FORM 2* **Disclosure of Owners and Other Interest Holders**

Licensee

Shari DeShields

Name of Applicant/Licen	isee:)P PHAI	KIVI LLO			
Part I: Owners and Other Interest Holde	ers					
List (A.) all persons and/or entities with a officers, directors, members, managers of managing or operational control with resp facilities whether they have an ownership financial interest whether they have ownershing under shared management comp management or operational control with licensed facilities (all persons and entities Holder" and collectively referred to as "In	ny ownersh or agents of pect to the a o interest or ership intere anies, mana respect to the s described terest Holde	the applicar not, an est or no agemen ne appli in (A)-(ers").	olicant/ nt/licen od (D.) ot, and nt agre icant/li (E) bei	see, its operation all investors or all investors or all (E.) all persor ements, or other censee, its open ghereinafter in the see i	ons, the lice other person on entities er agreemen erations, the lindividually re	ense and/or licensed ns or entities with any that hold interest(s) ts that afford third-party icense and/or the eferred to as an "Interest
To the extent that any Interest Holder is a entity until all such Interest Holders are in sheet(s) if necessary.	an entity (co dentified an	orporati d disclo	on, pa sed de	rtnership, LLC, own to the indiv	etc.), list all vidual person	Interest Holders in that I level. Attach a separate
(A) LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (including partnership; this includes parenentity). To the extent that any Interest Holder that entity until all such Interest Holder	ng corpora nt compani	corpo	e appl	icant/licensee	is a subsid	iary of another all Interest Holders in
Name Cloud 9 Investments LLC	Title Memb		SSN/I		DOB N/A	Key Staff App submitted? □Yes ⊠No
Address (residence if an individual)	City	Stat	e RI	02908	Phone Number	er
Business Associated with (Applicant, parent businesentity) Licensee			Busines: N/A	s Associated with		tive Own. % in Applicant
Name John Joseph Battista	Title Membe Manage		SSN/	FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Highlar Beach		L	33487	Phone Numb	
Business Associated with (Applicant, parent busines	ess or sub-	Own. %	Busines N/A	s Associated with	Effec	ctive Own. % in Applicant

Key Staff App submitted?

⊠Yes

DOB

SSN/FEIN

Title

	Membe Manage					91 ¹⁷	
ddress (residence if an individual)	City Highlan Beach	S	tate FL	ZIP 33487	Phone N		
dusiness Associated with (Applicant, parent bus ntity) Licensee	iness or sub-	Own.		ness Associated with /A		Effective	ve Own. % in Applicant
	Title		0	SN/FEIN	DOB		Key Staff App submitted?
ame LaLaCo LLC	Memb	er	3	SIN/I LIIN	N/A		□Yes ⊠No
ddress (residence if an individual)	City Cransto	City State ZIP Cranston RI 02907		Phone	Number		
usiness Associated with (Applicant, parent bus ntity) Licensee	siness or sub-	Own.	% Busi	ness Associated with N/A		Effecti	ve Own. % in Applicant
ame Justin Raymond St. Andre	Title Memb Manage		S	SN/FEIN	DOB		Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City			Phone	Phone Number		
Business Associated with (Applicant, parent busentity) Licensee	siness or sub-				Effect	ive Own. % in Applicant	
Name David Notarianni		Title SSN/FEIN Member-Manager		DOB		Key Staff App submitted? ⊠Yes □No	
Address (residence if an individual)	City		State RI	ZIP 02921	Phone	Phone Number	
Business Associated with (Applicant, parent bu entity) Licensee				siness Associated with		Effect	tive Own. % in Applicant
Name BT Caulk LLC	Title Memb	er		SSN/FEIN	DOB N/A	١	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State	ZIP 29401	Phone	Numbe	er
Business Associated with (Applicant, parent buentity) Licensee			. % Bus	siness Associated wit	h	Effec	tive Own. % in Applicant
(B) LIST ALL OFFICERS, DIRECT APPLICANT/LICENSEE AND To the extent that any such Interest Holders in that entity until all such level	O ANY OTHE	R EN	tity (co	ornoration, partne	ership, LL	C, etc	c.), list all Interest
Name	Title			SSN/FEIN	DOB		Key Staff App submitted′ ⊠Yes □No
John J. Battista	Mar	nager			5:	N.	205
Address (residence if an individual)	City Highl Beach		State FL	33487	Phone	e Numb	per

Use for Part A Supplemental:

Name Theodore Patrick Dumican	Title Memb	er		SSN/F	EIN	DOB		App submitted? [⊠]Yes □No	
Add <u>ress (residence if an i</u> ndividual)	City [Cransto	n	State [RI]	ZIP [02921	Phone	Number]
Business Associated with (Applicant, parent busines entity) Licensee	s or sub-	Owi	n. % Bu N/A		Associated with]	[e Own. % in Applicant]
Name Carla Marie Ciccone	Title [Memb	er		SSN/F	EIN	DOB		App submitted? [⊠]Yes □No	
Add <u>ress (residence if a</u> n individual)	City [Provide	ence	State [RI]	ZIP [02909	Phone	Number		1
Business Associated with (Applicant, parent busines entity) Licensee	ss or sub-	Ow [isiness N/A	Associated with]	[e Own. % in Applicant	t]
Name George Allen Pesce	Title [Membe	er		SSN/F	EIN	DOB		App submitted? [⊠]Yes □No	
Address (residence if an individual)	City [Warwic	:k	State RI]	ZIP 02889	Phone (Number]
Business Associated with (Applicant, parent busines entity) Cloud 9 Investments LLC	ss or sub-	Ow [n. % Bu	usiness	Associated with	,	Effectiv	ve Own. % in Applican	t]
Name Lori Moschetti Pesce	Title [Men	nber		SSN/	FEIN	DOB		App submitted? [⊠]Yes □]No	
Address (residence if an individual)	City [Warwi	ick	State [RI]	ZIP 02889	Phone (Number]
Business Associated with (Applicant, parent busine entity) Cloud 9 Investments LLC	ss or sub-	Ow [n. % Bound	usines ith hus	s Associated with band George Pe	esce		ve Own. % in Applicant with husband George	
Name Robert John Cosentino	Title Membe	r-Mar	nager	SSN/	FEIN	DOB		App submitted? [⊠]Yes □No	
Address (residence if an individual)	City [N.Scitu	ate	State [RI]	ZIP 02857	Phone	Numbe]
Business Associated with (Applicant, parent busine entity)	ess or sub-	Ov [vn. % B	usines	s Associated wit	th]	Effecti [ive Own. % in Applicar	nt]
Cloud 9 Investments LLC Name Renee Marie Cosentino	Title [Men	nber		SSN [FEIN	DOB		App submitted? [⊠]Yes □No	
Address (residence if an individual)	City [N. Sci	ituate	State [RI	e]	ZIP 02857	Phone (Numbe	er]
Business Associated with (Applicant, parent busine entity)	ess or sub-	O	wn. % E	Busines husb	s Associated wi and Robert Cos	th entino	Effect		nt
Cloud 9 Investments LLC Name Timothy Mark Smith	Title [Mem	ber		SSN [/FEIN	DOB [App submitted? [⊠]Yes □No	
Address (residence if an individual)	City [E.Prov	ridenc	Stat RI	1	ZIP 02914	Phon (e Numbe]
Business Associated with (Applicant, parent businentity) Cloud 9 Investments LLC	ess or sub-	0	wn. % l	Busine	ss Associated w	ith	Effec	tive Own. % in Applica	ant]

Use for Part B Supplemental:

Use for Part A Supplemental:

ame Bruce Thaddeus Caulk	Title [Memb		SSN/FEIN	DQ [В	App submitted? [⊠]Yes □]No		
ddress (residence if an individual)	City [Charlestor	State [SC	ZIP 29401-13		one Numb			
usiness Associated with (Applicant, parent busines htity) BT Caulk LLC	ss or sub-	Own. % Bu	siness Associated v	with	Effect [ctive Own. % in Applicant		
ame The Exeter Revocable Trust-2020	Title [Member	1	SSN/FEIN [N/A] DO	B N/A	App submitted? [□]Yes [☑]No		
ddress (residence if an individual)	City [Exeter	State [RI	ZIP [02822	Photo (Phone Number			
usiness Associated with (Applicant, parent busines ntity) LaLaCo LLC	ss or sub-	Own. % Bu	siness Associated] [ctive Own. % in Applicant		
ame The Scituate Revocable Trust-2020	Title [Membe	er	SSN/FEIN N/A] [N/A	App submitted? [□]Yes [⊠]No		
ddress (residence if an individual)	City [Foster	State [RI	ZIP [02825	Ph (one Numb]		
Business Associated with (Applicant, parent busine entity) LaLaCo LLC	ss or sub-	Own. % Bu	siness Associated	with	Effe]	ective Own. % in Applicant		
lame The Kristen Falcone Lariviere Trust-2020	Title [Memb	er	SSN/FEIN N/A		OB N/A	App submitted? [□]Yes □No		
ddress (residence if an individual)	City Cransto	n State	ZIP [02920	Pt (none Num]		
Business Associated with (Applicant, parent busine entity)	ess or sub-	Own. % Bi	usiness Associated	with	Effe [ective Own. % in Applicant		
LaLaCo LLC Name	Title]	SSN/FEIN] [OB	App submitted? □Yes □No		
Address (residence if an individual)	City	State	ZIP] P	hone Num			
Business Associated with (Applicant, parent busine entity)	ess or sub-	Own. % B	usiness Associated	d with	Eff	ective Own. % in Applicant		
Name	Title		SSN/FEIN] [ОВ	App submitted? [□]Yes □]No		
Address (residence if an individual)	City	State	ZIP] P]		
Business Associated with (Applicant, parent busin entity)	ess or sub-	Own. % E	Business Associate	d with	Ef	fective Own. % in Applicant		
Name	Title		SSN/FEIN]	ООВ	App submitted? [□]Yes □No		
Address (residence if an individual)	City	Stat	e ZIP	1	Phone Nu]		
Business Associated with (Applicant, parent businentity)	ness or sub-	Own. %	Business Associate	ed with	E	ffective Own. % in Applicant		

Business Associated with (Applicant, parent buentity) Licensee	isiness or sub-	1	2	director, manager, e er-Manager	etc.)				
Name	Title		5	SSN/FEIN	DOB	Key Staff App submitted?			
David Notarianni	Man	ager				⊠Yes □No			
Address (residence if an individual)	City Cranst	on	State RI	ZIP 02921	Phone Nun	Phone Number			
Business Associated with (Applicant, parent bushity) Licensee	usiness or sub-	Title		, director, manager, o ber-Manager	etc.)				
Name Justin St. Andre	Title Mana	Manager SS		SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No			
Address (residence if an individual)	City	on	State RI	ZIP 02921	Phone Nur	mber			
Business Associated with (Applicant, parent be entity) Licensee	usiness or sub-			, director, manager, er Manager	etc.)				
Name Robert J. Cosentino	Title Ma	nage	1	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No			
Address (residence if an individual)	City N.Scitu	uate	State RI	ZIP 02857	Phone Nui	mber			
Business Associated with (Applicant, parent bentity) Cloud 9 Investments LLC	usiness or sub-	Title		, director, manager, nber-Manager	etc.)				
Name Timothy M. Smith	Title Mana	lanager		SSN/FEIN		Key Staff App submitted? ⊠Yes □No			
Address (residence if an individual)	City East Provid			ZIP 02914	Phone Nu	mber			
Business Associated with (Applicant, parent be entity) Cloud 9 Investments LLC	ousiness or sub-	Title	e (office Mem	r, director, manager, ber	etc.)				
Name Shari DeShields	Title Man	ager		SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No			
Address (residence if an individual)	City Highl Beach		State FL	33487	Phone Nu	ımber			
Business Associated with (Applicant, parent tentity) Licensee	ousiness or sub-	Tit		er, director, manager nber-Manager	, etc.)				
Name	Title		£:	SSN/FEIN	DOB	Key Staff App submitted′ ☐Yes ☐No			
Address (residence if an individual)	City	9	State	ZIP	Phone No	umber			
Business Associated with (Applicant, parent entity)	business or sub-	Tit	tle (office	er, director, manager	, etc.)				

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

C) LIST ALL PERSONS OR ENTI RESPECT TO THE APPLICAN						
ITS OPERATIONS, THE LICEI OWNERSHIP INTEREST OR N	NSE, AND/OR	LICE	NSEC	FACILITIES (\	WHETHER 1	THEY HAVE AN
To the extent that any such Interes Holders in that entity until all such I level.	t Holder is an Interest Holder	entity rs are	(corpo	oration, partners fied and disclos	ship, LLC, et ed down to t	c.), list all Interest he individual person
Name Robert J. Cosentino	Title Membe Manager		SSI	N/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City N.Scitua	St	ate	ZIP 02857	Phone Num	ber
Business Associated with (Applicant, parent businentity) Cloud 9 Investments LLC	iness or sub-		nterest, e anager			
Name Brian LaPlante	Title Membe Manager		SS	N/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Foster	St	State ZIP Phone Number 02825			
Business Associated with (Applicant, parent bus entity) LaLaCo LLC	iness or sub-		nterest, Nanage			
Name Bruce Thaddeus Caulk	Title Membe Manage	Member-		N/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City	S	state SC	ZIP 29401-130	Phone Num	nber
Business Associated with (Applicant, parent busentity)		Role, i	interest, Sole N	etc. 1ember-Manago	er	
BT Caulk LLC Name	Title		SS	SN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	S	State	ZIP	Phone Nur	nber
Business Associated with (Applicant, parent buentity)	siness or sub-	Role,	interest	, etc.		
Name	Title		S	SN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State	ZIP	Phone Nu	mber
Business Associated with (Applicant, parent buentity)	usiness or sub-	Role,	interest	t, etc.		
Name	Title		S	SN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	ZIP	Phone Nu	imper

or sub-	Role, in	nterest,	etc.			
Title		SS	SN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No	
City	St	tate	ZIP	Phone Nu	umber	
or sub-	Role, in	nterest,	, etc.			
ANT/LICI LICENSE IOT).	ENSEI E, AND	E, AN D/OR I	IY OTHER ENT LICENSED FAC	TITIES DES CILITIES (V	etc.), list all Interest	
T:tle		100	QN/EFIN	DOB	Key Staff App submitted?	
	ber			N/A	□Yes ⊠No	
City	City State		ZIP 02822	Phone N	umber	
Title	nber	S	SN/FEIN N/A	DOB N/A	Key Staff App submitted? □Yes ⊠No	
City		State	ZIP 02825	Phone Number		
or sub-	Interes	st				
Title	mber	S	SSN/FEIN N/A	DOB N/A	Key Staff App submitted? □Yes ⊠No	
Title	5	State RI			□Yes ⊠No	
Title Mer	5	State RI	N/A ZIP	N/A	□Yes ⊠No	
Title Mer City Crans s or sub-	ston	State RI est	N/A ZIP	N/A	□Yes ⊠No	
Title Mer City Crans s or sub-	Intere	State RI est	N/A ZIP 02920	N/A Phone N (□Yes ⊠No Number Key Staff App submitted?	
City Crans s or sub-	Intere	State RI est	N/A ZIP 02920 SSN/FEIN ZIP	N/A Phone N (\(\text{\text{Yes}} \times \text{No} \\ \text{Number} \\ \text{Key Staff App submitted?} \\ \text{\text{\text{XYes}}} \text{\text{No}} \\ \text{\text{Yes}} \text{\text{No}} \\ \end{array}	
City Crans S or sub- Title Trus City Exet S or sub-	Interestee	State RI est	N/A ZIP 02920 SSN/FEIN ZIP 02822 beneficiary	N/A Phone N (\[\text{Yes} \text{No} \] Number Key Staff App submitted? \[\text{\text{\text{\text{Yes}}} \text{No} \]	
Title Mer City Crans s or sub- Title Trus City Exet	Interescent	State RI est	N/A ZIP 02920 SSN/FEIN ZIP 02822	N/A Phone N (Number Key Staff App submitted? ⊠Yes □No	
	City Or sub- R PERSO ANT/LICILICENSE IOT). Idder is arrest Holder Title Mem City Exeter or sub- Title Men City Foster	City Si R PERSONS OF ANT/LICENSE, AND ICENSE, AND ICENSE, AND ICENSE Holders are set to the set set t	City State Or sub- Role, interest R PERSONS OR EN ANT/LICENSEE, AN LICENSE, AND/OR HOT). Idder is an entity (correst Holders are iden Title Member City State Exeter RI Or sub- Interest Title S Member City State Exeter RI City State Exeter RI Or sub- State RI City State Exeter RI State RI City State Exeter RI State RI City State Exeter RI City State Exeter RI City State RI	Title SSN/FEIN City State ZIP or sub- Role, interest, etc. R PERSONS OR ENTITIES WHO HANT/LICENSEE, ANY OTHER ENTITICENSE, AND/OR LICENSED FACTION). Idder is an entity (corporation, partnerest Holders are identified and disclosed and disclosed Exeter RI O2822 or sub- Interest SSN/FEIN N/A City State ZIP O2822 Title SSN/FEIN N/A City State ZIP O2825	Title SSN/FEIN DOB City State ZIP Phone No. () Or sub- Role, interest, etc. R PERSONS OR ENTITIES WHO HAVE ANY INTERESTRATION OF ANTICENSE, ANY OTHER ENTITIES DESTRICENSE, AND/OR LICENSED FACILITIES (VIOT). Index is an entity (corporation, partnership, LLC, pest Holders are identified and disclosed down to the set of the se	

Business Associated with (Applicant, parent business entity) The Scituate Revocable Trust-2020	or sub-	Inter		sole be	nefic	ary				
Name	Title			SSN/FE	IN	***************************************	DOB		Staff App submitted?	
Kristen Falcone Lariviere	Trust	tee						× Y	∕es □No	
Address (residence if an individual)	City Cranst	ton	State RI	1	IP 0292)	Phone Number			
Business Associated with (Applicant, parent business entity) The Kristen Falcone Lariviere Trust-2020	or sub-	Inter	rest	b	enefi	ciary				
Name	Title	e SSN/FEIN			DOB	Key Staff App submitt ☐Yes ☐No				
Address (residence if an individual)	City	State ZIP			Phone Numb	er				
Business Associated with (Applicant, parent business entity) E) LIST ALL PERSONS OR ENTITIE COMPANIES, MANAGEMENT ACMANAGEMENT OR OPERATION OPERATIONS, THE LICENSE AND To the extent that any such Interest Holders and that entity until all such Interest Holders are N/A Name N/A Address (residence if an individual)	S THAT GREEME AL CON ID/OR TI r is an er e identifie	TRO HE L	D IN	OTHER TH RES SED F. oration, closed	PACIL partr dowr	T TO T ITIES. ership, to the	HE APPLICA	AFFO ANT/L st all li	ICENSEE, ITS	
Business Associated with (Applicant, parent busines	s or sub-er	ntity)	Int	terest						
Name		Title		5	SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)		City		State		ZIP	Phone I	Number	3	
Business Associated with (Applicant, parent busines	ss or sub-e	ntity)	In	terest						
Name		Title			SSN/	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)		City		State	Э	ZIP	Phone ()	Number		
Business Associated with (Applicant, parent busines	ss or sub-e	entity)	Ir	nterest						
Name		Title			SSN	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)		City		State	е	ZIP	Phone (Numbe	r	
Business Associated with (Applicant, parent busine	ss or sub-	entity)	Ir	nterest						

Renewal Application for Medical Marijuana Cultivator License

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 bus	siness or sub-entity)	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nui	mber
Business Associated with (Applicant, parent bus	siness or sub-entity)	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nu	mber
Business Associated with (Applicant, parent business	siness 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 entity.

Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount
N/A			
y .			

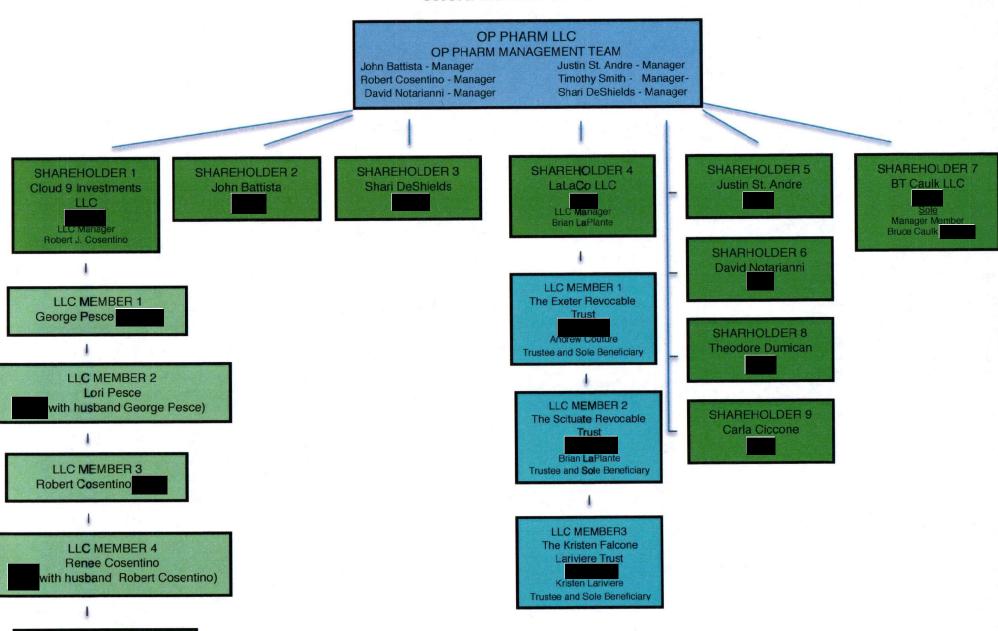
Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2. Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's 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.

OP PHARM LLC

ORGANIZATIONAL CHART



LLC MEMBER 5

Timothy Smith

Owners by Effective Percentage of Ownership	Effective Percentage of Ownership	Capital Contributions, if any
Battista, John		
Pesce, George		
Pesce, Lori		
DeShields, Shari		
LaLaCo LLC		
Cosentino, Robert		
Cosentino, Renee		
St. Andre, Justin		
Notarianni, David		
Smith, Timothy		
Caulk, Bruce		
Dumican, Theodore		
Ciccone, Carla		

Directors, Officers and Key Persons					
Name	2022 Comp	2021 Comp	2020 Comp	2019 Comp	2018 Comp
St. Andre, Justin					
Battista, John					
DeShields, Shari					
No other director, officer, or key	7				
person receives compensation					

Third Party Management/Operation Agreements			
Name	2020 Comp	2019 Comp	2018 Comp
N/A			

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:

- (A) With respect to the applicant/licensee, all persons and entities that:
 - (i) Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
 - (ii) 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
- (B) 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.

	7/1/2022
Authorized Signatory	Date
Shari DeShields	
Printed Name	
Print Name of Applicant/Licensee:	
Print Officer Title:	