Renewal Application for Medical Marijuana Cultivator License

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

Name of Applicant/Licensee: JBE Industries LLC

	***************************************									
Part I: Owners and Other Interest Holders										
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 owne arising under shared management compa 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 identified to the extent that any Interest Holder is a entity until all such Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holder is an extent that any Interest Holder is an extent that the	agents of ect to the interest of riship interest onlies, madespect to describe erest Holon entity (	of the apportunity of the apport	e app plican ot, <b>an</b> t or no emen applic (A)-(I s").	officant/license  d (D.) all  ot, and (E  t agreem  cant/licen  E) being	ensee, and e, its operar investors of E.) all perso nents, or oth nsee, its op- hereinafter ership, LLC	(C.) all partions, the prother prother prother prother prother agreementations, individual, etc.), lis	persons ilicense ersons itities that ements t the lice ally refer	or entite and/or entition entition in the enti	ies with r licensed es with any nterest(s) ord third-party d/or the as an "Interest	
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	Ke	ev Staff A	pp submitted?	
Sweetspot Brands LLC	N/A					N/A		∐Yes	□No	
Address (residence if an Individual)	City		State	ZIP		Phone N	umber		····	
	Mount		SC	29	9464					
	Pleasan	t	-							
Business Associated with (Applicant, parent business entity) N/A	or sub-	Owr	n. % Bu N/A		sociated with		Effective	Own. % i	n Applicant	
<sup>Name</sup> Jason Webski	Title CEO			SSN/FEIN		DOB	K	ey Staff A ⊠Yes	pp submitted? □No	
Address (residence if an individual)	City Stamfo	rd:	State CT	Z1P 06	901	Phone N	umber			
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Owr	n. % Bu	siness Ass	sociated with	- 1-	Effective	Own. % i	n Applicant	
Name	Title	<u> </u>		CONTE		lpop	1,,	Ot - 55 4		
Benjamin Herbst	Title VP, Op	erat	ions	SSN/FEIN		DOB	Ke	ay Staπ A ⊠Yes ————	pp submitted? □No	

Address (residence if an individual)	City Stamfo	ord	State		ZIP 06903	Phone N	Number
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	. % Ru	siness	Associated with		Effective Own. % in Applicant
Name Carl Allison	Title CFO			SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Mount Pleasan		State SC		ZIP 29464	Phone N	Number
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	% Bu	sinėss	Associated with	<u> </u>	Effective Own. % in Applicant
Name William Howard Weeks Jr.	Title N/A	1		SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Southp	ort	State CT		ZIP 06890	Phone N	Number
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own	. % Bu	siness	Associated with		Effective Own. % in Applicant
Name Trevor Weeks	Title N/A			SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Westpo	rt	State CT		ZIP 06880	Phone N	Number
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own	ı. % Bu:	siness	Associated with		Effective Own_% in Applicant
Name Blake Costa	Title N/A			SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Warrer	1	State Ri		ZIP 02885	Phone N	lumber
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own	. % Bu	siness	Associated with		Effective Own. % in Applicant
(B) LIST ALL OFFICERS, DIRECTORS APPLICANT/LICENSEE AND ANY  To the extent that any such Interest Hol Holders in that entity until all such Interest level	OTHER der is an	EN'	TITIES ity (co	S DE	SCRIBED IN S	SECTION	N A.
Name Jason Webski	Title CEO			SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Stamfor		State CT		ZIP 06901	Phone N	lumber
Business Associated with (Applicant, parent business entity)  N/A	or sub-		(officer ector		tor, manager, etc. cer		
Name Benjamin Herbst	Title VP, Ope	erati		SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes □No

Address (residence if an individual)	City Stamfo	State ord CT			ZIP 06903	Phone Nur	nber
Business Associated with (Applicant, parent business entity) N/A	or sub-	Title (officer, dire Director, Of				etc.)	
Name Carl Allison	Title CFO		SSN/		EIN	DOB	Key Staff App submitted? ⊠Yes ⊡No
Address (residence if an individual):	City Mount Pleasan				ZIP 29464	Phone Nur	nber
Business Associated with (Applicant, parent business entity) N/A	or sub-	Title Dir					
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nui	mber
Business Associated with (Applicant, parent business entity)	or sub-	Title	e (office	er, direc	tor, manager, e	etc.)	
Name	Title	s		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	ty State ZIP			ZIP	Phone Nu	mber
Business Associated with (Applicant, parent business entity)	or sub-	Title	e (office	er, direc	tor, manager, e	etc.)	
Name	Title	<u> </u>		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber
Business Associated with (Applicant, parent business entity)	or sub-	Title	e (office	er, direc	tor, manager,	etc.)	
Name	Title	<del></del>		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	<del></del>	State	!	ZIP	Phone Nu	mber
Business Associated with (Applicant, parent business entity)	or sub-	Title	e (office	er, direc	tor, manager,	etc.)	
(C) LIST ALL PERSONS OR ENTITIE RESPECT TO THE APPLICANT/L ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT	ICENSE , AND/O	E, A	NY C	THEF	R ENTITIES	DESCRIBE	D IN SECTIONS A OR B,
To the extent that any such Interest Ho Holders in that entity until all such Inte- level.							

# Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

Name	Title		SSN/FEIN	DOB	Key Staff App submitted?	
Blake Costa		f Security			⊠Yes □No	
Address (residence if an individual)	City Warre	State n RI	ZIP 02885	Phone Num	aber	
Business Associated with (Applicant, parent businesentity)  N/A	ss or sub-	Role, inte Mana				
Name	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 businesentity)	ss or sub-	Role, inte	rest, etc.			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted?  ☐Yes ☐No	
Address (residence if an indivídual)	City	State	ZIP	Phone Num	ber	
Business Associated with (Applicant, parent busines entity)	es or sub-	Role, inte	rest, etc.		V4 0-4-	
Name	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 busines entity)	ss or sub-	Role, inte	rest, etc.			
Name	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 busines entity)	ss or sub-	Role, inte	rest, etc.			
Name	Title	-I <u>-</u>	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 busines entity)	ss or sub-	Role, inte	rest, etc.			
Name	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 busines entity)	ss or sub-	Role, inte	rest, etc.			
(D) LIST ALL INVESTORS OR OTHE WITH RESPECT TO THE APPLI	R PERSO	ONS OR	ENTITIES WHO	HAVE ANY FI	NANCIAL INTEREST	

B OR C, ITS OPERATIONS, THE L AN OWNERSHIP INTEREST OR N	OT).				
To the extent that any such Interest Hole Holders in that entity until all such Interested.	der is an est Holde	entity (cc ers are ide	orporation, partr intified and disc	nership, LLC, etc.), closed down to the i	list all Interest individual person
Name None	Title		SSN/FEIN		Key Staff App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Number ( ).	
Business Associated with (Applicant, parent business on entity)	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 business entity)	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 business entity)	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 business entity)	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 business entity)	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 business entity)	or sub-	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No

Address (residence if an individual)	City	State Z		P	Phone Number ( )			
Business Associated with (Applicant, parent business entity)	or sub- Inter	rest			,			
(E) LIST ALL PERSONS OR ENTITIES COMPANIES, MANAGEMENT AG MANAGEMENT OR OPERATIONA OPERATIONS, THE LICENSE ANI	REEMENTS L CONTRO	, OR OT L WITH	HER RES	AGREEMEN PECT TO TH	ITS THAT AF	FORD THIRD-PARTY		
To the extent that any such Interest Holder that entity until all such Interest Holders are								
Name None	Title		Ş	SN/FEIN	ров	Key Staff App submitted?  □Yes □No		
Address (residence if an individual)	City	5	State	ZIP	Phone Num	ber		
Business Associated with (Applicant, parent business	or sub-entity)	Interes	st		( )			
Name	Title		\$	SN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	ity State Z			Phone Num	Phone Number ( )		
Business Associated with (Applicant, parent business	or sub-entity)	Intere	st					
Name	Title		5	SN/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)	Intere	st	·				
Name	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	5	State	ZIP	Phone Num	ber		
Business Associated with (Applicant, parent business	or sub-entity)	Intere	st		1`			
Name	Title	itle		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	(	State	ZIP	Phone Num			
Business Associated with (Applicant, parent business	or sub-entity)	Intere	st		<u> </u>			
Name	Title			SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State	ZIP	Phone Nurr			

Renewal Application for Medical Marijuana Cultivator License

Business Associated with (Applicant, parent business	ness or sub-entity)	Interest			
Name	Title	s	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 business	ness 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
CFR Realty Partners LLC	N/A		Irving Klein (Landford) is the Member receiving all rental payments pursuant to lease
100 Pioneer RI, LLC	N/A	N/A	Landlord

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.

Call Ollesson	2/8/2022	
Authorized Signatory	Date	
Carl Allison		
Printed Name		
Print Name of Applicant/Licensee: JBE Print Officer Title: $\triangle FO$	Industries LLC	

#### Use for Part A Supplemental:

Name Patrick Doyle	Title N/A			SSN/F	FIN	DOB		App submi ⊠Yes	itted? [⊟]No	
Address (residence if an individual)	City Palos Ve	rdes	State	_ ]	ZIP   902 <b>7</b> 5	Phone	Number	-		]
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	i. % Bu	siness	Associated with	Ì	Effecti	ve Own. %	in Applicant	j
Name MEC Enterprises, LLC	Title N/A	,		SSN/FEIN		DOB N/A		App submi □Yes	itted? [□]No	
Address (residence if an individual)	City Stamford	1	State CT	]	ZIP   06901	Phone	Number	4	·	1
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	. % Bu	siness	Associated with	]	Effecti	ve Own. %	in Applicant	]
Name Michael O'Leary	Title N/A			SSN/FEIN		DOB		App submi ⊠Yes	itted? [⊟]No	
Address (residence if an individual)	City Stamford	d t	State   CT	)	ZIP 06903	Phone	Number			1. T.
Business Associated with (Applicant, parent business entity) MEC Enterprises, LLC	or sub-	Own	ı. % Bu	siness	Associated with		Effecti	ve Own. %	in Applicant	1
Name Eugenia Tzoannopoulos	Title N/A			SSN/F	EIN	DOB		App submi ⊠Yes	itted? [□]No	
Address (residence if an individual)	City Stamford		State CT	j	ZIP   06907	Phone I	Number	·		Ì
Business Associated with (Applicant, parent business entity) MEC Enterprises, LLC	or sub-	Owr	ı. % Bu	siness	Associated with	}	Effecti	ve Own %	in Applicant	
Name Chris Tzoannopoulos	Title N/A			SSN/F	EIN	DOB	,	App submi ⊠Yes	itted? □No	
Address (residence if an individual)	City Stamford	i	State  CT	}	ZIP   06907	Phone I	Number	·		}
Business Associated with (Applicant, parent business entity) MEC Enterprises, LLC	or sub-	Own	. % Bu	siness	Associated with		Effecti	ve Own. %	in Applicant	ļ
Name Michael Palkovic	Title N/A			SSN/F	EIN	DOB		App submi ⊠Yes	itted? [□]No	
Address (residence if an individual)	City Villa Par	k	State CA	***	ZIP 92861	Phone I	Number			-
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own	. % Bu	siness	Associated with		Effecti	ve Own. %	in Applicant	J
Name Steven Waldman	Title N/A			SSN/F	EIN	DOB		App submi ⊠Yes	itted? □No	
Address (residence if an individual)	City North Andover		State MA	Ì	ZIP 01845	Phone	Numbei			i
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC		Own	. % Bu	siness	Associated with	}	Effecti	ve Own. %	in Applicant	]
Name	Title			SSN/F	FIN	DOB		App submi	itted?	1
Yury Bachayev	N/A			VVI W/	-u ¥			App submi  ⊠Yes	□No	

Address (residence if an individual)	City {Flushing		State NY		ZIP 11367	Phone	Number		<u> </u>
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own [	. % Bu	siness	Associated with	]	Effective Own. %	in Applicant	Ì
Name Eric Lazar	Title N/A			SSN/F	EIN	DOB	App subm ⊠Yes	itted?  □ No	
Address (residence if an individual)	City  New Yorl	ζ.	State NY		ZIP 10005	Phone (	Number		1
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own	. % Bu	siness	Associated with		Effective Own. %	in Applicant	]
Name   John Valenza	Title N/A			SSN/F	EIN	DOB	App subm ⊠Yes	nitted?  ⊡¦No	
Address (residence if an individual)	City Massaped	ua	State NY	ļ	ZIP 11758	Phone	Number		
Business Associated with (Applicant, parent business entity)   Sweetspot Brands LLC			ı. % Bu	siness	Associated with	1	Effective Own. %	in Applicant	j
Name Richard Solano	Title N/A			SSN/I	FIN	DOB	App subn ⊠Yes	nitted? [⊡jNo	
Address (residence if an individual)	City  Carmel		State NY		ZIP 10512	Phone	Number		]
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	. % Bu	siness	Associated with		Effective Own. %	in Applicant	]
Name Joanne Kandler	Title N/A			SSN/	EIN	DOB	App subn ⊠Yes	nitted? [□]No	
Address (residence if an individual)	City New Yor	k	State NY		ZIP 10065	Phone	Number		]
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr [	ı. % <u>B</u> ı	siness	Associated with		Effective Own. %	in Applicant	]
Name CBG LLC	Title N/A			SSN/	EIN	DOB N/A	App subn □Yes	nitted? □No	
Address (residence if an individual)	City New Yor	rk	State NY	]	ZIP 10025	Phone	Number		1
Business Associated with (Applicant, parent business entity)   Sweetspot Brands LLC	or sub-	Owr	1. % Bi	siness	Associated with		Effective Own. %	in Applicant	)
Name   Maurice Cheeks	Title N/A			SSN/	FEIN	DOB	App subn ⊠Yes	nitted?  □į̇No	
Address (residence if an individual)	City Chicago		State  IL	1	ZIP 60607	Phone	Number		}
Business Associated with (Applicant, parent business entity)   CBG LLC	or sub-	Owr [	n. % Bu	siness	Associated with	•	Effective Own 9	Lin Applicant	

Name Max Besong	Title N/A		SSN/FEIN	DOB	App submitted? ⊠Yes □No
Address (residence if an individual)	City New York	State NY	ZIP 10010	Phone Number	r

Business Associated with (Applicant, parent business entity)  CBG LLC	or sub-	Owr [	n. % Bu	usiness	Associated with		Effect	ive Own. %	in Applicant	]
Name Guillermo Sanchez	Title N/A			SSN/	EIN	DOB		App subm ⊠Yes	tted? □No	
Address (residence if an individual)	City New Yo	rk	State NY		ZIP 10019	Phone	Numbe	er .		
Business Associated with (Applicant, parent business entity)  CBG LLC	or sub-	Owr	n. % Bu	ısiness	Associated with	<del></del>	Effect	ive Own. %	in Applicant	1
Name   Gil Lazar	Title N/A			SSN/	EIN	DOB		App subm ⊠Yes	tted? □No	
Address (residence if an Individual)	City Palm Be	each	State  FL	]	ZIP  33418	Phone	Numbe	er	• .	1
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owi	n. % Bu	usiness	Associated with	]	Effect	ive Own. %	in Applicant	
Name James Plattner	Title N/A			SSN/	FIN	DOB		App subm ⊠Yes	tted? □No	
Address (residence if an individual)	City Narragan	sett	State  RI	]	ZIP 02852	Phone	Numbe	r		]
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owi	n. % Ri	siness	Associated with	]	Effect	ive Own. %	in Applicant	
Name DCGM1 LLC	Title N/A			SSN/	EIN	DOB N/A		App subm □Yes	itted? □,No	
Address (residence if an Indivídual)	City Scarsda	le	State NY	]	ZIP   10583	Phone	Numbe	)r	,,	
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owi	n. % Ru	siness	Associated with	]	Effect	i <u>ve Ow</u> n. %	in Applicant	
Name   Cory Greenbaum	Title N/A			SSN/	FIN	DOB		App subm ⊠Yes	itted? □No	
Address (residence if an individual)	City Scarsda	ıle	State NY		ZIP 10583	Phone	Numbe	er		]
Business Associated with (Applicant, parent business entity)  DCGM1 LLC	or sub-	Owi	n. % Bu	usiness	Associated with	-	Effect	ive Own. %	in Applicant	1
Name Derek Greenbaum	Title [ N/A			SSN/	EIN	DOB		App subm ⊠Yes	itted? □No	
Address (residence if an individual)	City Scarsdal	le	State NY	]	ZIP   10583	Phone	Numbe	er		]
Business Associated with (Applicant, parent business entity) DCGM1 LLC	or sub-	Owi	n. % Bu	usiness	Associated with		Effect	ive Own. %	in Applicant	des d'inte

Name Maurice Cheeks Sr.	Title N/A		SSN/FEIN	DOB	App submitted? ⊠Yes □No	
Address (residence if an individual)	City Chicago	State IL	ZIP 60605	Phone Nui	mber	
Business Associated with (Applicant, parent entity)  Sweetspot Brands LLC	business or sub-	Own. % Bu	usiness Associa	ted with Ef	fective O <u>wn. % i</u> n Applicant	)

Name Michael Levitt	Title N/A			SSN/F	EIN	DOB		App submitted? ⊠Yes ⊡No	
Address (residence if an individual)	City Port Washingto	1	State NY		ZIP 11050	Phone	Number	: 	
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC			% Bus	siness	Associated with	]	Effecti	ve Own. % in Applicant	]
Name Troy Rosa	Title N/A			SSN/F	EIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City Stamford	- 1	State CT		ZIP   06905	Phone	Number		
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own.	% Bus	siness	Associated with	j	Effecti	v <u>e Own.</u> % in Applicant	1
Name Brian Murphy	Title N/A			SSN/F	EIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City  Long Isla City		State NY	)	ZIP   11101	Phone	Number		Ì
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC		Own.	. % Вш	siness	Associated with	ļ	Effecti	ve Own. % in Applicant	j
Name Brad Gruber	Title N/A			SSN/F	EIN	DOB		App submitted? ⊠Yes ⊟No	
Address (residence if an individual)	City Dix Hills		State NY		ZIP [11746	Phone	Numbe	†	
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own	. % Bu	siness	Associated with		Effecti	ve Own. % in Applicant	
Name Stephane Bitton	Title N/A			SSN/F	EIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City Richards	son	State TX	]	ZIP   <b>75</b> 082	Phone	Numbe	r	
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Own	. % Bu	siness	Associated with		Effecti	ve Own. % in Applicant	
Name Deborah James	Title [ N/A			SSN/F	EIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City Richard	son	State TX		ZIP   75082	Phone	Numbe	Г	
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Own	. % Bu	siness	Associated with	i i	Effecti	ve Own. % in Applicant	}
Name Blue Sky Green Grass LLC	Title N/A			SSN/F	EIN	DOB N/A		App submitted? □Yes □No	
Address (residence if an individual)	City  Long Isla  City	and	State NY	]	ZIP   11101	Phone	Numbe	r	A DO TIME
Business Associated with (Applicant, parent business entity)		Own	. % Bu	siness	Associated with	]	Effecti	ive Own. % in Applicant	
Sweetspot Brands LLC Name Nina Sisselman Brian	Title N/A			SSN/I	FEIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City New Yor	·k	State  NY	!	ZIP   10128	Phone (	Numbe	<u></u>	Ì

Business Associated with (Applicant, parent business entity)	or sub-	Own.	. % Bu	siness	Associated with	]	Effective Own. % in Appli	icant
Blue Sky Green Grass LLC Name	Title			SSN/F	EIN	DOB	App submitted?	
Geoffrey Feldkamp	N/A	1				ВОВ	App submitted?  ⊠Yes □No	
Address (residence if an Individual)	City New Yo		State NY	)	ZIP  10007	Phone	Number	İ
Business Associated with (Applicant, parent business entity)  Blue Sky Green Grass LLC	or sub-	Own.	. % Bu	siness	Associated with	]	Effective Own. % in Appli	cant
Name James Smith	Title N/A			SSN/F	EIN	DOB	App submitted? ⊠Yes □No	
Address (residence if an individual)	City   Ellicott C		State MD	]	ZIP 21043	Phone	Number	!
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own.	. % Bu	siness	Associated with	I MANAGEMENT	Effective Own, % in Appli	icant
Name Peter Franklin	Title N/A			SSN/F	EIN	DOB	App submitted? ⊠Yes [□No	
Address (residence if an individual)	City Baltimor		State MD	]	ZIP 21212	Phone	Number	Ì
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own.	. % Bu	sinass	Associated with	1	Effective Own % in Appli	icant ]
Name Margaux Bainsnee	Title N/A			SSN/E	FIN	DOB	App submitted? ⊠Yes □No	
Address (residence if an individual)	City Paris		State Fran	ıce	ZIP   75013	Phone (	Number	J
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own.	% Ви	siness	Associated with		Effective Own % in Appli	cant
Name Matthew Belair	Title N/A			SSN/F	EIN	DOB	App submitted? ⊠Yes □No	
Address (residence if an individual)	City   Johnstor		State RI	. ]	ZIP   02919	Phone	Number	1
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own.	. % <u>Bu</u>	siness	Associated with	]	Effective Own. % in Appli	cant
Name Jason Tucker	Title N/A			SSN/F	EIN	DOB	App submitted? ⊠Yes ⊡No	
Address (residence if an individual)	City  Warwick		State  R	J	ZIP   02889	Phone	Number	
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Own.	% Bu	siness	Associated with	]	Effective Own, % in Appli	cant
Name Tomasina Morris	Title N/A			SSN/F	EIN	DOB	App submitted? ⊠Yes ⊡No	
Address (residence if an individual)	City Provider		State RI		ZIP   02906	Phone	Number	
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Own.	% Вц	siness	Associated with	]	Effective Own, % in Appli	cant
Name   Cory MacWhorter	Title N/A	1		SSN/F	EIN	DOB	App submitted? ⊠Yes □No	

Address (residence if an individual)	City   Rumford	ا ا	State   RI	)	ZIP 02916	Phone	Number		]
Business Associated with (Applicant, parent business entity)	or sub-	Own	. % Bı	ısiness	Associated with	]	Effecti	ve Own, % in Applicant	
Sweetspot Brands LLC	Title	L.,		SSN/I	EEIN	DOB	<u> </u>	App submitted?	
Name Andria Moglia	N/A			3311/1	EIN	БОВ		⊠Yes   □ No	
Address (residence if an individual)	City Barringto	n l	State  RI	]	ZIP   02806	Phone	Numbe	r	]
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Own	. % Bu	isiness	Associated with	]	Effecti	ve Own. % in Applicant	
Name Jaquaan Covin	Title N/A			SSN/I	EIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City   Montgon   Village	nery	State MD	,	ZIP 20886	Phone	Numbe	Г 	]
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC		Own	. % B <u>ı</u>	usiness	Associated with	Ì	Effecti	ve Own. % in Applicant	Ì
Name Michelle Morant	Title N/A			SSN/	FFIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City Baltimor	e	State   MD		ZIP 21218	Phone	Numbe	r	
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Own	. % Bı	usines	Associated with		Effect	ive Owo. % in Applicant	
Name David Werdelin	Title N/A			SSN/	FEIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City  South  Portland		State ME		ZIP 04106	Phone	Numbe	r	
Business Associated with (Applicant, parent business entity)   Sweetspot Brands LLC		Owr	ı. % Bı	Isines	Associated with	]	Effect	ive Own % in Applicant	1
Name   Ken Pierce	Title N/A			SSN/	FEIN	DOB		App submitted? ⊠Yes ⊡No	
Address (residence if an individual)	City Cape Elizabeth		State ME		ZIP 04107	Phone	Numbe	r	ļ
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	ı. % Bı	usines	s Associated with	]	Effect	ive <u>Own.</u> % in Applicant	
Name Barbara Cooper	Title N/A			SSN/	FEIN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City [Merrick		State NY		ZIP   11566	Phone	Numbe		
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	ı. % <u>B</u> ı	usines	s Associated with	1	Effect	ive Own. % in Applicant	]
Name   Maine Есопотіс Alliances LLC	Title N/A			SSN/	FEIN	DOB N/A		App submitted? □Yes □No	
Address (residence if an individual)	City Warwick	:	State  RI		ZIP 02889	Phone	Numbe	er	]
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Owr	n. % B	usines	s Associated with	1	Effect	ive Own. % in Applicant	Ì

					***************************************				
Name Jason Tucker	Title N/A		S	SN/FE	IN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City  Warwick		itate RI	Zi	P 2889	Phone	Numbe	İ	ĺ
Business Associated with (Applicant, parent business entity)  Maine Economic Alliances LLC	or sub-	Own.	% Busi	ness A	ssociated with	-1	Effecti	ve Own. % in Applicant	ļ
Name Anthony Ngo	Title N/A		S	SN/FE	N	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City  Portland		State ME	ZI	P 04103	Phone	Numbe	!	!
Business Associated with (Applicant, parent business entity) Sweetspot Brands LLC	or sub-	Own.	% Busii	ness A	ssociated with	]	Effecti	ve Own. % in Applicant	
Name Blue Sky Green Grass LLC	Title N/A		S	SN/FE	IN	DOB N/A		App submitted? □Yes □No	
Address (residence if an individual)	City Long Isl City		State NY	ZI   1	P 1101	Phone	Numbe	7	
Business Associated with (Applicant, parent business entity) N/A	or sub-	Own.	% Busii	ness A N/A	ssociated with		Effecti	ve Own. % in Applicant	]
Name Nina Sisselman Brian	Title N/A		S	SN/FE	N	DOB		App submitted? ⊠Yes □No	·····
Address (residence if an individual)	City New Yor		tate NY	Z    1	P 0128	Phone	Numbe	r 	]
Business Associated with (Applicant, parent business entity)  Blue Sky Green Grass LLC	or sub-	Own. '	% Busii	ness A	ssociated with		Effecti	ve Own. % in Applicant	-
Name Geoffrey Feldkamp	Title   N/A		S	SN/FE	N	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City New Yor		state NY	Z	P 10007	Phone	Numbe	}	)
Business Associated with (Applicant, parent business entity)  Blue Sky Green Grass LLC	or sub-	Own.	% Busi	ness A	ssociated with		Effecti	ve Own. % in Applicant	į
Name David Eckles	Title N/A		S	SN/FE	IN	DOB		App submitted? ⊠Yes □No	
Address (residence if an individual)	City Sonoma		state CA	ZI   9	P 5476	Phone	Numbe	•	
Business Associated with (Applicant, parent business entity)  Sweetspot Brands LLC	or sub-	Own.	% Busi	ness A	ssociated with	]	Effecti	ve Own. % in Applicant	

## Use for Part B Supplemental:

Name   None	Title			SSN/I	EIN		DOB	App submitted? □Yes □No
Address (residence if an individual)	City	;	State		ZIP		Phone I	
Business Associated with (Applicant, parent business entity)	or sub-	Title (	(office	r, dire	ctor, manag	jer, etc.)		
Name	Title			SSN/I	EIN		DOB	App submitted? □Yes □No
Address (residence if an individual)	City	,	State		ZIP	j	Phone i	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, dire	ctor, manag	jer, etc.)		
Name	Title			SSN/I	EÍN		DOB	App submitted? □Yes □No
Address (residence if an individual)	City	,	State	]	ZIP		Phone (	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, dire	ctor, manag	ger, etc.)		
Name	Title			SSN/	FEIN		DOB	App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP		Phone	i Ì
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, dire	ctor, manag	ger, etc.)	]	
Name	Title		ļ. 1 1	SSN/	FEIN	]	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP		Phone	ì
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, dire	ctor, manaç	jer, etc.)		
Name	Title			SSN/	FEIN	]	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	-	State		ZIP		Phone	r į
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, dire	ctor, manaç	ger, etc.)	<u> </u>	
Name	Title		j	SSN/	FEIN		DOB	App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP		Phone	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, dire	ctor, manag	ger, etc.)	]	

### Use for Part C Supplemental:

Name None	Title			SSN/F	EIN		DOB		App submitted? □Yes □No
Address (residence if an individual)	City	5	State	j j	ZIP		Phone N	lumber	]
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	st, etc		<u>;</u>	1		4.000
Name	Title	<u>.</u>		SSN/F	EIN		DOB		App submitted?  □Yes  □No
Address (residence if an individual)	City	8	State		ZIP		Phone N	lumber	l
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	st, etc					
Name	Title		)	SSN/I	EIN		ров		App submitted? □Yes □No
Address (residence if an individual)	City	9	State		ZIP		Phone N	lumber	]
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	est, etc					
Name	Title		1	SSN/I	FEIN	]	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	5	State	]	ZIP	j	Phone N	Number	
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	est, etc	;.	٠			
Name	Title			SSN/I	FEIN		DOB	]	App submitted? □Yes □No
Address (residence if an individual)	City	5	State		ZIP		Phone N	lumber	]
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	est, etc	<b>.</b>	,	Ì		
Name	Title			SSN/I	FEIN		DOB		App submitted? □Yes □No
Address (residence if an individual)	City	,	State		ZIP	]	Phone N	Number	
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	est, etc	<b>&gt;</b> .		]		
Name	Title		]	SSN/I	FEIN		DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP		Phone N	Number	
Business Associated with (Applicant, parent business entity)	or sub-	Role,	intere	est, etc	<b>3.</b>				

# Use for Part D or E Supplemental (Specify by Checking the Box)

Name None	Title		SSN/F	EIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	}	ZIP	Phone Numb	per
Business Associated with (Applicant, parent business entity)	or sub-	Interest			**	
Name	Title		SSN/I	FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	]	ZIP	Phone Numb	per
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name	Title	Para Maria	SSN/I	FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	And Administration in	ZIP	Phone Numb	per
Business Associated with (Applicant, parent business entity)	or sub-	Interest			and the state	
Name	Title	]	SSN/I	EIN	ров	App submitted? □Yes □No
Address (residence if an individual)	City	State		ZIP	Phone Numb	per
Business Associated with (Applicant, parent business entity)	or sub-	Interest			]	
Name	Title		SSN/I	FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State		ZIP	Phone Numi	ber
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name	Title		SSN/I	EIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State		ZIP	Phone Numl	ber
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name	Title		SSN/I	EIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	l'operation (	ZIP	Phone Numl	ber
Business Associated with (Applicant, parent business entity)	or sub-	Interest				

## Part II Supplemental:

Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount
None		1	
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# APPLICANT: JBE INDUSTRIES LLC

Directors:

Jason Webski Benjamin Herbst Carl Allison Officers:

Jason Webski, CEO

Benjamin Herbst, VP Operations

Carl Allison, CFO

Shareholder #	Shareholder Name	Ownership %	Company Ind	ivdual Shareholders	Ownership %	Sub Company Indivdual Shareholders	Ownership %
Shareholder 1	Sweetspot Brands LLC			N/A		N/A	N/A
			Jason Webski			14.0	,
			Benjamin Herbs	st			
			Carl Allison				
			William Howard	d Weeks Jr.			
			Trevor Weeks				
			Blake Costa				
			Patrick Doyle				
			MEC Enterprise	s LLC			
				N/A		Michael O'Leary	
				N/A		Eugenia Tzoannopoulos	
				N/A		Chris Tzoannopoulos	
			Michael Palkovi	ic			
			David Eckles				
			Steven Waldma	in			
			Yury Bachayev				
			Eric Lazar				
			John Valenza				
			Richard Solano				
			Joanne Kandler				
			CBG LLC				
				N/A		Maurice Cheeks	
				N/A	20	Max Besong	
				N/A		Guillermo Sanchez	
			Gil Lazar				_ 11-
			James Plattner				
			DCGM1 LLC				
				N/A		Cory Greenbaum	
				N/A		Derek Greenbaum	
			Maurice Cheeks	Sr.			
			Michael Levitt				
			Troy Rosa				

APPLICANT:

JBE INDUSTRIES LLC

Directors: Jason Webski Benjamin Herbst Carl Allison Officers:

Jason Webski, CEO

Benjamin Herbst, VP Operations

Carl Allison, CFO

Shareholder #	Shareholder Name	Ownership %	Company Indivdual Shareholders	Ownership %	Sub Company Indivdual Shareholders	Ownership 9
			Brian Murphy			
			Brad Gruber			
			Stephane Bitton			
			Deborah James			
			Blue Sky Green Grass LLC			
			N/A		Nina Sisselman Brian	
			N/A		Geoffrey Feldkamp	
			James Smith			'
			Peter Franklin			
			Margaux Baisnee			
			Matthew Belair			
			Jason Tucker			
			Tomasina Morris			
			Cory MacWhorter			
			Andria Moglia			
			Jaquaan Covin			
			Michelle Morant			
			David Werdelin			
			Ken Pierce		ŷ.	
			Barbara Cooper			
			Maine Economic Alliances LLC			
			N/A		Jason Tucker	0:
			Anthony Ngo			
Shareholder 2 Bl	lue Sky Green Grass LLC	-	N/A	-,		
			Nina Sisselman Brian			
			Geoffrey Feldkamp			

# APPLICANT: JBE INDUSTRIES LLC

**Directors:** 

Officers:

Jason Webski

Jason Webski, CEO

Benjamin Herbst

Benjamin Herbst, VP Operations

Carl Allison

Carl Allison, CFO

#### Owners by Effective Percentage of Ownership

Shareholder Name	Ownership %	Capital Contribution	
Sweetspot Brands LLC		\$	
Blue Sky Green Grass, LLC		\$	
Totals	100.00%	\$	
	Sweetspot Brands LLC Blue Sky Green Grass, LLC	Sweetspot Brands LLC Blue Sky Green Grass, LLC	

#### **Third Party Management/Operations Agreements**

Entity	2021 Comp	2020 Comp	2019 Comp	2018 Comp	2017 Comp
None	None	None	None	None	None

#### **Directors, Officers, and Key Persons**

Name	2021 Comp	2020 Comp	2019 Comp	2018 Comp	2017 Comp
Jason Webski					
Benjamin Herbst					
Carl Allison					
Blake Costa					