Renewal Application for Medical Marijuana Cultivator License

# FORM 2\* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: \_st. Jude's Compassion, LLC\_

Part I: Owners and Other Interest Holde	rs				
List (A.) all persons and/or entities with ar officers, directors, members, managers or managing or operational control with resp facilities whether they have an ownership financial interest whether they have owner arising under shared management comparts and under shared management comparts and facilities (all persons and entities Holder" and collectively referred to as "Interest Holder is a entity until all such Interest Holders are id sheet(s) if necessary.	r agents of a pect to the a interest or ership intere anies, mana espect to the described erest Holde an entity (col	the application of the polication of the policat	plicant/licensee, and nt/licensee, its operand (D.) all investors ot, and (E.) all persont agreements, or of icant/licensee, its operand (E) being hereinafted	d (C.) all per ations, the li or other pers ons or entitie ther agreeme perations, the r individually	sons or entities with cense and/or licensed sons or entities with any es that hold interest(s) ents that afford third-party e license and/or the referred to as an "Interest Il Interest Holders in that
(A) LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (including partnership; this includes parent entity).  To the extent that any Interest Holder is that entity until all such Interest Holders.	g corporati companies s an entity (	on sto s if the corpor	ockholders; LLC me applicant/license attion, partnership, l	embers; an e is a subsi LC, etc.), lis	d partners if a diary of another t all Interest Holders in
Name Mark A. Caddick	Title	,	SSN/FFIN	DOB	Key Staff App submitted?  ⊠Yes □No
ivial K.A. Caddick	Operating Manager				Zyres Livo
Address (residence if an individ <mark>ual)</mark>	City Coventry	State RI	ZIP 02816	Phone Num	per
Business Associated with (Applicant, parent business entity) St. Jude's Compassion, LLC	or sub-	wn. % B	usiness Associated with	Ef	ective Own. % in Applicant
Name Dawn Caddick	Title Vice Oper Manager	ating	SSN/FEIN	DOB	Key Staff App submitted?  ⊠Yes □No
Address (residence if an individual)	City Warwick	State RI	ZIP 02886	Phone Numl	per
Business Associated with (Applicant, parent business entity) St. Jude's Compassion, LLC	or sub-	wn. % B	usiness Associated with	Eff	ective Own. % in Applicant
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Numl	per

Business Associated with (Applicant, parent business entity)	or sub-	r sub- Own. % Business Associated with				Effect	ive Own. % in Applicant	
Name	Title	<del></del>		SSN/i	FEIN			Key Staff App submitted?  □Yes □No
Address (residence if an individual)	City	City State		1	ZIP Phone I		lumber	I
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Bo		usiness Associated with			Effective Own. % in Applicant	
Name	Title	.1		SSN/	FEIN	DOB	<u> </u>	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Owi	า. % Bเ	ısiness	Associated with		Effecti	ve Own. % in Applicant
Name	Title		· · · · · · · · · · · · · · · · · · ·	SSN/I	FEIN	DOB		Key Staff App submitted?  ☐Yes ☐No
Address (residence if an individual)	City		State	<del> </del>	ZIP	Phone N	umber	——————————————————————————————————————
Business Associated with (Applicant, parent business entity)	or sub-	Owr	1. % Bu	ısiness	Associated with		Effecti	ve Own. % in Applicant
Name	Title			SSN/I	FEIN	DOB	<u> </u>	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	•	State		ZIP	Phone N	umber	
Business Associated with (Applicant, parent business entity)	or sub-	Owr	1. % Bi	siness	Associated with	<u> </u>	Effecti	ve Own. % in Applicant
(B) LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND ANY  To the extent that any such Interest Ho Holders in that entity until all such Inter level	OTHER	EN ent	TITIE	S DE	SCRIBED IN Station, partnersh	SECTION nip, LLC,	<b>N A.</b> etc.),	list all Interest individual person
Name Mark A.	Title Genera	1		SSN/F	EIN	DOB		Key Staff App submitted? ⊠Yes □No
Caddick	Manage							
Address (residence if an individual)	City Covent	ry	State RI		ZIP 02816	Phone N	umber	
Business Associated with (Applicant, parent business entity) St. Jude's Compassion, LLC	1	Title	-		tor, manager, etc.) anager	 }		
Name	Title			SSN/F	EIN	DOR	}	Vov Ctaff Ann and mile 10
Dawn Caddick	Manage	er		33W	- ruy	DOB		Key Staff App submitted? ⊠Yes ⊡No
Address (residence if an individual)	City Warwic	:k	State RI		ZIP 02886	Phone N	umber	

Business Associated with (Applicant, parent business entity) St. Jude's Compassion, LLC	or sub-		-	er, director, manager, etc. erating Manager	)	
Name James R. Jarmoszko	Title Head G	row	er	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Wakefi	State ZIP ield RI 02879		Phone Numbe	r	
Business Associated with (Applicant, parent business entity) St. Jude's Compassion, LLC	or sub-			er, director, manager, etc. rower	)	
Name Darlene Shaker	Title Treasur	er		SSN/FEIN	DOB	Key Staff App submitted? □Yes ⊠No
Address (residence if an individual)	City Rehobo			Phone Numbe	)	
Business Associated with (Applicant, parent business entity) St. Jude's Compassion, LLC	or sub-	sub- Title (officer, director, manager, etc.) Treasurer		)	- Tagain	
Name	Title	l		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State ZIP		Phone Numbe	r	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, director, manager, etc.	)	
Name	Title	SSN/FEIN		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	ZIP	Phone Number	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, director, manager, etc.	)	
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 business entity)	or sub-	Title	(office	er, director, manager, etc.		
(C) LIST ALL PERSONS OR ENTITIES RESPECT TO THE APPLICANT/LI ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT To the extent that any such Interest Ho Holders in that entity until all such Inter- level.	ICENSEE , AND/OI ). Ider is an	E, Al R LI n ent	NY O CEN:	THER ENTITIES DE SED FACILITIES (W orporation, partners	ESCRIBED IN IMETHER TH	SECTIONS A OR B, SEY HAVE AN SET INTEREST
Name none	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No

Address (residence if an individual)	City	Sta	te ZIP	Phone Num	lumber	
Business Associated with (Applicant, parent businentity)	ness or sub-	Role, int	erest, etc.			
Name none	Title	<u> </u>	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Sta	te ZIP	Phone Num	ber	
Business Associated with (Applicant, parent businentity)	ness or sub-	Role, int	erest, etc.		,	
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted?  ☐Yes ☐No	
Address (residence if an individual)	City	Sta	te ZIP	Phone Num	ber	
Business Associated with (Applicant, parent businentity)	ness or sub-	Role, inte	erest, etc.			
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Sta	te ZiP	Phone Numl	ber	
Business Associated with (Applicant, parent businentity)	ness or sub-	Role, inte	erest, etc.		- Parks - Park	
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Stat	te ZIP	Phone Numl	ber	
Business Associated with (Applicant, parent busin entity)	ness or sub-	Role, into	erest, etc.		, , , , , , , , , , , , , , , , , , ,	
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted?  □Yes □No	
Address (residence if an individual)	City	Stat	e ZIP	Phone Numl	ber	
Business Associated with (Applicant, parent busin entity)	ess or sub-	Role, inte	erest, etc.			
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Stat	e ZIP	Phone Numi	per	
Business Associated with (Applicant, parent busin entity)	ess or sub-	Role, inte	erest, etc.			
(D) LIST ALL INVESTORS OR OTH WITH RESPECT TO THE APPL B OR C, ITS OPERATIONS, TH AN OWNERSHIP INTEREST O	ICANT/LIC	CENSEE,	ANY OTHER E	NTITIES DESCR	RIBED IN SECTIONS A,	

To the extent that any such Interest He Holders in that entity until all such Inte level.	older is a rest Hok	ın entity ders are	(co ide	rporation, part ntified and dis	nership, LLC, etc. closed down to th	.), list all Interest e individual person		
Name none	Title	-	5	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Sta	ate	ZIP	Phone Numbe	L		
Business Associated with (Applicant, parent business entity)	or sub-	Interest		, <u> </u>	<u> </u>			
Name	Title		S	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
none Address (residence if an individual)	City	State		ZIP	Phone Numbe	ar		
Business Associated with (Applicant, parent business entity)	or sub-	Interest						
Name none	Title		S	SSN/FEIN	DOB	Key Staff App submitted?  ☐Yes ☐No		
Address (residence if an individual)	City	State		ZIP	Phone Numbe	er -		
Business Associated with (Applicant, parent business entity)	or sub-	Interest	-	h				
Name none	Title					SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	Sta	ite	ZIP	Phone Numbe	म		
Business Associated with (Applicant, parent business entity)	or sub-	Interest		,				
Name none	Title		S	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Sta	te	ZIP	Phone Numbe	f		
Business Associated with (Applicant, parent business entity)	or sub-	Interest		• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
Name none	Title	<u> </u>	S	SN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Star	ate ZIP		Phone Number			
Business Associated with (Applicant, parent business entity)	or sub-	Interest						
Name none	Title		S	SN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Stat	te	ZIP	Phone Number	r		

Business Associated with (Applicant, parent business or sub- entity)	Interes	t				
(E) LIST ALL PERSONS OR ENTITIES THAT COMPANIES, MANAGEMENT AGREEM MANAGEMENT OR OPERATIONAL COOPERATIONS, THE LICENSE AND/OR	MENTS, C ONTROL	OR OTHE	R AGREEME SPECT TO T	NTS THAT AF	FORD THIRD-PARTY	
To the extent that any such Interest Holder is an that entity until all such Interest Holders are ident	entity (co tified and	rporation, disclosed	, partnership, I I down to the i	LLC, etc.), list a ndividual perso	all Interest Holders in on level.	
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Num	ber	
Business Associated with (Applicant, parent business or sub-	-entity)	Interest				
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Num	ber	
Business Associated with (Applicant, parent business or sub-	-entity)	Interest	,			
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Num	ber	
Business Associated with (Applicant, parent business or sub-	-entity)	Interest				
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Num	ber	
Business Associated with (Applicant, parent business or sub-	-entity)	Interest				
Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Num	Phone Number ( )	
Business Associated with (Applicant, parent business or sub-	-entity)	Interest				
Name none	Title	•	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Num	Phone Number	
Business Associated with (Applicant, parent business or sub-	-entity)	Interest				

Renewal Application for Medical Marijuana Cultivator License

Name none	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an Individual)	City	State	ZIP	Phone Number	er
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
none			
none			
none			

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.

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.

Maha Calliel	2/20/2023	
Authorized Signatory	Date	
Mark A. Caddick		
Printed Name		
Print Name of Applicant/Licensee:		
Print Officer Title:		

## Parent Company St. Jude's Compassion, LLC

Officers/Directors
Mark A. Caddick, President & Director
Dawn Caddick, Vice President & Director
Darlene Shaker, Treasurer

#### MEMBERSHIP INTEREST SEE ATTACHED LEDGERS\*

Owners by Effective Percentage of Ownership	Membership Interest	Capital Contributions, if any		
Caddick, Mark				
Caddick, Dawn				
Third Party Management/Operation Agreements				
Entity	2023 Comp	2022 Comp	2021 Comp	
None				
Directors, Officers, and Key Persons				
Name	2023 Comp	2022 Comp	2021 Comp	
Mark A. Caddick				
Dawn Caddick				
Darlene Shaker				