

FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: OP PHARM LLC

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.

(A) **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 Cloud 9 Investments LLC	Title Member	SSN/FEIN [REDACTED]	DOB N/A	Key Staff App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Providence	State RI	ZIP 02908	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Licensee	Own. % Business Associated with N/A			Effective Own. % in Applicant [REDACTED]
Name John Joseph Battista	Title Member-Manager	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 Highland Beach	State FL	ZIP 33487	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Licensee	Own. % Business Associated with N/A			Effective Own. % in Applicant [REDACTED]
Name Shari DeShields	Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

		Member-Manager					
Address (residence if an individual) [REDACTED]		City Highland Beach	State FL	ZIP 33487	Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) Licensee			Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]		
Name LaLaCo LLC		Title Member		SSN/FEIN [REDACTED]	DOB N/A	Key Staff App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City Cranston	State RI	ZIP 02907	Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) Licensee			Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]		
Name Justin Raymond St. Andre		Title Member-Manager		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 Cranston	State RI	ZIP 02921	Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) Licensee			Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]		
Name David Notarianni		Title Member-Manager		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 Cranston	State RI	ZIP 02921	Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) Licensee			Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]		
Name BT Caulk LLC		Title Member		SSN/FEIN [REDACTED]	DOB N/A	Key Staff App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City Charleston	State SC	ZIP 29401	Phone Number [REDACTED]		
Business Associated with (Applicant, parent business or sub-entity) Licensee			Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]		
<p>(B) LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</p> <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 John J. Battista		Title Manager		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 Highland Beach	State FL	ZIP 33487	Phone Number [REDACTED]		

Use for Part A Supplemental:

Name [Theodore Patrick Dumican]	Title [Member]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [Cranston]	State [RI]	ZIP [02921]	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Licensee]	Own. % Business Associated with [N/A]		Effective Own. % in Applicant []	
Name [Carla Marie Ciccone]	Title [Member]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [Providence]	State [RI]	ZIP [02909]	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Licensee]	Own. % Business Associated with [N/A]		Effective Own. % in Applicant []	
Name [George Allen Pesce]	Title [Member]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [Warwick]	State [RI]	ZIP [02889]	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Cloud 9 Investments LLC]	Own. % Business Associated with []		Effective Own. % in Applicant []	
Name [Lori Moschetti Pesce]	Title [Member]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [Warwick]	State [RI]	ZIP [02889]	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Cloud 9 Investments LLC]	Own. % Business Associated with [Joint with husband George Pesce]		Effective Own. % in Applicant [Joint with husband George Pesce]	
Name [Robert John Cosentino]	Title [Member-Manager]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [N.Scituate]	State [RI]	ZIP [02857]	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Cloud 9 Investments LLC]	Own. % Business Associated with []		Effective Own. % in Applicant []	
Name [Renee Marie Cosentino]	Title [Member]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [N. Scituate]	State [RI]	ZIP [02857]	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Cloud 9 Investments LLC]	Own. % Business Associated with [husband Robert Cosentino]		Effective Own. % in Applicant [husband Robert Cosentino]	
Name [Timothy Mark Smith]	Title [Member]	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City [E.Providence]	State [RI]	ZIP [02914]	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Cloud 9 Investments LLC]	Own. % Business Associated with []		Effective Own. % in Applicant []	

Use for Part B Supplemental:

Use for Part A Supplemental:

Name Bruce Thaddeus Caulk	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Charleston	State SC	ZIP 29401-1301	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) BT Caulk LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name The Exeter Revocable Trust-2020	Title Member	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Exeter	State RI	ZIP 02822	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name The Scituate Revocable Trust-2020	Title Member	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Foster	State RI	ZIP 02825	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name The Kristen Falcone Lariviere Trust-2020	Title Member	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02920	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [REDACTED]	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [REDACTED]	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [REDACTED]	Title [REDACTED]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Use for Part B Supplemental:

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

Business Associated with (Applicant, parent business or sub-entity) Licensee		Title (officer, director, manager, etc.) Member-Manager			
Name David Notarianni	Title Manager	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 Cranston	State RI	ZIP 02921	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Licensee		Title (officer, director, manager, etc.) Member-Manager			
Name Justin St. Andre	Title Manager	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 Cranston	State RI	ZIP 02921	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Licensee		Title (officer, director, manager, etc.) Member Manager			
Name Robert J. Cosentino	Title Manager	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 N.Scituate	State RI	ZIP 02857	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		Title (officer, director, manager, etc.) Member-Manager			
Name Timothy M. Smith	Title Manager	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 East Providence	State RI	ZIP 02914	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		Title (officer, director, manager, etc.) Member			
Name Shari DeShields	Title Manager	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 Highland Beach	State FL	ZIP 33487	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Licensee		Title (officer, director, manager, etc.) Member-Manager			
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.)			

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

(C) 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 Robert J. Cosentino	Title Member-Manager	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 N.Scituate	State RI	ZIP 02857	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		Role, interest, etc. Manager		
Name Brian LaPlante	Title Member-Manager	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 Foster	State RI	ZIP 02825	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC		Role, interest, etc. Manager		
Name Bruce Thaddeus Caulk	Title Member-Manager	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 Charleston	State SC	ZIP 29401-1301	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) BT Caulk LLC		Role, interest, etc. Sole Member-Manager		
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 ()

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

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.			

(D) 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).

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 The Exeter Revocable Trust - 2020	Title Member	SSN/FEIN N/A	DOB N/A	Key Staff App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Exeter	State RI	ZIP 02822	Phone Number ([REDACTED])	
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC		Interest [REDACTED]			
Name The Scituate Revocable Trust -2020	Title Member	SSN/FEIN N/A	DOB N/A	Key Staff App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Foster	State RI	ZIP 02825	Phone Number ([REDACTED])	
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC		Interest [REDACTED]			
Name The Kristen Falcone Lariviere Trust-2020	Title Member	SSN/FEIN N/A	DOB N/A	Key Staff App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02920	Phone Number ([REDACTED])	
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC		Interest [REDACTED]			
Name Andrew James Couture	Title Trustee	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 Exeter	State RI	ZIP 02822	Phone Number ([REDACTED])	
Business Associated with (Applicant, parent business or sub-entity) The Exeter Revocable Trust-2020		Interest [REDACTED] beneficiary			
Name Brian LaPlante	Title Trustee	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 Foster	State RI	ZIP 02825	Phone Number ([REDACTED])	

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

Business Associated with (Applicant, parent business or sub-entity) The Scituate Revocable Trust-2020				Interest 100% sole beneficiary	
Name Kristen Falcone Lariviere		Title Trustee	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 Cranston	State RI	ZIP 02920	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) The Kristen Falcone Lariviere Trust-2020				Interest [REDACTED] beneficiary	
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	
<p>(E) 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.</p> <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 N/A		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	

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

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 entity.

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

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

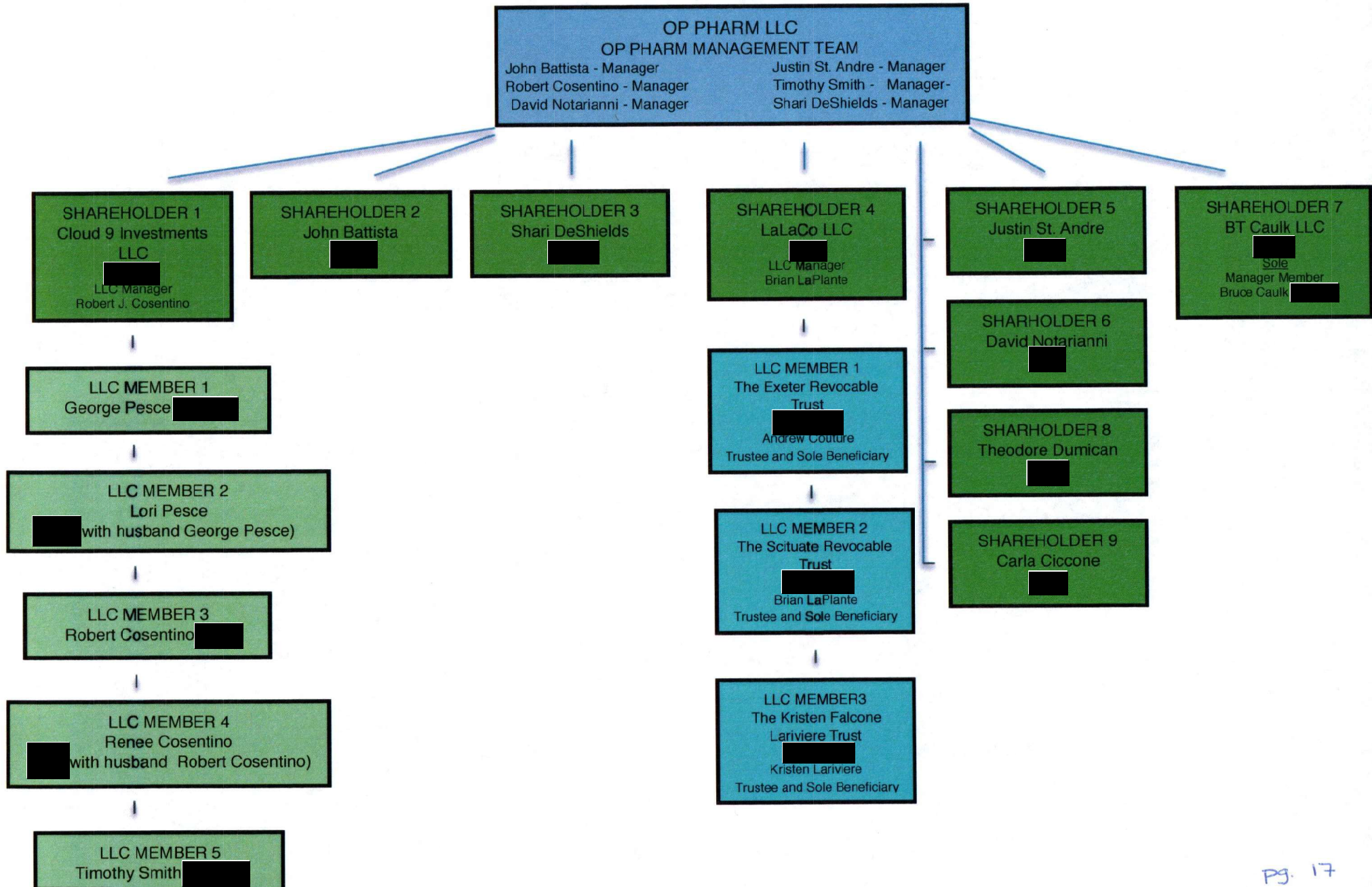
Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to the applicant/licensee, its operations, the license and/or licensed facilities. List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

OP PHARM LLC

ORGANIZATIONAL CHART



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		
Ciccione, 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 person receives compensation					

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

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:

- (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.

Authorized Signatory

7/1/2022

Date

Shari DeShields

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title: