# 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 Title SSN/FFIN DOB App submitted? Alexander D. Wagner Member/Director □Yes □No Address (residence if an individual) State ZIP City Phone Number 02915 Riverside Own. % Business Associated with Effective Own. % in Applicant ELO Ventures I I C

Business Associated with (Applicant, parent business or subentity) Name Title SSN/FEIN DOB App submitted? Alexander S. Joffe Member/Director □Yes □ No Address (residence if an individual) City State ZIP Phone Number RI Business Associated with (Applicant, parent business or sub-Own. % Business Associated with Effective Own. % in Applicant **ELO Ventures LLC** Name Title SSN/FEIN DOB App submitted? Marc B. Vaccaro Member/Director □Yes □ No Address (residence if an individual) City State ZIP Phone Number Eastsound WA Business Associated with (Applicant, parent business or sub-Own. % Business Associated with Effective Own. % in Applicant ELO Ventures LLC

Name Gabriele VanZon Revocable Trust	Title Mer	mber		SSN/	FEIN	DOB	App submitted?  □Yes □No
Address (residence if an individual)	City Ponte Ved	dra B	State each p	-L	ZIP 32082	Phone	Number
Business Associated with (Applicant, parent business entity) ELO Ventures LLC	or sub-	Owr	1. % Bu	usines	Associated with		Effective Own. % in Applicant
Name Jose G. DaSilva	Title Me	mber	r	SSN/	FEIN	DOB	App submitted?  □Yes □No
Address (residence if an individual)	City Acushne	∍t	State M	Α	ZIP 02473	Phone	Number
Business Associated with (Applicant, parent business entity)  ELO Ventures LLC	or sub-	Own	1. % Bu	sines	Associated with		Effective Own. % in Applicant
Name Michael St. Ours	Title Me	ember	r	SSN/	EIN	DOB	App submitted? □ Yes □ No
Address (residence if an individual)	City Dartmou	uth	State MA	4	ZIP 02747	Phone	Number
Business Associated with (Applicant, parent business entity)  ELO Ventures LLC	or sub-	Own	ı. % Bu	isiness	Associated with		Effective Own. % in Applicant
Name Raymond R. Forster, III	Title Mer	mber		SSN/I	EIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City Cransto	on	State	RI	ZIP 02920	Phone I	Number
Business Associated with (Applicant, parent business entity) ELO Ventures LLC	or sub-	Own	. % Bu	siness	Associated with		Effective Own. % in Applicant
Name Coleman D. Organisciak	Title Mer	mber		SSN/	FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City Warwick	<	State R	ı	ZIP 02889	Phone I	Number
Business Associated with (Applicant, parent business of entity)  ELO Ventures LLC	or sub-	Own	. % Bu	siness	Associated with		Effective Own. % in Applicant
Name Masaki Kondo	Title Men	mber		SSN/F	EIN	DOB	App submitted?  □Yes □No
Address (residence if an individual)	City Shinagawa C		State Tokyo,	Japan	ZIP 141-0021	Phone I	Number
Business Associated with (Applicant, parent business of entity) ELO Ventures LLC	or sub-	Own	. % Bu	siness	Associated with		Effective Own. % in Applicant
Name Zachary N. Joffe	Title Mer	mber		SSN/F	EIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City Pawtuck		State R	1	ZIP 02860	Phone N	Number
Business Associated with (Applicant, parent business of entity)  ELO Ventures LLC	or sub-	Own.	. % Bu	siness	Associated with		Effective Own. % in Applicant

Name	James B. Borwick	Title Mer	mber		SSN/FE	IN	DOB	App submitted?  ☐Yes ☐No
		0.11						1-1-1
Address	(residence if an individual)	City	bia	State M	9000	1P 65203	Phone	Number
Business entity)	Associated with (Applicant, parent business ELO Ventures LLC	or sub-	Own	. % Bu:	siness A	ssociated with		Effective Own. % in Applicant
Name	Cynthia L. DeMartino	Title Me	mber		SSN/FF	IN	DOB	App submitted?
Address	(residence if an individual)	City		State		IP 04072	Phone	Number
Rusiness	Associated with (Applicant, parent business	or sub-	Own	% Bus	siness A	ssociated with		Effective Own. % in Applicant
entity)	ELO Ventures LLC	or out		. 70 Du		occolated With		Endance own. % w// ppicalit
Name	Hans M. Wagner	Title Me	mber		SSN/FE	IN	DOB	App submitted?  ☐Yes ☐No
Address	(residence if an individual)	City Andov	er	State		IP 01810	Phone	Number
Business	Associated with (Applicant, parent business	or sub-	Own	. % Bus	siness A	ssociated with		Effective Own. % in Applicant
entity)	ELO Ventures LLC							
Name	Joseph Ippolito	Title Me	mber	5	SSN/FE	IN	DOB	App submitted?  □Yes □No
Address (	residence if an individual)	City Andov	- 1	State MA	Z	01810	Phone	Number
Business entity)	Associated with (Applicant, parent business ELO Ventures LLC	or sub-	Own	. % Bus	siness A	ssociated with		Effective Own. % in Applicant
Name	John King Wright Revocable Trust	Title Mer	mber	5	SSN/FEI	N	DOB	App submitted? □Yes □No
Address (	residence if an individual)	City Ponte Vedr	- 1	State ch FL	ZI	P 32082	Phone	Number
Business entity)	Associated with (Applicant, parent business ELO Ventures LLC	or sub-	Own.	% Bus	iness A	ssociated with		Effective Own. % in Applicant
Name	Barbara Tressler	Title Me	mber	5	SSN/FEI	N	DOB	App submitted?  ☐Yes ☐No
Address (	residence if an individual)	City Rancho San		State	ZI	P 92091	Phone	Number
Business entity)	Associated with (Applicant, parent business of ELO Ventures LLC	or sub-	Own.	% Bus	iness As	ssociated with		Effective Own. % in Applicant
Name	Charles Tressler	Title Me	mber	S	SNVEEL	N	DOB	App submitted? ☐Yes ☐No
Address (	residence if an individual)	City Rancho Sant		State CA	ZII	92091	Phone I	Number
Business a	Associated with (Applicant, parent business of ELO Ventures LLC	or sub-	Own.	% Bus	iness As	ssociated with		Effective Own. % in Applicant
Name	Joseph M. Santos	Title Me	mber	S	SN/FEI	N	DOB	App submitted? ☐Yes ☐No
Address (I	residence if an individual)	City Acushnet		State MA	ZII	02743	Phone h	Number
Business a	Associated with (Applicant, parent business of	or sub-	Own.	% Busi	iness As	sociated with	J	Effective Own. % in Applicant

Name Astrid G. Van Zon	Title Men	nber		SSN/F	EIN	DOB		App submitted?  ☐Yes ☐No
Address (residence if an individual)	City Eastso	und	State		ZIP 98245	Phone	Numbe	r
Business Associated with (Applicant, parent business entity)  ELO Ventures LLC	or sub-	Owr	n. % Bı	usiness	Associated with		Effecti	ive Own. % in Applicant
Name Robert S. Armstrong, Jr.	Title Mer	mber		SSN/F	FIN	DOB		App submitted?
Address (residence if an individual)	City Bondvil	le	State		ZIP 05340	Phone	Numbe	r
Business Associated with (Applicant, parent business entity)  ELO Ventures LLC	or sub-	Owr	i. % Bu	usiness	Associated with		Effecti	ve Own. % in Applicant
Name Ingrid M. Borwick	Title Member/	/Direc	ctor	SSN/F	EIN	DOB		App submitted?
Address (residence if an individual)	City South Egre	mont	State		ZIP 01258	Phone	Number	r
Business Associated with (Applicant, parent business entity)  ELO Ventures LLC	or sub-	Own	. % Bu	ısiness	Associated with	•	Effecti	ve Own. % in Applicant
Name ELO Ventures LLC - UNITS RESERVED FOR ISSUANCE	Title N/A			SSN/F	EIN N/A	DOB N/A		App submitted? □Yes □No
Address (residence if an individual)  N/A	City N/	A	State N	/A	ZIP N/A	Phone I	Number	N/A
Business Associated with (Applicant, parent business entity)  ELO Ventures LLC	or sub-	Own	. % Bu	isiness	Associated with		Effectiv	ve Own. % in Applicant
B. LIST ALL OFFICERS, DIRECTORS, M AND ANY OTHER ENTITIES DESCRIE  To the extent that any such Interest Hol Holders in that entity until all such Interest level	BED IN S der is an	enti	ty (co	A. orpora	tion, partnersh	ip, LLC	, etc.)	, list all Interest
Name N/A	Title			SSN/F	EIN	DOB		App submitted?  □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone N	Number	
Business Associated with (Applicant, parent business of entity)	or sub-	Title	(officer	r, direct	or, manager, etc.)	]		
Name	Title			SSN/FI	EIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business c entity)	or sub-	Title	(officer	, direct	or, manager, etc.)			

Name	Title		SSN	/FEIN		DOB		App submitted? □Yes □No
Address (residence if an individual)	City	Sta	ate	ZIP		Phone N	Numbe	ir
Business Associated with (Applicant, parent businentity)	ness or sub-	Title (off	icer, dire	ector, manag	ger, etc.)	)		
Name	Title		SSN	/FEIN	1	DOB		App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	Sta	ite	ZIP		Phone N	Numbe	r
Business Associated with (Applicant, parent busin entity)	ness or sub-	Title (off	icer, dire	ector, manag	er, etc.)			
Name	Title		SSN/	/FEIN		DOB		App submitted?
Address (residence if an individual)	City	Sta	te	ZIP		Phone N	lumbe	
Business Associated with (Applicant, parent busin entity)	ess or sub-	Title (offi	icer, dire	ctor, manag	er, etc.)			
Name	Title		SSN/	FEIN		DOB	1	App submitted?  □Yes □No
Address (residence if an individual)	City	Stat	te	ZIP		Phone N	lumber	
Business Associated with (Applicant, parent busine entity)	ess or sub-	Title (offi	cer, dire	ctor, manag	er, etc.)			
Name	Title		SSN/I	FEIN		DOB		App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	Stat	te	ZIP		Phone N	umber	
Business Associated with (Applicant, parent busine entity)	ess or sub-	Title (office	cer, dire	ctor, manage	er, etc.)			
C. LIST ALL PERSONS OR ENTITIES RESPECT TO THE APPLICANT/LIC OPERATIONS, THE LICENSE, AND INTEREST OR NOT).  To the extent that any such Interest Holders in that entity until all such Interest.	CENSEE, A D/OR LICEN Holder is an	NY OTH	HER EI ACILIT	NTITIES (TIES (WHI	DESCI ETHEI tnershi	RIBED I R THEY ip, LLC,	HAV	CCTIONS A OR B, ITS /E AN OWNERSHIP
Name N/A	Title		SSN/F	EIN		DOB		App submitted?  □Yes □No
Address (residence if an individual)	City	State	е	ZIP		Phone Nu	umber	
Business Associated with (Applicant, parent busine entity)	ess or sub-	Role, inte	rest, etc					

Name	Title		]	SSN	/FEIN		DOB		App submitted?  ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP		Phone I	Numbe	- 1
Business Associated with (Applicant, parent busines entity)	s or sub-	Role	e, inter	est, e	tc.		]		
Name	Title			SSN	/FEIN		DOB		App submitted?  □Yes □No
Address (residence if an individual)	City		State		ZIP		Phone N	Number	
Business Associated with (Applicant, parent busines entity)	s or sub-	Role	e, inter	est, e	c.				
Name	Title			SSN	/FEIN	ĺ	DOB		App submitted?  □Yes □No
Address (residence if an individual)	City		State	1	ZIP	1	Phone N	Number	
Business Associated with (Applicant, parent business entity)	s or sub-	Role	intere	est, et	C.				I.
Name	Title			SSN	FEIN		DOB	Ĩ	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP		Phone N	lumber	
Business Associated with (Applicant, parent business entity)	s or sub-	Role	, intere	est, et	c.				
Name	Title			SSN	FEIN		DOB		App submitted?  ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP		Phone N	lumber	1
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, et	C.		]		
Name	Title			SSN	FEIN		DOB		App submitted?
Address (residence if an individual)	City		State		ZIP		Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, et	). ).		1 -		
D. LIST ALL INVESTORS OR OTHER P RESPECT TO THE APPLICANT/LICE ITS OPERATIONS, THE LICENSE, A OWNERSHIP INTEREST OR NOT).	NSEE, A	ANY (	OTHE	RE	NTITIES	DESC	RIBED I	N SE	CTIONS A, B OR C,

To the extent that any such Interest Int	Holder is an erest Holde	entity (c rs are id	orpora entified	tion, partne and disclo	ership, LLC, et osed down to	tc.), list all Interest the individual person
Name N/A	Title		SSN/FE	EIN	DOB	App submitted?  □Yes □No
Address (residence if an individual)	City	State	] [2	IP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ss or sub-	Interest				
Name	Title		SSN/FE	IN	DOB	App submitted?  □Yes □No
Address (residence if an individual)	City	State	Z	IP	Phone Num	ber
Business Associated with (Applicant, parent busines entity)	ss or sub-	nterest				
Name	Title		SSN/FE	IN	DOB	App submitted?  □Yes □No
Address (residence if an individual)	City	State	Z	IP	Phone Num	ber
Business Associated with (Applicant, parent busines entity)	s or sub-	nterest		W W		
Name	Title		SSN/FE	IN	DOB	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	State	Z	Р	Phone Numb	per
Business Associated with (Applicant, parent busines entity)	s or sub-	nterest	-			
Name	Title		SSN/FE	N	DOB	App submitted?  □Yes □No
Address (residence if an individual)	City	State	ZI	P	Phone Numb	per
Business Associated with (Applicant, parent busines entity)	s or sub-	nterest				
Name	Title		SSN/FEI	N	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZI		Phone Numb	er
Business Associated with (Applicant, parent business entity)	s or sub-	terest	•			
Name	Title	5	SSN/FEII	V	DOB	App submitted?
Address (residence if an individual)	City	State	ZII		Phone Numb	er

Bus	siness Associated with (Applicant, parent busines ity)	ss or sub-				
E.	LIST ALL PERSONS OR ENTITIES COMPANIES, MANAGEMENT AGRIMANAGEMENT OR OPERATIONAL OPERATIONS, THE LICENSE AND/	EEMENTS, OR O' CONTROL WITH	THER AGRE RESPECT	EEMENTS TO THE A	THAT AFFO	RD THIRD-PARTY
	the extent that any such Interest Holde t entity until all such Interest Holders ar					
Nan	me N/A	Title	SSN	/FEIN	DOB	App submitted?  ☐Yes ☐No
Add	dress (residence if an individual)	City	State	ZIP	Phone Num	iber
Bus	siness Associated with (Applicant, parent busines	ss or sub-entity)	nterest	<u> </u>		
Nam	ne	Title	SSN	FEIN	DOB	App submitted?
Add	dress (residence if an individual)	City	State	ZIP	Phone Num	ber
Busi	iness Associated with (Applicant, parent busines	s or sub-entity)	nterest			
Nam	пе	Title	SSN/	FEIN	DOB	App submitted?
Addı	ress (residence if an individual)	City	State	ZIP	Phone Numl	ber
Busi	iness Associated with (Applicant, parent busines	s or sub-entity)	nterest			
Nam	ie	Title	SSN/	FEIN	DOB	App submitted?  □Yes □No
Addr	ress (residence if an individual)	City	State	ZIP	Phone Numb	ber
3usii	iness Associated with (Applicant, parent business	s or sub-entity) In	terest			
Nam	ie	Title	SSN/I	FEIN	DOB	App submitted?  □Yes □No
∖ddr	ress (residence if an individual)	City	State	ZIP	Phone Numb	per
Busir	ness Associated with (Applicant, parent business	s or sub-entity) In	terest			
Vam	е	Title	SSN/F	EIN	DOB	App submitted?  □Yes □No
Addr	ress (residence if an individual)	City	State	ZIP	Phone Numb	per
usir	ness Associated with (Applicant, parent business	s or sub-entity)	terest			

Name	Title	SS	SN/FEIN	DOB	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent busines	s or sub-entity)	nterest			

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.

Date of Birth	SSN/FEIN	Interest/Dollar Amount
N/A	Landlord Receiving M	onthly Base Rent from Applicant
		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.

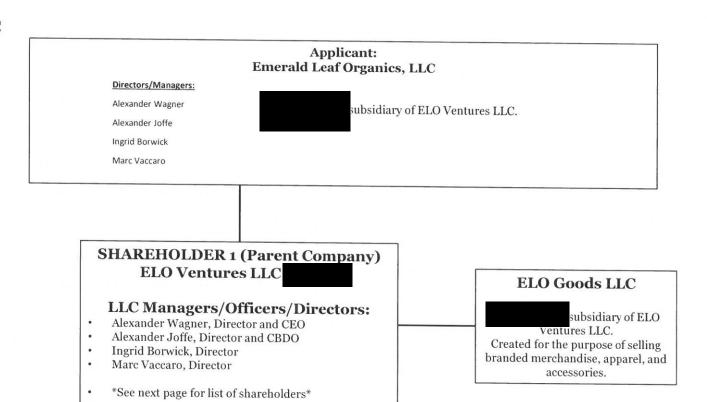
alex Wagner	March 27, 2023
Authorized Signatory	Date
Alexander D. Wagner	
Printed Name	
Print Name of Applicant/Licensee: Fmerald Leaf (	Organics LLC

CEO, Director

Print Officer Title:

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.

Emerald Leaf Organics LLC - Confidential Information

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

Cranston, RI 02920

Updated: March 24th, 2023

Owners by Effective Percentage of Ownership	Effective Percentage of Ownership	Equity Contributions, if any	Debt Outstandin
Alexander S. Joffe	9	-quity contributions; if any	Debt Odistandin
Alexander D. Wagner*			
Raymond R. Forster, III*			
Coleman D. Organisciak*			
Zachary N. Joffe*			
Marc B. Vaccaro			
Astrid G. VanZon		0314 - P. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Robert S. Armstrong			
Ingrid M. Borwick			
Joseph M. Santos			
Gabriele VanZon Revocable Trust**		-	
Jose G. DaSilva			Service de
Masaki Kondo		the same of the sa	
Michael St. Ours			
James B. Borwick		Control of the Contro	
Barbara Tressler and Charles Tressler			0.01
Cythnia L. DeMartino			
Hans M. Wagner			
Joseph Ippolito	April Marie Charles and Committee Committee		
J. King Wright Revocable Trust***			
Units Reserved for Issuance	BOX TO PARK BE AND A CONTROL OF THE PARK BE A		

<sup>\*</sup>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 beneficiary is Gabriele VanZon

\*\*\*Trustee and beneficiary is John King Wright

## Emerald Leaf Organics LLC - CV-0041 (Class B) Compensation Summary

Cranston, RI 02920

### Directors, Officers, and Key Persons

Alexander S. Joffe		2020 Comp		
Alexander D. Wagner				
Raymond R. Forster, III				
Coleman D. Organisciak				
Zachary N. Joffe				