Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: BAYSIDE GROWERS LLC

City

COVENTRY

Address (residence if an individual)

| rame of Applicantly arecin | <u> </u> | | DA (SIDE | GNOVERS EEC | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I: Owners and Other Interest Holde | rs | | *************************************** | | | |
| List (A.) all persons and/or entities with ar officers, directors, members, managers or managing or operational control with resp facilities whether they have an ownership financial interest whether they have 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 ide sheet(s) if necessary. | r agents of sect to the a interest or anies, mana espect to the described erest Holden entity (co | the applion of the ager he ager ager ager ager ager ager ager age | applican icant/lice , and (D. or not, an ment agr pplicant/ A)-(E) be | nt/licensee, and (insee, its operation) all investors or ind (E.) all personatements, or other licensee, its operation hereinafter in artnership, LLC, or | C.) all pons, the other poster agree rations, adividual | ersons or entities with license and/or licensed ersons or entities with any ities that hold interest(s) ments that afford third-party the license and/or the ally referred to as an "Interest that all Interest Holders in that |
| LIST ALL PERSONS AND/OR ENTAPPLICANT/LICENSEE (including partnership; this includes parent entity). To the extent that any Interest Holder is that entity until all such Interest Holders. | g corporate companies an entity | tion es if (cor | stockho the app | olders; LLC men licant/licensee i | nbers; s a sub c, etc.), | and partners if a posidiary of another list all Interest Holders in |
| Name GEORGE A NOLAN | Title CE | O | \$5 | N/FFIN | DOB | Key Staff App submitted? ⊠Yes □No |
| Address (residence if an individual) | City WARWIC | | State RI | ZIP 02886 | Phone | Number |
| Business Associated with (Applicant, parent business entity) BAYSIDE GROWERS LLC | or sub- | Own | . % Busine | ess Associated with | | Effective Own. % in Applicant |
| Name GERALD ZITO | Title COO | l | SS | N/FEIN | DOB | Key Staff App submitted? ⊠Yes □No |
| Address (residence if an individual) | City PROVIDE! | NCE | State RI | ZIP 02908 | Phone | Number |
| Business Associated with (Applicant, parent business entity) BAYSIDE GROWERS LLC | or sub- | Own | . % Busine | ess Associated with | | Effective Own. % in Applicant |
| Name MICHAEL TESTA | Title CULTIVAT | TOR | SS | N/FEIN | DOB | Key Staff App submitted? |

State

RI

ZIP

02816

⊠Yes

Phone Number

 $\square \mathsf{No}$

| Business Associated with (Applicant, parent business entity) BAYSIDE GROWERS | or sub- | Own | ı. % Bu | siness | s Associated with | | Effecti | ve O <u>wn. % in A</u> pplicant |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------|----------------------|---------------------------------|-------------------|------------------------|-----------------------------------------|
| Name KEVIN HAWKINS | Title MANAC | 3ER | | SSN/ | FEIN | DOB | | Key Staff App submitted? ⊠Yes □No |
| Address (residence if an individual) | City WARW | /ICK | State RI | | ZIP 02888 | Phone | Number | |
| Business Associated with (Applicant, parent business entity) BAYSIDE GROWERS LLC | or sub- | Own | . % Bu | isiness | Associated with | | Effecti | ve <u>Own. % i</u> n Applicant |
| Name | Title | | | SSN/I | FEIN | DOB | | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | | State | | ZIP | Phone () | Numbei | |
| Business Associated with (Applicant, parent business entity) | or sub- | Own | . % Bu | isiness | Associated with | | Effecti | ve Own. % in Applicant |
| Name | Title | | | SSN/i | FEIN | DOB | | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | | State | | ZIP | Phone () | Number | · |
| Business Associated with (Applicant, parent business entity) | or sub- | Own | . % Bu | siness | Associated with | | Effective | ve Own. % in Applicant |
| Name | Title | | | SSN/F | 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- | Own. | . % Bus | siness | Associated with | • | Effectiv | e Own. % in Applicant |
| LIST ALL OFFICERS, DIRECTOR: APPLICANT/LICENSEE AND ANY To the extent that any such Interest Ho Holders in that entity until all such Interest level | OTHER E lder is an e | E NTI entity | TIES | DES porati | CRIBED IN SE on, partnership | CTION , LLC, (| A. etc.), li | st all Interest dividual person |
| Name NONE | Title | | | SSN/F | EIN | DOB | | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | | State | | ZIP | Phone I | Number | |
| Business Associated with (Applicant, parent business entity) | or sub- | Title | (officer | r, direc | tor, manager, etc.) | | | |
| Name | Title | | | SSN/F | EIN | DOB | | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | | State | | ZIP | Phone I | Number | |

| Business Associated with (Applicant, parent business entity) | or sub- Title (office: | | ficer, dir | ector, manage | er, etc.) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|----------------|---------------------|-----------------------------------------|-----------------------------------------|
| Name | Title | | SSI | I/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | Sta | ate | ZIP | Phone N | lumber |
| Business Associated with (Applicant, parent business entity) | or sub- | Title (off | ficer, dir | ector, manage | er, etc.) | |
| Name | Title | | SSI | I/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | Sta | ate | ZIP | Phone N | lumber |
| Business Associated with (Applicant, parent business entity) | or sub- | Title (off | icer, dir | ector, manage | er, etc.) | |
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| Business Associated with (Applicant, parent business entity) | or sub- | Title (off | icer, dir | ector, manage | er, etc.) | |
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| Name | Title | | SSN | I/FEIN | DOB | Key Staff App submitted? □Yes □No |
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| Business Associated with (Applicant, parent business entity) | or sub- | Title (off | icer, dir | ector, manage | r, etc.) | |
| 3. LIST ALL PERSONS OR ENTITIES RESPECT TO THE APPLICANT/LI ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT To the extent that any such Interest Ho Holders in that entity until all such Interest level. | ICENSEE, , AND/OR). Ider is an e | ANY O | OTHER SED F | EENTITIES ACILITIES | DESCRIBED (WHETHER ership, LLC, e | THEY HAVE AN tc.), list all Interest |
| Name NONE | Title | | SSN | /FEIN | DOB | Key Staff App submitted? □Yes □No |

| Andalas as Associate as as the distributed to | | | | | |
|--------------------------------------------------------|-----------------|-------------|------------|-----------|-----------------------------------------|
| Address (residence if an individual) | City | State | ZIP | Phone Nu | mber |
| Business Associated with (Applicant, parent buentity) | usiness or sub- | Role, inter | rest, etc. | | |
| Name | Title | <u></u> | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nu | |
| Business Associated with (Applicant, parent buentity) | isiness or sub- | Role, inter | rest, etc. | | |
| Name | Title | 1 | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
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| Business Associated with (Applicant, parent buentity) | siness or sub- | Role, inter | est, etc. | | |
| Name | Title | • | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
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| Business Associated with (Applicant, parent bu entity) | siness or sub- | Role, inter | est, etc. | | |
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| Name | Title | . ! | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nur | |
| Business Associated with (Applicant, parent bu | siness or sub- | Role, inter | est, etc. | | |

| B OR C, ITS OPERATIONS, AN OWNERSHIP INTERES To the extent that any such Inter Holders in that entity until all such level. | T OR NOT). est Holder is an | entity (cor | poration, partne | ership, LLC, etc | .), list all Interest |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------|------------------|------------------|-----------------------------------------|
| Name NONE | Title | | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nun | |
| Business Associated with (Applicant, parent bentity) | pusiness or sub- | Interest | J | | |
| Name | Title | | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nun | <u>'</u> |
| Business Associated with (Applicant, parent bentity) | usiness or sub- | Interest | | | |
| Name | Title | Title SSN/F | | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nun | |
| Business Associated with (Applicant, parent bentity) | usiness or sub- | Interest | | | |
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| Address (residence if an individual) | City | State | ZIP | Phone Nun | nber |
| Business Associated with (Applicant, parent bentity) | usiness or sub- | Interest | | iv | |
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| Address (residence if an individual) | City | State | ZIP | Phone Num | nber |
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| ddress (residence if an individual) | City | State | ZIP | Phone Num | |
| Business Associated with (Applicant, parent bentity) | usiness or sub- | Interest | | | |

| Name | Title | SSN/ | FEIN | DOB | Key Staff App submitted? □Yes □No |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|-----------------------------------------|
| Address (residence if an individual) | City | State | ZIP | Phone Numb | ner . |
| Business Associated with (Applicant, parent business entity) | s or sub- | rest | | | |
| 5. LIST ALL PERSONS OR ENTITIE COMPANIES, MANAGEMENT AC MANAGEMENT OR OPERATION OPERATIONS, THE LICENSE AN | GREEMENTS, (IAL CONTROL ND/OR THE LIC | OR OTHER WITH RES ENSED FA | R AGREEME SPECT TO TI ACILITIES. | NTS THAT AF HE APPLICAN | FFORD THIRD-PARTY NT/LICENSEE, ITS |
| To the extent that any such Interest Holde that entity until all such Interest Holders ar | r is an entity (co e identified and | orporation, disclosed | partnership, I down to the i | LLC, etc.), list ndividual pers | all Interest Holders in on level. |
| Name NONE | Title | ; | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nun | nber |
| Business Associated with (Applicant, parent busines | s or sub-entity) | Interest | J | _, l | |
| Name | Title | | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nur | nber |
| Business Associated with (Applicant, parent busines | s or sub-entity) | Interest | | <u></u> | |
| Name | Title | | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nur | mber |
| Business Associated with (Applicant, parent busines | s or sub-entity) | Interest | | I· | |
| Name | Title | | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nur | mber |
| Business Associated with (Applicant, parent busines | s or sub-entity) | Interest | | | |
| Name | Title | | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |
| Address (residence if an individual) | City | State | ZIP | Phone Nur | |
| Business Associated with (Applicant, parent busines | ss or sub-entity) | Interest | | I | |
| Name | Title | | SSN/FEIN | DOB | Key Staff App submitted? □Yes □No |

Renewal Application for Medical Marijuana Cultivator License

| Address (residence if an individual) | City | State | ZIP | Phone Number | | |
|------------------------------------------------------|---------------------|----------|---------|--------------|-----------------------------------------|--|
| | | | | () | | |
| Business Associated with (Applicant, parent business | ness or sub-entity) | Interest | | | | |
| | | | | | | |
| Name | Title | SS | SN/FEIN | DOB | Key Staff App submitted? □Yes □No | |
| Address (residence if an individual) | City | State | ZIP | Phone Nun | nber | |
| Business Associated with (Applicant, parent busi | 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 |
|------|---------------|----------|------------------------|
| NONE | | | |
| | | | |
| | | | |
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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.

Rhode Island Department of Business Regulation, Office of Cannabis Regulation 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:

- 1. With respect to the applicant/licensee, all persons and entities that:
- 1. Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or

Renewal Application for Medical Marijuana Cultivator License

- 2. 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
- 3. 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.

| - an Ariolan | 5/6/2022 | |
|-----------------------------------|-------------|--|
| Authorized Signatory | Date | |
| George A. Nolan | | |
| Printed Name | | |
| Print Name of Applicant/Licensee: | | |
| Print Officer Title: | | |