

## FORM 2\*

### Disclosure of Owners and Other Interest Holders

**Name of Applicant/Licensee:** Emerald Leaf Organics 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 Alexander D. Wagner	Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Riverside	State RI	ZIP 02915	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Alexander S. Joffe	Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Pawtucket	State RI	ZIP 02860	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Marc B. Vaccaro	Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Eastsound	State WA	ZIP 98245	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Gabriele VanZon Revocable Trust	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Ponte Vedra Beach	State FL	ZIP 32082	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Jose G. DaSilva	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Acushnet	State MA	ZIP 02473	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Michael St. Ours	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dartmouth	State MA	ZIP 02747	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Raymond R. Forster, III	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input 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) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Coleman D. Organisciak	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Masaki Kondo	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Shinagawa City	State Tokyo, Japan	ZIP 141-0021	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Zachary N. Joffe	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Pawtucket	State RI	ZIP 02860	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name James B. Borwick	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Columbia	State MO	ZIP 65203	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Cynthia L. DeMartino	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Saco	State ME	ZIP 04072	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Hans M. Wagner	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Andover	State MA	ZIP 01810	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Joseph Ippolito	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Andover	State MA	ZIP 01810	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name John King Wright Revocable Trust	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Ponte Vedra Beach	State FL	ZIP 32082	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Barbara Tressler	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Rancho Santa Fe	State CA	ZIP 92091	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Charles Tressler	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Rancho Santa Fe	State CA	ZIP 92091	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Joseph M. Santos	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Acushnet	State MA	ZIP 02743	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Astrid G. Van Zon	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Eastsound	State WA	ZIP 98245	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Robert S. Armstrong, Jr.	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Bondville	State VT	ZIP 05340	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Ingrid M. Borwick	Title Member/Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City South Egremont	State MA	ZIP 01258	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name ELO Ventures LLC - UNITS RESERVED FOR ISSUANCE	Title N/A	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Business Associated with (Applicant, parent business or sub-entity) ELO Ventures LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

**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 N/A	Title	SSN/FEIN	DOB	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.)			
Name	Title	SSN/FEIN	DOB	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.)			



Name	Title	SSN/FEIN	DOB	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.)		
Name	Title	SSN/FEIN	DOB	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.)		
Name	Title	SSN/FEIN	DOB	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.)		
Name	Title	SSN/FEIN	DOB	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.)		
Name	Title	SSN/FEIN	DOB	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.)		
<p><b>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).</b></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	Title	SSN/FEIN	DOB	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	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	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	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	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	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	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	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	N/A		Title	SSN/FEIN	DOB	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	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	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	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	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	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	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	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				

Business Associated with (Applicant, parent business or sub-entity)	Interest
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**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	N/A			Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Interest
---	----------

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
--------------------------------------	------	-------	-----	---------------------

Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ( )
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	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
Blue Ocean Reality, LLC	N/A	Landlord Receiving Monthly Base Rent from Applicant	

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.

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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

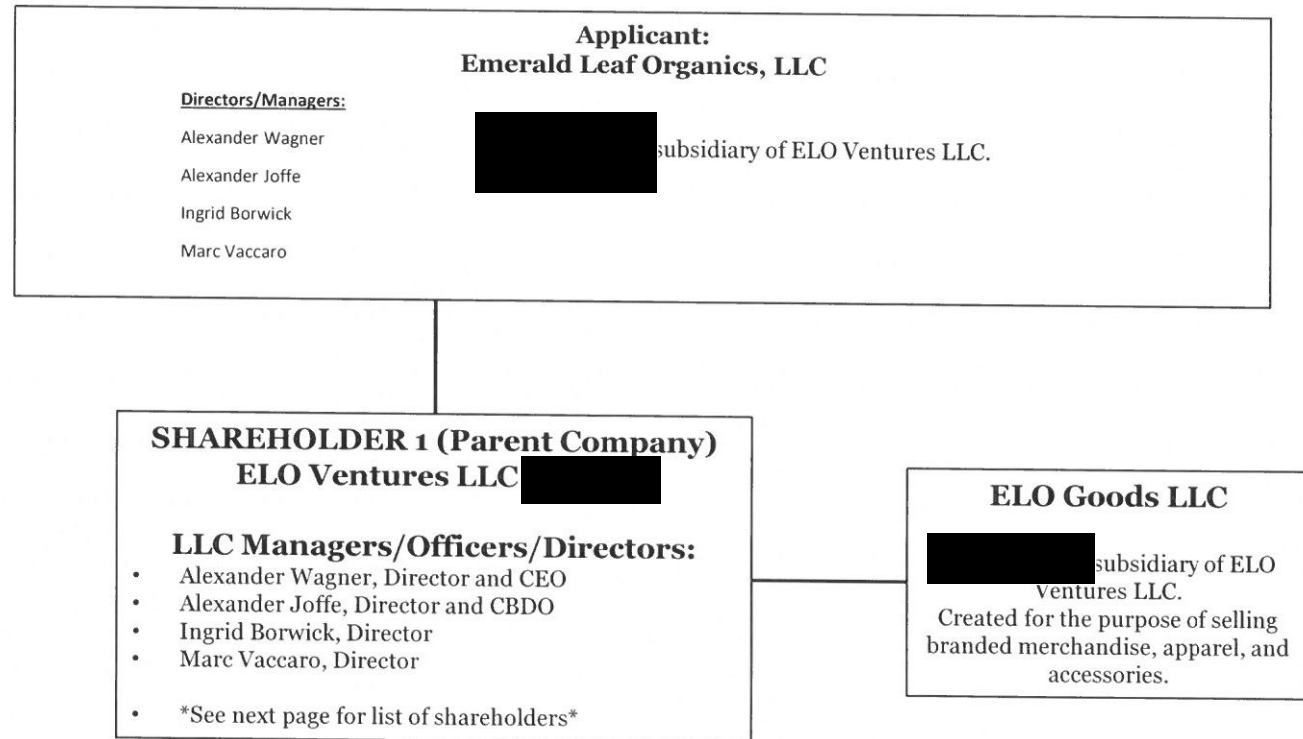
March 27, 2023  
\_\_\_\_\_  
Date

Alexander D. Wagner  
\_\_\_\_\_  
Printed Name  
Print Name of Applicant/Licensee: Emerald Leaf Organics LLC  
Print Officer Title: CEO, Director



**Emerald Leaf Organics LLC  
MMP-CV-0041 (Class B)  
Corporate Structure Chart**

**Cranston, RI 02920  
March 27, 2023**



*If any interest is held by a corporation, limited liability company, partnership, trust or other entity, continue to add the boxes that delineate next level interest holders until the organization chart reflects all interests/roles down to the individual person level.*

ELO Ventures LLC  
Holding Company for Emerald Leaf Organics LLC - CV-0041 (Class B)  
Ownership and Contribution Summary

[REDACTED]  
Cranston, RI 02920  
Updated: March 24th, 2023

Owners by Effective Percentage of Ownership	Effective Percentage of Ownership	Equity Contributions, if any	Debt Outstanding
Alexander S. Joffe	[REDACTED]	[REDACTED]	[REDACTED]
Alexander D. Wagner*	[REDACTED]	[REDACTED]	[REDACTED]
Raymond R. Forster, III*	[REDACTED]	[REDACTED]	[REDACTED]
Coleman D. Organisciak*	[REDACTED]	[REDACTED]	[REDACTED]
Zachary N. Joffe*	[REDACTED]	[REDACTED]	[REDACTED]
Marc B. Vaccaro	[REDACTED]	[REDACTED]	[REDACTED]
Astrid G. VanZon	[REDACTED]	[REDACTED]	[REDACTED]
Robert S. Armstrong	[REDACTED]	[REDACTED]	[REDACTED]
Ingrid M. Borwick	[REDACTED]	[REDACTED]	[REDACTED]
Joseph M. Santos	[REDACTED]	[REDACTED]	[REDACTED]
Gabriele VanZon Revocable Trust**	[REDACTED]	[REDACTED]	[REDACTED]
Jose G. DaSilva	[REDACTED]	[REDACTED]	[REDACTED]
Masaki Kondo	[REDACTED]	[REDACTED]	[REDACTED]
Michael St. Ours	[REDACTED]	[REDACTED]	[REDACTED]
James B. Borwick	[REDACTED]	[REDACTED]	[REDACTED]
Barbara Tressler and Charles Tressler	[REDACTED]	[REDACTED]	[REDACTED]
Cythnia L. DeMartino	[REDACTED]	[REDACTED]	[REDACTED]
Hans M. Wagner	[REDACTED]	[REDACTED]	[REDACTED]
Joseph Ippolito	[REDACTED]	[REDACTED]	[REDACTED]
J. King Wright Revocable Trust***	[REDACTED]	[REDACTED]	[REDACTED]
Units Reserved for Issuance	[REDACTED]	[REDACTED]	[REDACTED]

\*These individuals have been given profit-interests. All capital contributing partners have priority payback before non-capital contributing partners have access to distributions pro-rata.

\*\*Trustee and [REDACTED] beneficiary is Gabriele VanZon

\*\*\*Trustee and [REDACTED] beneficiary is John King Wright

