ot iet <mark>ary rig</mark> l profits, pr	herwise hts to o roprieta	e provide money, or for use in this ry rights or other	
Name D	ate of B	irth			SSN/FEI	N	Intere	st/Dollar Amount	
N/A	,								

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.

The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.

Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

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

Renewal Application for Medical Marijuana Cultivator License

- 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.

Tiel West	<u>10/15/2021</u>	
Authorized Signatory	Date	
Rick St. Angelo		
Printed Name		

Print Name of Applicant/Licensee:

Print Officer Title: