Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

| Name of Applicant/Licensee: _RI | Tree Services Inc. |
|---------------------------------|--------------------|
|---------------------------------|--------------------|

| Part I: Owners and Other Interest Holde | rs | | | | | | | | | |
|---|--|--|--|--|---|---|--|--|--|----|
| 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 or operational control with relicensed facilities (all persons and entities Holder" and collectively referred to as "Interest Holder is a entity until all such Interest Holders are identity until all such Interest Holders are identities. | or agents bect to the interest ership interest anies, ma respect to s describ- terest Ho an entity | of the appointment of the appoin | ne apoplication, art or ne application of art or ne application (A)-s"). | plicar nt/lice nd (D ot, ar nt agr icant (E) be on, p | nt/licensee, and ensee, its opera .) all investors of nd (E.) all perso reements, or ot /licensee, its op eing hereinafter artnership, LLC | I (C.) all titions, the or other ons or en her agre- perations individu | person the lice person tities the ement to, the lift ually re- | ns or end nse and ns or end that hold is that a cense a deferred to nterest | tities with /or licensed tities with any d interest(s) fford third-party and/or the o as an "Interes | st |
| LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (includin partnership; this includes parent entity). To the extent that any Interest Holder is that entity until all such Interest Holder | g corpo t compa s an enti | rationies | on sto if the corpor | e appration | olders; LLC me olicant/license , partnership, L | embers e is a su LC, etc. | ; and ¡ ɪbsidi a), list a | artners ary of a | nother st Holders in | |
| Name John Studley III | Title Pres | resident SSN/FEIN | | FEIN | DOB | | Key Staff ⊠Yes | App submitted? □No | _ | |
| Address (residence if an individual) | City Cover | itry | State ry RI | | ZIP 02816 | Phone Number | | | | _ |
| Business Associated with (Applicant, parent business entity) RI Tree Services Inc | or sub- | Own | n. % Busine <u>ss Asso</u> ciated with | | Associated with | | Effectiv | e Own. % | in Applicant | |
| Name Nicholas Cirillo | Title Vice P | resi | dent | SSN/ | FEIN | DOB | | Key Staff ⊠Yes | App submitted? □No | |
| Address (residence if an individual) | City Cransto | on | State R | | ZIP 02920 | Phone Number | | · · | | |
| Business Associated with (Applicant, parent business entity) RI Tree Services Inc | or sub- | Own | i. % Bı | isiness | Associated with | | Effective | re Own. % | in Applicant | |
| Name Amanda Cirillo | Title Treas | urer | | SSN/ | FEIN | DOB | | Key Staff ⊠Yes | App submitted? □No | |
| Address (residence if an individual) | City Cranste | on | State RI | | ZIP 02920 | Phone N | lumber | | | |
| | | | | | | | | | | _ |

| Business Associated with (Applicant, parent business entity) RI Tree Service Inc | s or sub- | Own | Own. % Business Associated with Effective Own. % in App | | | | | | | |
|--|------------------|---------------------------------|---|-----------------------|-------------------|--|-------------------------------|--------------------------------------|--|--|
| Name | Title | | | SSN/ | FEIN | DOB | | Key Staff App submitted? ☐Yes ☐No | | |
| Address (residence if an individual) | City | | State | e ZIP | | Phone i | Phone Number | | | |
| Business Associated with (Applicant, parent business entity) | or sub- | Own. % Business 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 | | State | tate ZIP | | Phone I | Number | | | |
| Business Associated with (Applicant, parent business entity) | or sub- | Own | . % Bi | usines | s Associated with | 1 | Effecti | ve Own. % in Applicant | | |
| Name | Title | | | SSN/ | FEIN | DOB | ı | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | City | State | | | ZIP | Phone I | Number | <u> </u> | | |
| Business Associated with (Applicant, parent business entity) | or sub- | Own. % Business Associated with | | | n | Effecti | ve Own. % in Applicant | | | |
| Name | Title | | | SSN/FEIN | | DOB | | Key Staff App submitted? ☐Yes ☐No | | |
| Address (residence if an individual) | City | State | | | ZIP | Phone I | Number | | | |
| Business Associated with (Applicant, parent business entity) | or sub- | Own. % Business Associated with | | | | | Effective Own. % in Applicant | | | |
| LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND AN' To the extent that any such Interest Holders in that entity until all such Intelevel | Y OTHE | R EN | ITITII tity (d | E S D corpo | ESCRIBED II | N SECTION SECT | ON A. C, etc.) | , list all Interest | | |
| Name John Studley III | Title Presid | dent | | SSN/ | FEIN | DOB | | Key Staff App submitted? ⊠Yes ⊡No | | |
| Address (residence if an individual) | City Coven | try | State RI | I | ZIP 02816 | Phone I | Number | | | |
| Business Associated with (Applicant, parent business entity) RI Tree Services Inc | s or sub- | Title | | er, dire sider | ctor, manager, e | tc.) | | | | |
| Name Nicholas Cirillo | Title Vice Pr | eside | ent | SSN/ | FEIN | DOB | | Key Staff App submitted? ⊠Yes □No | | |

| Address (residence if an individual) | City Cranst | on. | State RI | | ZIP 02920 | Phone N | umber |
|---|---------------------|--|---|-------------------------------------|----------------------|----------|--------------------------------------|
| Business Associated with (Applicant, parent business or sub- entity) RI Tree Services Inc | | Title | Title (officer, director, m Vice President | | ctor, manager, etc.) | | |
| Name Amanda Cirillo | Title Treas | urei | • | SSN/I | EIN | DOB | Key Staff App submitted? ⊠Yes □No |
| Address (residence if an individual) | City Crans | ton | State | रा | ZIP 02920 | Phone No | umber |
| Business Associated with (Applicant, parent business entity) RI Tree Services Inc | or sub- | Title | (office | er, direc | ctor, manager, etc.) | | |
| Name Joseph V Andreozzi [[] | Title Owne | er | SSN/ | | FEIN | DOB | Key Staff App submitted? ⊠Yes □No |
| Address (residence if an individual) | City Warv | vick | State RI | ZIP 02888 | | Phone N | umber |
| Business Associated with (Applicant, parent business entity) Cannanommics | or sub- | 1 ' | | er, director, manager, etc. gent | | | |
| Name Joseph V Andreozzi IV | Title Owner | | | SSN/I | EIN | ров | Key Staff App submitted? ⊠Yes □No |
| Address (residence if an individual) | City Warw | ick | State RI | | | Phone N | umber |
| Business Associated with (Applicant, parent business entity) Cannanommics | s or sub- | or sub- Title (officer, director, manager, etc.) Agent | | | | | |
| Name | Title | | | SSN/I | FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | | State | | ZiP | Phone N | umber |
| Business Associated with (Applicant, parent business entity) | s or sub- | - Title (officer, director, manager, etc.) | | | | | |
| Name | Title | , | | SSN/ | FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | | State | <u></u> | ZIP | Phone N | umber |
| 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 APPLICANT/I ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT | LICENSE E, AND/C | Ε, Α | NY C | OTHE | R ENTITIES DI | ESCRIB | ED IN SECTIONS A OR B, |

| To the extent that any such Interest H Holders in that entity until all such Intellevel. | | | | | | | | |
|--|-----------|--|----------|---------|-----------|--------------------------------------|--|--|
| | | | | | | | | |
| Name | Title | | | SN/FEIN | DOB | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | City | State | | ZIP | Phone Nur | nber | | |
| Business Associated with (Applicant, parent busines entity) | s or sub- | sub- Role, inte | | t, etc. | | | | |
| Name | Title | <u>,,L,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | s | SN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No | | |
| Address (residence if an individual) | City | Sta | te | ZIP | Phone Nur | nber | | |
| Business Associated with (Applicant, parent busines entity) | s or sub- | Role, into | eresi | t, etc. | , | | | |
| Name | Title | | | SN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No | | |
| Address (residence if an individual) | City | Sta | te | ZIP Pho | | hone Number) | | |
| Business Associated with (Applicant, parent busines entity) | s or sub- | Role, inte | eres | t, etc. | | | | |
| Name | Title | | | SN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No | | |
| Address (residence if an individual) | City | Sta | tate ZIP | | Phone Nur | nber | | |
| Business Associated with (Applicant, parent busines entity) | s or sub- | Role, inte | eres | t, etc. | | | | |
| Name | Title | | s | SN/FEIN | DOB | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | City | Sta | te | ZIP | Phone Nur | nber | | |
| Business Associated with (Applicant, parent busines entity) | s or sub- | Role, int | eres | t, etc. | | | | |
| Name | Title | • | s | SN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No | | |
| Address (residence if an individual) | City | Sta | te | ZIP | Phone Nur | nber | | |
| Business Associated with (Applicant, parent busines entity) | s or sub- | Role, int | eres | t, etc. | | | | |
| Name | Title | , | S | SN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No | | |

| Address (residence if an individual) | City | State | ZIP | Phone Number | • |
|--|------------------------|--------------------|-------------------------|--|---|
| | | | | () | |
| Business Associated with (Applicant, parent busine entity) | ss or sub- | Role, inter | est, etc. | | |
| 4. LIST ALL INVESTORS OR OTHI WITH RESPECT TO THE APPLI B OR C, ITS OPERATIONS, THE AN OWNERSHIP INTEREST OR To the extent that any such Interest I Holders in that entity until all such Interest. | CANT/LICE LICENS NOT). | ENSEE, E, AND/C | ANY OTHER OR LICENSE | R ENTITIES DESCRI D FACILITIES (WHE | BED IN SECTIONS A, THER THEY HAVE), list all Interest |
| 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 businesentity) | ss or sub- | Interest | · | | |
| Name | Title | 1 | SSN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No |
| Address (residence if an individual) | City | State | ZIP | Phone Number | |
| Business Associated with (Applicant, parent busine entity) | ss or sub- | Interest | | | |
| Name | Title | <u> </u> | SSN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No |
| Address (residence if an individual) | City | State | ZIP | Phone Number | |
| Business Associated with (Applicant, parent busined entity) | ss or sub- | Interest | | • | |
| 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 businesentity) | ss or sub- | Interest | • | | |
| 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 busines entity) | ss or sub- | Interest | • | | |
| Name . | Title | | SSN/FEIN | DOB | Key Staff App submitted? ☐Yes ☐No |

| Address (residence if an individual) | City | St | State | | ZIP | | Phone Number | | | |
|--|----------------------------|--|----------|--------------------------|---------------------|---|--------------|--|----------|-------|
| Business Associated with (Applicant, parent business entity) | or sub- | Interes | t | 1 | | | | ************************************** | | |
| Name | Title | | 5 | SSN/FEIN | | | DOB | Key Staff App submitted? ☐Yes ☐No | | |
| Address (residence if an individual) | City | St | State | | ZIP | | Phone Number | | | |
| Business Associated with (Applicant, parent business entity) | or sub- | Interes | t | ··· ,· · · I· · | | | | | | |
| 5. LIST ALL PERSONS OR ENTITIE COMPANIES, MANAGEMENT AG MANAGEMENT OR OPERATION. OPERATIONS, THE LICENSE AN To the extent that any such Interest Holders are | REEME AL CON D/OR Ti | ENTS, (TROL HE LIC ntity (co | OR (WIT | OTHE TH RE SED F ration, | R AC SPE ACII | GREEME CT TO TH LITIES. mership, I | NTS THAT A | NT/LICENSEE, ITS t all Interest Holders in | | |
| Name | [7 | itle | | | SSN | FEIN | DOB | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | C | City | | State | | ZIP | Phone Number | | | |
| Business Associated with (Applicant, parent business | s or sub-er | itity) | Inte | erest | | | • | | | |
| Name | 17 | Title | | SSN/FEIN | | FEIN | DOB | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | C | City | | State | | ZIP | Phone Nu | mber | | |
| Business Associated with (Applicant, parent business | s or sub-er | ntity) | Inte | erest | | | | | | |
| Name | 7 | itle | | | SSN | FEIN | DOB | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | C | City | | State | | State ZIP | | ZIP | Phone Nu | ımber |
| Business Associated with (Applicant, parent business | s or sub-er | ntity) | Inte | erest | | | | | | |
| Name | 1 | itle | ····· | | SSN | FEIN | DOB | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | | City | | State | tate ZIP | | Phone Nu | ımber | | |
| Business Associated with (Applicant, parent business | s or sub-er | ıtity) | Inte | erest | | | | | | |
| Name | | itle | | | | FEIN | DOB | Key Staff App submitted? □Yes □No | | |
| Address (residence if an individual) | C | City | | State |) | ZIP | Phone Nu | ımber | | |

Renewal Application for Medical Marijuana Cultivator License

| Business Associated with (Applicant, parent business 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 bus | ness 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 | | | |
| | | 1 | | () | | | | |

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:

- 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.

| Authorized Signatory | 6/13/2022 | |
|-----------------------------------|-----------|--|
| Authorized Signatory | Date | |
| Amanda Cirillo | | |
| Printed Name | | |
| Print Name of Applicant/Licensee: | | |
| Print Officer Title | | |





Interest Holders:
John Studley III
Nicholas Cirillo
Amanda Cirillo