Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Rhode Island Cultivation Co.

Part I: Owners and Other Interest Holders

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").

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.

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).

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.

Name Vincent Maggiacomo	Title		SSN/FEIN		DOB		Key Staff App submitted? x Yes □No	
Address (residence if an individual)	City Hope)	State RI	ZIP	02831	Phone (Numbe	r
Business Associated with (Applicant, parent busing sub-entity)	ess or	Own	ı. % Busine	ss Ass	ociated with		Effect	ive Own. % in Applicant
Name Joseph Maggiacomo	Title	Title SSN/FEIN			DOB		Key Staff App submitted? X Yes □No	
Address (residence if an individual)	City Hope		State RI	ZIP	02831	Phone (Numbe	T
Business Associated with (Applicant, parent busine sub-entity)	ess or	Own	. % Busine	ss Ass	ociated with		Effect	ive <u>Own. % i</u> n Applicant
Name	Title		SSI	I/FEIN		DOB		Key Staff App submitted? □Yes □No

Address (residence if an individual)	City	State			ZIP		Numbe	r	
Business Associated with (Applicant, parent business sub-entity)	ог	Owr	ı. % Bı	usiness	Associated with	1	Effecti	ve Own. % in Applicant	
Name	Title			SSN/	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City Sta		State	ZIP		Phone Num		r	
Business Associated with (Applicant, parent business sub-entity)	or	Owr	ı. % Bı	ısiness	Associated witi	1	Effecti	ive Own. % in Applicant	
Name	Title			SSN/	FEIN	DOB	•	Key Staff App submitted? □Yes □No	
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Address (residence if an individual)	City		State		ZIP	Phone	Numbe	r	
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with				1	Effective Own. % in Applicant		
Name	Title		· · · · · · · · · · · · · · · · · · · 	SSN/	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone	Numbe	Γ	
Business Associated with (Applicant, parent business sub-entity)	or	Own. % Business Associated with Effective Own. % in Applicant						ive Own. % in Applicant	
2. LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND ANY To the extent that any such Interest Ho Holders in that entity until all such Interlevel	OTHER	R EN	TITIE	S DE	SCRIBED IN	SECTIC ship, LLC	N A. ;, etc.)	, list all Interest	
Name	Title		<u>'</u>	SSN/	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	•	ZIP	Phone	Numbe	r	
Business Associated with (Applicant, parent business sub-entity)	or	Title	(office	r, direc	ctor, manager, et	c.)			
Name	Title	J		SSN/I	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	1	ZIP	Phone	Numbe	r	
Business Associated with (Applicant, parent business sub-entity)	or	Title	(office	r, direc	tor, manager, et	c.)			

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Business Associated with (Applicant, parent business sub-entity)	or	Title	(office	r, direc	tor, manager, etc.)			
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3. LIST ALL PERSONS OR ENTITIES RESPECT TO THE APPLICANT/L ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT To the extent that any such Interest Ho Holders in that entity until all such Inter	ICENSEI , AND/OI). Ider is ar	E, A R Li	NY O CENS ity (co	THEF SED F	R ENTITIES DE FACILITIES (Wi	SCRIB HETHE ip, LLC	ED IN R TH	SECTIONS A OR B, EY HAVE AN , list all Interest
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Name	Title		 	SSN/I		DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone I	Number	r
Business Associated with (Applicant, parent business sub-entity)	or	Role	e, intere	est, etc	i.			

Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
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Business Associated with (Applicant, parent busi sub-entity)	ness or	Role, inter	rest, etc.		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	nber
Business Associated with (Applicant, parent busi sub-entity)	ness or	Role, inter	rest, etc.		
Name	Title	•	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
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Business Associated with (Applicant, parent busi sub-entity)	ness or	Role, inter	rest, etc.		
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Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
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Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent busi sub-entity)	ness or	Role, inter	est, etc.		
4. LIST ALL INVESTORS OR OT WITH RESPECT TO THE APP B OR C, ITS OPERATIONS, TI AN OWNERSHIP INTEREST OF The extent that any such Interest Holders in that entity until all such I level.	LICANT/LICHE LICENSEDR NOT). t Holder is an interest Hold	ENSEE, E, AND/O	ANY OTHER ENTER EN	NTITIES DESC ACILITIES (Wi	RIBED IN SECTIONS A, HETHER THEY HAVE tc.), list all Interest
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Address (residence if an individual)	City	Stat	e ZIP	Phone Nun	Phone Number ()				
Business Associated with (Applicant, parent bu sub-entity)	siness or	Interest	Interest						
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Name	Title	, .	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No				
Address (residence if an individual)	City	Sta	te ZIP	Phone Nu	mber				
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5. LIST ALL PERSONS OR EN COMPANIES, MANAGEMEN MANAGEMENT OR OPERA OPERATIONS, THE LICENS	IT AGREEME TIONAL CON	ENTS, OI	R OTHER AGRE /ITH RESPECT	EMENTS THATO THE APPLI	T AFFORD THIRD-PARTY				

To the extent that any such Interest Hol hat entity until all such Interest Holders	are identified and	disclosed o	lown to the in	ndividual pers	on level.
Name	Title	s	SN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nun	
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Business Associated with (Applicant, parent busi	ness or sub-entity)	Interest			
Name	Title	5	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Number	
Business Associated with (Applicant, parent busi	ness or sub-entity)	Interest		•	<u> </u>
Name	Title	5	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber
	ness or sub-entity)	Interest		<u></u>	

Renewal Application for Medical Marijuana Cultivator License

Name	Title	Title SSN/FEIN		Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	City State ZIP		Phone Number		
Business Associated with (Applicant, parent bus	iness or sub-entity)	nterest				

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 entity.

Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount

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:

With respect to the applicant/licensee, all persons and entities that:

1.

Renewal Application for Medical Marijuana Cultivator License

- 1. Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
- 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
- 2. 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.

Va m	10/22/2022	
Authorized Signatory	Date	
Vincent Maggiacomo		
Printed Name		
Print Name of Applicant/Licensee:		

Print Officer Title:

Rhode Island Cultivation, LLC

Organizational Chart

<u>APPLICANT</u>

Rhode Island Cultivation, LLC



Officers

Vincent Maggiacomo Joseph Maggiacomo

Owners by Effective Percentage of Ownership	Effective Percentage of Ownership			Cap	Capital Contributions			
Vincent Maggiacomo								
Joseph Maggiacomo								
Directors, Officers, and Key Persons	2021 Comp	2020 Comp	2019 Comp	2018 Comp	2017 Comp	2016 Comp	2015 Comp	
Vincent Maggiacomo								
Joseph Maggiacomo								