FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee:	NICE,
LLC	

Part I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, **and** (B.) all officers, directors, members, managers or agents of the applicant/licensee, **and** (C.) all persons or entities with managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, **and** (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, **and** (E.) all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to the applicant/licensee, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an "Interest Holder" and collectively referred to as "Interest Holders").

To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. Attach a separate sheet(s) if necessary.

A. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the applicant/licensee is a subsidiary of another entity).

To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

Name	Title		SSN/FEIN	DOB	App subr	
MARY T. BANFIELD	OWNE	R			Yes	□No
Address (residence if an individual)	City	Sta	te ZIP	Phone	Number	
	Charleston	wn	RI 0	<u>)2813</u>		
Business Associated with (Applicant, parent business	or sub-	Own. % I	Business Associa	ated with	Effective Own. %	6 in Applicant
entity)						
NICE, LLC		L			L Control	
Name	Title		SSN/FEIN	DOB	App subr	
ROSS G. BANFIELD	OWNE	R			Yes	□No
Address (residence if an individual)	City	Sta	te ZIP	Phone	Number	
	Vienna	<u>a</u> [<u>\</u>	<u>/A</u> <u>221</u>	80		
Business Associated with (Applicant, parent business	or sub-	Own. % I	Bus <u>iness A</u> ssocia	ated with	Effective Own. %	6 in Applicant
entity)						
NICE, LLC		L		•		
Name	Title	•	SSN/FEIN	DOB	App subr	
HOMBRE HARRIS	OWNE	R			□Yes	[□]No

Address (residence if an individual)	City		State	_	ZIP		Phone I	Numbei	r
	Exeter	r	RI		02822			ľ	
Business Associated with (Applicant, parent business	or sub-	Own	. % Bu	siness	Associated v	with	1	Effecti	ve Own. % in Applicant
entity) NICE, LLC									
Name	Title			SSN/	FEIN		DOB		App submitted?
KERRY T. GORMAN	OWN	IER							[□]Yes □]No
Address (residence if an individual)	City		State	l	ZIP		Phone I	Numbei	r
	Wakefi	eld	R	<u> </u>	02879	_			
Business Associated with (Applicant, parent business	or sub-	Own	. % Bu	siness	Associated v	with		Effecti	ve Own. % in Applicant
entity) NICE, LLC									
Name	Title			SSN/	FEIN		DOB	I	App submitted?
									□ Yes □ No
Address (residence if an individual)	City		State		ZIP		Phone I	Numbei	r
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Name	Title			SSN/	FEIN		DOB		App submitted?
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		L				J			l
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.									
AND ANT OTHER ENTITIES DESCRIBED IN SECTION A.									
To the extent that any such Interest Ho	lder is an e	entity	(corr	oorati	on, partne	rship,	LLC, e	etc.), li	st all Interest
Holders in that entity until all such Inter					•				
level									
Name	Title			SSN/	FEIN		DOB		App submitted?
MARY T BANFIELD	Owne	<u>r</u>					ſ		[□]Yes [□]No
Address (residence if an individual)	City		State		ZIP		Phone I	Jumbo	
	City		RI	1	02813		/ Inone i		
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Business Associated with (Applicant, parent business	or sub-	1 -			ctor, manager				
entity)		[<u>M</u>	ana	ging	Membe	r			
NICE, LLC									

Name	Title		SSN/FE	EIN	DOB	App submitted?
ROSS G. BANFIELD	Owne	<u>r</u>				[□]Yes [□]No
Address (residence if an individual)	City	State	· Z	ZIP	Phone Number	er
	Vienna	ı V	Α	22180] ₄	
Business Associated with (Applicant, parent business	•		er directo	or, manager, etc.)	 	_
entity)	0. 000			Facility Ow	ner	
NICE, LLC		11001	idonta	donney Ow	1101	
Name	Title		SSN/FE	EIN	DOB	App submitted?
HOMBRE HARRIS	Own	<u>er</u>	_			[□]Yes [□]No
Address (residence if an individual)	City	State) 2	ZIP	Phone Number	er
	Exete	r R		02822	d	
Business Associated with (Applicant, parent business	orsubentity)	Title (office	er, directo	or, manager, etc.)	1	
r	• /	Hea	d Gro	wer		
NICE, LLC						
Name	Title		SSN/FE	EIN	DOB	App submitted?
KERRY T. GORMAN	Own	<u>er</u>				[□]Yes [□]No
Address (residence if an individual)	City	State	9 2	ZIP	Phone Number	er
	 Wakefie	eld <u>F</u>	<u> </u>	02879		
Business Associated with (Applicant, parent business	orsubentity)	Title (office	er, directo	or, manager, etc.)		
NICE, LLC	1	l e	Pres	idnet		
Name	Title		SSN/FE	EIN	DOB	App submitted?
JOHN N. THOMAS, Jr.	Agent					[□]Yes [□]No
Address (residence if an individual)	City	State	e Z	ZIP	Phone Number	er
	Abiqui	<u>u</u>	M	87510	d	
Business Associated with (Applicant, parent business	orsubentity)	Title (office	er, directo	or, manager, etc.)	1 4	
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Name	Title	1	SSN/FE	EIN	DOB	App submitted?
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Address (residence if an individual)	City	State) Z	ZIP 1	Phone Number	er •
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Business Associated with (Applicant, parent business entity)	or sub-	Title (office	er, directo	or, manager, etc.)	j l	
<u>l</u> Name	Title	l	SSN/FE	EIN	DOB	App submitted?
[]	[∏Yes □No
Address (residence if an individual)	City	State) Z]	ZIP]	Phone Numbe	er]
Business Associated with (Applicant, parent business	or sub-	Title (office	er, directo	or, manager, etc.)	· ,	
entity)		L			1	
L		l				
C. LIST ALL PERSONS OR ENTITIES W RESPECT TO THE APPLICANT/LICE	NSEE, AN	Y OTHE	R ENTI	TIES DESCRI	BED IN SEC	CTIONS A OR B, ITS
OPERATIONS. THE LICENSE. AND/O	OR LICENS	SED FAC	ILLITIES	(WHETHER	IHEY HAVE	= AN OWNERSHIP

INTEREST OR NOT).									
To the extent that any such Interest Ho Holders in that entity until all such Interlevel.									
Name	Title]	SSN/	FEIN	1	DOB [1	App submitted? ☐Yes ☐No
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Address (residence if an individual)	City]	State]	ZIP]	Phone N	Number	1
Business Associated with (Applicant, parent business entity)	or sub-	Role	intere	st, etc	•				
Name	Title]	SSN/	FEIN]	DOB]	App submitted? [□]Yes [□]No
Address (residence if an individual)	City]	State		ZIP		Phone N	Number]
Business Associated with (Applicant, parent business entity)	or sub-	Role	intere	st, etc					
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Address (residence if an individual)	City]	State]	ZIP []	Phone N	Number	1
Business Associated with (Applicant, parent business entity)	or sub-	Role	intere	st, etc]		
Name	Title	•]	SSN/	FEIN]	DOB]	App submitted? [□]Yes [□]No
Address (residence if an individual)	City]	State		ZIP]	Phone N	Number]
Business Associated with (Applicant, parent business entity)	or sub-	Role	intere	st, etc	•]		
Name	Title]	SSN/	FEIN]	DOB]	App submitted? ☐Yes ☐No
Address (residence if an individual)	City]	State		ZIP]	Phone N]
Business Associated with (Applicant, parent business entity)	or sub-	Role	intere	st, etc]		
Name	Title]	SSN/	FEIN]	DOB []	App submitted? [□]Yes [□]No
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Business Associated with (Applicant, parent business entity)	or sub-	Role	intere	st, etc]		
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Addr	ess (residence if an individual)	City]	State]	ZIP []	Phone (]	
Busi entity	ness Associated with (Applicant, parent business (or sub-	Role	, intere	st, etc]			
	LIST ALL INVESTORS OR OTHER PERESPECT TO THE APPLICANT/LICEINS OPERATIONS, THE LICENSE, AIR OWNERSHIP INTEREST OR NOT). To the extent that any such Interest Hold Holders in that entity until all such Interest level.	NSEE, AN ND/OR LIC	Y OT	THER SED F	R ENT	TITIES I	DESCRI (WHET) nership,	BED IN HER TH	I SEC HEY H	TIONS A, B OR C, AVE AN st all Interest	
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Busi	ness Associated with (Applicant, parent business of	or sub-	Inter	est]			
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Business Associated with (Applicant, parent business entity)	or sub-	Inter	est	•		•]	
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Address (residence if an individual)	City]	State	ZIF		F	Phone Numbe	er]
Business Associated with (Applicant, parent business entity)	or sub-	Inter	est	•		•]	
E. LIST ALL PERSONS OR ENTITIES THE COMPANIES, MANAGEMENT AGREE MANAGEMENT OR OPERATIONAL OF OPERATIONS, THE LICENSE AND/O To the extent that any such Interest Holder that entity until all such Interest Holders are	EMENT CONTR R THE is an e	CS, OR (COL WIT LICENS	OTHER 'H RES SED FA rporatio	AGRI PECT CILIT n, par	EEMENTS TO THE A IES. tnership, L	TH NPP	AT AFFOF LICANT/LI etc.), list a	RD THIRD-PARTY ICENSEE, ITS II Interest Holders in
Name NA/NONE		Title]	SSN	/FEIN]	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)]	City	Sta	ite	ZIP]	Phone Numb	per]
Business Associated with (Applicant, parent business	or sub-e	ntity)	Interest]	
Name []	Title []	SSN [/FEIN]	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)]	City [Sta	ite	ZIP]	Phone Numl	per]
Business Associated with (Applicant, parent business	or sub-e	ntity)	Interest]	
Name []	Title []	SSN	/FEIN]	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)]	City [Sta	ite	ZIP]	Phone Numb	per]
Business Associated with (Applicant, parent business	or sub-e	ntity)	Interest]	
Name []	Title []	SSN [/FEIN]	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)]	City	Sta	te	ZIP []	Phone Numb	per]
Business Associated with (Applicant, parent business	or sub-e	ntity)	Interest]	
Name []	Title]	SSN	/FEIN		DOB	App submitted? [□]Yes [□]No

Address (residence if an individual) [SN/FEIN DC	one Number \(\) App subm Description Description App subm Description App subm] itted? □□No		
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Address (residence if an individual) City [] [/ State] [] [ne Number			
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Business Associated with (Applicant, parent business or sub-entity	v) Interest		1 /1]		
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Name Title	e SS	BN/FEIN DC	B App subm ☐Yes	itted? [□]No		
Address (residence if an individual) City	/ State	ZIP Ph	one Number]		
Business Associated with (Applicant, parent business or sub-entity	y) Interest]			
Part II: Who, besides the owners and other Inte partnerships, corporations, limited liability comp property interests, equipment, inventory, furnitur business, or hold a security interest therein; or interests from this business. Attach a separate shouth any ownership in or control of that entity.	oanies, trusts), v re, licensing or r who will receiv	will loan, give or other proprietary r re money, profits,	otherwise provide ights to or for us proprietary rights	e money, e in this or other		
	of Birth	SSN/FEIN	Interest/Dollar	Amount		
] []	[]		
] []	[]		
] []	[]		
Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2. Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to the applicant/licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage. Attach a list of all Interest Holders identified in Part I(A), Part I(B), Part I(C) and Part I(E) and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to the applicant/licensee, its operations, the license and/or licensed facilities for the last five years. The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.						

CERTIFICATION AS TO FORM 2

The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she has disclosed to the Department in this Form 2:

- (A) With respect to the applicant/licensee, all persons and entities that:
 - (i) Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
 - (ii) Have/will have managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and/or
 - (iii) Are investors or have any other financial interest therein, and/or
 - (iv) Hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to the applicant/licensee, its operations, the proposed license and/or the licensed facilities (any person or entity in the foregoing (i), (ii) and (iii) being herein individually referred to as an "interest holder" and all such persons and entities in the foregoing (i), (ii), (iii) and (iv) being collectively referred to as the "interest holders"), and
- (B) To the extent that any interest holder described in (A) above is an entity, all interest holders in that entity until all such interest holders are identified and disclosed down to the individual person level.

The undersigned, after due inquiry, further certifies to the Department that, except for the license that is the subject of this Form 2 and except as permitted under R.I. Gen. Laws § 21-28.6-12(b)(10), no "interest holder" disclosed herein is an "interest holder" with respect to any other license issued by, or license application made to, the Department as to a "marijuana establishment licensee" as defined in R.I. Gen. Laws § 21-28.6-3(17).

The undersigned hereby acknowledges and agrees that the applicant/licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the persons/entities/interest holders described and the certifications made in this Form 2 and that each such notice shall include an updated Form 2.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct and accurate.

Mary T. Banfield	6/21/2022
Authorized Signatory	Date
Mary T. Banfield	
Printed Name	
Print Name of Applicant/Licensee:	
Print Officer Title:	

NICE, LLC ORGANIZATIONAL CHART

Attachment to June 15, 2022 Updated FORM 2° Disclosure of Owners and Other Interest Holders

