FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Ocean Grown Farms, 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.

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	Key Staff App submitted?
Brian McEnany	Owner			X Yes No

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Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City Prov		State	રા	ZIP 02906	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-entity) Ocean Grown Farms, LLC		Own. % Business Associated with				Effective Own. % in Applicant		
Name	Title			SSN/FEIN		DOB		Key Staff App submitted? ⊡Yes ⊡No
Address (residence if an Individual)	City		State		ZIP	Phone ()	Phone Number	
Business Associated with (Applicant, parent busines: sub-entity)	s or	Own. % Business Associated with			Effective Own. % in Applicant			
Name	Title	le		SSN/FEIN		DOB	L	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	ZIP		Phone ()	Numbe	r
Business Associated with (Applicant, parent busines: sub-entity)	s or	Own	ι. % Βι	isines	s Associated with		Effecti	ve Own. % in Applicant
Name	Title			SSN/FEIN		DOB	I	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State ZIP		ZIP	Phone ()	Phone Number ()		
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with				Effective Own. % in Applicant		
Name	Title			SSN/FEIN		DOB	1	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Number ()		
Business Associated with (Applicant, parent business sub-entity)	s or	Own. % Business Associated with			4	Effecti	ve Own. % in Applicant	
Name	Title			SSN/FEIN		DOB	I	Key Staff App submitted? ⊡Yes ⊡No
Address (residence if an individual)	City		State		ZIP	Phone I	one Number)	
Business Associated with (Applicant, parent business sub-entity)	; or	Own. % Business Associated with			ı	Effectiv	/e Own. % in Applicant	
Name	Title			SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State		ZIP		Phone Number		
Business Associated with (Applicant, parent business or sub-entity)			Own. % Business Assoclated with			Effective Own. % in Applicant		
 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

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Renewal Application for Medical Marijuana Cultivator License

Name Brian McEnany	Title President		SSN/FEIN		DOB	Key Staff App submitted? X□Yes □No			
Address (residence if an individual)	City State Prov RI		I	ZIP 02906	Phone N	lumber			
Business Associated with (Applicant, parent business or sub-entity)		Title	(office	er, direc	tor, manager, etc.)			
Name	Title	Title		SSN/F	SSN/FEIN		Key Staff App submitted? ⊡Yes ⊡No		
Address (residence if an individual)	City		State		ZIP	Phone N	lumber		
Business Associated with (Applicant, parent busines sub-entity)	ss or Title (offi		(office	officer, dlrector, manager, etc.))			
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State		ZIP	Phone N ()	Jumber		
Business Associated with (Applicant, parent busines sub-entity)	iness or Ti		Title (officer, dir		tor, manager, etc.)			
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? ⊡Yes ⊡No		
Address (residence if an Individual)	City State		State	ZIP		Phone Number ()			
Business Associated with (Applicant, parent busines sub-entity)	s or	Title	(office	r, direc	tor, manager, etc.)			
Name	Title			SSN/F	EIN	ров	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State		ZIP	Phone N ()	lumber		
Business Associated with (Applicant, parent busines sub-entity)	s or	Title	(office	officer, director, manager, etc)			
Name	Title		SSN/FE		EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	City State		itate ZIP		Phone Number ()			
Business Associated with (Applicant, parent busines sub-entity)	s or	Title (officer, director, manager, etc		tor, manager, etc.)				
Name	Title			5		SSN/F	EIN	ров	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	· · · · · · · · · · · · · · · · · · ·	State		ZIP	Phone N ()	lumber		
Business Associated with (Applicant, parent busines sub-entity)	sor	Title	(office	r, direc	tor, manager, etc.				

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

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3. LIST ALL PERSONS OR ENTITIE RESPECT TO THE APPLICANT/L ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT	ICENSEI , AND/OI	E, Al	NY O	THER	ENTITIES I	DESCRIBED	IN SECTIONS A OR B,
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Name	Title	Title			EIN	ров	Key Staff App submitted?
Brian McEnany	Presider	nt					X⊡Yes ⊡No
Address (residence <mark>if an individual)</mark>	City		State		ZIP	Phone Nu	mber
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Business Associated with (Applicant, parent busines sub-entity)	ss or	Role	e, inter	rest, etc	•	·	
Name	Title	J.,,		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State			ZIP	Phone Nui ()	nber
Business Associated with (Applicant, parent busines sub-entity)	s or	Role	e, inter	rest, etc	•		
Name	Title	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 busines sub-entity)	is or	Role	e, inter	rest, etc	,		
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	e ZIP		Phone Number ()	
Business Associated with (Applicant, parent busines sub-entity)	is or	Role	e, inter	est, etc			
Name	⊤itle	4		SSN/F	EIN	DOB	Key Staff App submitted? ⊡Yes ⊡No
Address (residence if an individual)	City	State		ate ZIP		Phone Number ()	
Business Associated with (Applicant, parent busines sub-entity)	s or Role, inter			erest, etc.			······································
Name	Title	I		SSN/F	EIN	ров	Key Staff App submitted? ⊡Yes ⊟No
Address (residence if an individual)	City		State	e ZIP		Phone Nun ()	nber
Business Associated with (Applicant, parent busines sub-entity)	s or	Role	e, intere	est, etc.		-	
Name	Title	-		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No

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Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City	Stat	e	ZIP	Phone Num	nber	
Business Associated with (Applicant, parent busines: sub-entity)	ousiness or		rest, etc	· ·			
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Name Brian McEnany	Title	esident	SSN/F		DOB	Key Staff App submitted? X□Yes □No	
Address (residence if an individual)	City Pr	State	e RI	ZIP 02906	Phone Number		
Business Associated with (Applicant, parent business sub-entity)	5 01	Interest					
Name	Title	L	SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	•	ZIP	Phone Number ()		
Business Associated with (Applicant, parent business sub-entity)	s or	Interest	·		b		
Name	Title	I	SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	tate ZIP		Phone Number ()		
Business Associated with (Applicant, parent business sub-entity)	s or	Interest	<u></u>	••			
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Address (residence if an individual)	City	State	9	ZIP	Phone Number ()		
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Name	Title	<u> </u>	SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No	
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Business Associated with (Applicant, parent business sub-entity)	s or	Interest	Interest				
Name	Title	<u></u>	SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	e	ZIP	Phone Num ()	iber	

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Renewal Application for Medical Marijuana Cultivator License

Business Associated with (Applicant, parent busines sub-entity)	s or	Interest				
Name	Title		SSN/FE	IN	DOB	Key Staff App submitted? □Yes □No
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Address (residence if an individual)		City		ZIP	Phone Ni ()	
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Renewal Application for Medical Marijuana Cultivator License

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 bus	iness or sub-entity)	Interest			
Name	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 bus	iness or sub-entity)	Interest			
Name	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 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
······			

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.

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Renewal Application for Medical Marijuana Cultivator License

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:

1. With respect to the applicant/licensee, all persons and entities that:

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Renewal Application for Medical Marijuana Cultivator License

- 1. Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
- 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
- 2. 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

<u>8/19/22</u> Date

Brian McEnany Printed Name Print Name of Applicant/Licensee: Brian McEnany Print Officer Title: President

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