FORM 2*
Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Mother Earth Creations

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	Title	SSN/FEIN	DOB	App submitted?
Joseph M. Pakuris	President	[redacted]	[redacted]	☒ Yes ☐ No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Saunderstown	RI	02874	[redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
		[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Edward F. Keegan IV	Vice President	[redacted]	[redacted]	☒ Yes ☐ No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Blackstone	MA	01504	[redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
		[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Amanda Rodriguez	Manager	[redacted]	[redacted]	☒ Yes ☐ No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Narragansett	RI	02882	[redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Terammi LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Michael Rodriguez	Manager	[redacted]	[redacted]	☒ Yes ☐ No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	North Kingstown	RI	02852	[redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Terammi LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Maria T Rodriguez	Manager	[redacted]	[redacted]	☒ Yes ☐ No

Address (residence if an individual)	City	State	ZIP	Phone Number
[redacted]	Narragansett	RI	02882	([redacted]

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
Terammi LLC	[redacted]	[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
				☐ Yes ☐ No

Address (residence if an individual)	City	State	ZIP	Phone Number
				( )

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted?
				☐ Yes ☐ No

Address (residence if an individual)	City	State	ZIP	Phone Number
				( )

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.

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	Title	SSN/FEIN	DOB	App submitted?
				☐ Yes ☐ 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.)	

Name	Title	SSN/FEIN	DOB	App submitted?
				☐ Yes ☐ 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.)	

Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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.)			
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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.)			
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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.)			
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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.)			
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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.)			

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	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Number ( )
Business Associated with (Applicant, parent business or sub-entity)	Interest			

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.

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	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted? ☐Yes ☐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	App submitted?
				☐Yes ☐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.

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

9/16/22
Date

Joseph M. Pakuris
Printed Name
Print Name of Applicant/Licensee:
Print Officer Title: