

Rhode Island Department of Business Regulation, Office of Cannabis Regulation
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					
<p>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").</p> <p>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.</p>					
<p>(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).</p> <p>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.</p>					
Name Sweetspot Brands LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Mount Pleasant	State SC	ZIP 29464	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Jason Webski	Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06901	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Benjamin Herbst	Title VP, Operations	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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Address (residence if an individual) [REDACTED]		City Stamford	State CT	ZIP 06903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Carl Allison		Title CFO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Mount Pleasant	State SC	ZIP 29464	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name William Howard Weeks Jr.		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Southport	State CT	ZIP 06890	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Trevor Weeks		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Westport	State CT	ZIP 06880	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Blake Costa		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Warren	State RI	ZIP 02885	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands 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 Jason Webski		Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Stamford	State CT	ZIP 06901	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Title (officer, director, manager, etc.) Director, Officer			
Name Benjamin Herbst		Title VP, Operations	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Address (residence if an individual) [REDACTED]		City Stamford	State CT	ZIP 06903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Title (officer, director, manager, etc.) Director, Officer			
Name Carl Allison		Title CFO	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Mount Pleasant	State SC	ZIP 29464	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Title (officer, director, manager, etc.) Director, Officer			
Name		Title	SSN/FEIN	DOB	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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>(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).</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>					

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Name Blake Costa	Title Dir. Of Security	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warren	State RI	ZIP 02885	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Role, interest, etc. Manager		

Name	Title	SSN/FEIN	DOB	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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,

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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 None	Title	SSN/FEIN	DOB	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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	Key Staff 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		

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Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Interest		
(E) LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT/LICENSEE, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.				
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.				
Name None	Title	SSN/FEIN		DOB
Key Staff 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
Key Staff 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
Key Staff 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
Key Staff 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
Key Staff 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		

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Business Associated with (Applicant, parent business or sub-entity)		Interest		
Name	Title	SSN/FEIN	DOB	Key Staff 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
CFR Realty Partners LLC	N/A	██████████	Irving Klein (Landlord) 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.

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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

2/8/2022
Date

Carl Allison

Printed Name

Print Name of Applicant/Licensee: JBE Industries LLC
Print Officer Title: CFO

Use for Part A Supplemental:

Name Patrick Doyle	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Palos Verdes	State CA	ZIP 90275	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name MEC Enterprises, LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06901	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Michael O'Leary	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Eugenia Tzoannopoulos	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06907	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Chris Tzoannopoulos	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06907	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises, LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Michael Palkovic	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Villa Park	State CA	ZIP 92861	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Steven Waldman	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City North Andover	State MA	ZIP 01845	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Yury Bachayev	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		Flushing	NY	11367	[REDACTED]
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Sweetspot Brands LLC		[REDACTED]		[REDACTED]	
Name		Title	SSN/FEIN	DOB	App submitted?
Eric Lazar		N/A	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		New York	NY	10005	[REDACTED]
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Sweetspot Brands LLC		[REDACTED]		[REDACTED]	
Name		Title	SSN/FEIN	DOB	App submitted?
John Valenza		N/A	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		Massapequa	NY	11758	[REDACTED]
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Sweetspot Brands LLC		[REDACTED]		[REDACTED]	
Name		Title	SSN/FEIN	DOB	App submitted?
Richard Solano		N/A	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		Carmel	NY	10512	[REDACTED]
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Sweetspot Brands LLC		[REDACTED]		[REDACTED]	
Name		Title	SSN/FEIN	DOB	App submitted?
Joanne Kandler		N/A	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		New York	NY	10065	[REDACTED]
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Sweetspot Brands LLC		[REDACTED]		[REDACTED]	
Name		Title	SSN/FEIN	DOB	App submitted?
CBG LLC		N/A	[REDACTED]	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		New York	NY	10025	[REDACTED]
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Sweetspot Brands LLC		[REDACTED]		[REDACTED]	
Name		Title	SSN/FEIN	DOB	App submitted?
Maurice Cheeks		N/A	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		Chicago	IL	60607	[REDACTED]
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
CBG LLC		[REDACTED]		[REDACTED]	

Name		Title	SSN/FEIN	DOB	App submitted?
Max Besong		N/A	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number
[REDACTED]		New York	NY	10010	[REDACTED]

Business Associated with (Applicant, parent business or sub-entity) CBG LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Guillermo Sanchez		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City New York		State NY	
ZIP 10019		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) CBG LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Gil Lazar		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Palm Beach		State FL	
ZIP 33418		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name James Plattner		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Narragansett		State RI	
ZIP 02852		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name DCGM1 LLC		Title N/A		SSN/FEIN [REDACTED]	
DOB N/A		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Scarsdale		State NY	
ZIP 10583		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Cory Greenbaum		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Scarsdale		State NY	
ZIP 10583		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) DCGM1 LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Derek Greenbaum		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Scarsdale		State NY	
ZIP 10583		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) DCGM1 LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Maurice Cheeks Sr.		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Chicago		State IL	
ZIP 60605		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Michael Levitt	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Port Washington	State NY	ZIP 11050	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Troy Rosa	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06905	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Brian Murphy	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Long Island City	State NY	ZIP 11101	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Brad Gruber	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dix Hills	State NY	ZIP 11746	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Stephane Bliton	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Richardson	State TX	ZIP 75082	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Deborah James	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Richardson	State TX	ZIP 75082	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Blue Sky Green Grass LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Long Island City	State NY	ZIP 11101	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Nina Sisselman Brian	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10128	Phone Number [REDACTED]

Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Geoffrey Feldkamp		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City New York		State NY	
ZIP 10007		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name James Smith		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Ellicott City		State MD	
ZIP 21043		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Peter Franklin		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Baltimore		State MD	
ZIP 21212		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Margaux Bainsnee		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Paris		State France	
ZIP 75013		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Matthew Belair		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Johnston		State RI	
ZIP 02919		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Jason Tucker		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" 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) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Tomasina Morris		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City Providence		State RI	
ZIP 02906		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Cory MacWhorter		Title N/A		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Address (residence if an individual) [REDACTED]		City Rumford	State RI	ZIP 02916	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Andria Moglia		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Barrington	State RI	ZIP 02806	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Jaquaan Covin		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Montgomery Village	State MD	ZIP 20886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Michelle Morant		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Baltimore	State MD	ZIP 21218	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name David Werdelin		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City South Portland	State ME	ZIP 04106	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Ken Pierce		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Cape Elizabeth	State ME	ZIP 04107	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Barbara Cooper		Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Merrick	State NY	ZIP 11566	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Maine Economic Alliances LLC		Title N/A	SSN/FEIN [REDACTED]	DOB N/A	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) Sweetspot Brands LLC		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Name Jason Tucker	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" 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) Maine Economic Alliances LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Anthony Ngo	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Portland	State ME	ZIP 04103	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Blue Sky Green Grass LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Long Island City	State NY	ZIP 11101	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A	Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Nina Sisselman Brian	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10128	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Geoffrey Feldkamp	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10007	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name David Eckles	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Sonoma	State CA	ZIP 95476	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

Use for Part B Supplemental:

Name None	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.)			

Use for Part C Supplemental:

Name None	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.			

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

Name None	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		

Part II Supplemental:

[illegible]

<p align="center">APPLICANT: JBE INDUSTRIES LLC</p>	
<p>Directors: Jason Webski Benjamin Herbst Carl Allison</p>	<p>Officers: Jason Webski, CEO Benjamin Herbst, VP Operations Carl Allison, CFO</p>

Officers:
Jason Webski, CEO
Benjamin Herbst, VP Operations
Carl Allison, CFO

Shareholder #	Shareholder Name	Ownership %	Company Individual Shareholders	Ownership %	Sub Company Individual Shareholders	Ownership %
Shareholder 1	Sweetspot Brands LLC		<div> <div></div> <div>N/A</div> <div> <div>Jason Webski</div> <div>Benjamin Herbst</div> <div>Carl Allison</div> <div>William Howard Weeks Jr.</div> <div>Trevor Weeks</div> <div>Blake Costa</div> <div>Patrick Doyle</div> <div>MEC Enterprises LLC</div> <div>N/A</div> <div>N/A</div> <div>N/A</div> <div>Michael Palkovic</div> <div>David Eckles</div> <div>Steven Waldman</div> <div>Yury Bachayev</div> <div>Eric Lazar</div> <div>John Valenza</div> <div>Richard Solano</div> <div>Joanne Kandler</div> <div>CBG LLC</div> <div>N/A</div> <div>N/A</div> <div>N/A</div> <div>Gil Lazar</div> <div>James Plattner</div> <div>DCGM1 LLC</div> <div>N/A</div> <div>N/A</div> <div>Maurice Cheeks Sr.</div> <div>Michael Levitt</div> <div>Troy Rosa</div> </div> </div>		<div> <div>N/A</div> <div> <div>Michael O'Leary</div> <div>Eugenia Tzoannopoulos</div> <div>Chris Tzoannopoulos</div> <div></div> </div> <div> <div>Maurice Cheeks</div> <div>Max Besong</div> <div>Guillermo Sanchez</div> <div></div> </div> <div> <div>Cory Greenbaum</div> <div>Derek Greenbaum</div> <div></div> </div> </div>	

Directors: Jason Webski Benjamin Herbst Carl Allison		APPLICANT: JBE INDUSTRIES LLC	Officers: Jason Webski, CEO Benjamin Herbst, VP Operations Carl Allison, CFO
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Shareholder #	Shareholder Name	Ownership %	Company Individual Shareholders	Ownership %	Sub Company Individual Shareholders	Ownership %
			Brian Murphy Brad Gruber Stephane Bitton Deborah James Blue Sky Green Grass LLC N/A N/A James Smith Peter Franklin Margaux Baisnee Matthew Belair Jason Tucker Tomasina Morris Cory MacWhorter Andria Moglia Jaquan Covin Michelle Morant David Werdelin Ken Pierce Barbara Cooper Maine Economic Alliances LLC N/A Anthony Ngo N/A Nina Sisselman Brian Geoffrey Feldkamp		Nina Sisselman Brian Geoffrey Feldkamp Jason Tucker	[REDACTED] [REDACTED] [REDACTED]
Shareholder 2	Blue Sky Green Grass LLC	[REDACTED]				
Total Ownership		100.00%		100.00%		

**APPLICANT:
JBE INDUSTRIES LLC**

Directors:

Jason Webski
Benjamin Herbst
Carl Allison

Officers:

Jason Webski, CEO
Benjamin Herbst, VP Operations
Carl Allison, CFO

Owners by Effective Percentage of Ownership

Shareholder #	Shareholder Name	Ownership %	Capital Contribution
Shareholder 1	Sweetspot Brands LLC		\$
Shareholder 2	Blue Sky Green Grass, LLC		\$
Totals		100.00%	\$

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					