Name of Applicant/Licensee: __RI Fully Grown

FORM 2* Disclosure of Owners and Other Interest Holders

LLC						
Part I: Owners and Other Interest Hold	oro					
List (A.) all persons and/or entities with a officers, directors, members, managers of managing or operational control with rest facilities whether they have an ownership financial interest whether they have own arising under shared management comp management or operational control with licensed facilities (all persons and entitie Holder" and collectively referred to as "In	or agents pect to the p interes ership in panies, m respect t s describ	s of the application of the appl	he applicant/l oplicant/l not, and st or not, gement a e applica n (A)-(F)	cant/licensee, a icensee, its ope (D.) all investor and (E.) all pe agreements, or nt/licensee, its	and (C.) a erations, rs or othe rsons or other ago	Ill persons or entities with the license and/or licensed r persons or entities with any entities that hold interest(s) reements that afford third-party
To the extent that any Interest Holder is a entity until all such Interest Holders are in sheet(s) if necessary.	an entity dentified	(cor and	poration, disclose	partnership, L d down to the i	LC, etc.), ndividual	list all Interest Holders in that person level. Attach a separate
(A) LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (includin partnership; this includes paren entity). To the extent that any Interest Holder that entity until all such Interest Holder	is an enti	rationies ity (contifie	on stock if the appropriation corporation ed and di	holders; LLC oplicant/licens	members see is a s	s; and partners if a subsidiary of another
Ryan Durfee	0/	vnei				⊠Yes □No
Address (residence if an individual)	City N. Attlebo	ro	State MA	ZIP 02760	Phone	Number
Business Associated with (Applicant, parent business entity) RI Fully Grown LLC	or sub-	Owi	n. % Busin	ess Associated wit	h	Effective Own. % in Applicant
_{Name} Cathy Palmisano	Title Owne	r	SS	N/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City N. Kingsto	wn	State RI	ZIP 02852	Phone	Number
Business Associated with (Applicant, parent business entity) RI Fully Grown LLC	or sub-	7	ı. % Busine	s Associated with	ו	Effective Own. % in Applicant
lame	Title	L	SSI	N/FEIN	DOB	Key Staff App submitted? □Yes □No

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Address (residence if an individual)	City		State		ZIP	Phone ()	Numbe	er
Business Associated with (Applicant, parent business entity)	or sub-	Owr	n. % Bi	usiness	: Associated with	1	Effect	ive Own. % in Applicant
Name	Title		***************************************	SSN/I	EIN	DOB		Key Staff App submitted? ☐ Yes ☐ No
Address (residence if an individual)	City		State		ZIP		Numbe	er e
Business Associated with (Applicant, parent business entity)	or sub-	Owr	ı. % Bı	usiness	Associated with		Effect	ive Own. % in Applicant
Name	Title		W	SSN/F	FEIN	DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone I	Numbe	ır
Business Associated with (Applicant, parent business entity)	or sub-	Own	ı. % Bı	usiness	Associated with		Effect	ive Own. % in Applicant
Name	Title		89 - 74	SSN/F	FEIN	DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State		J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ZIP		Vumbe	r
Business Associated with (Applicant, parent business entity)	or sub-	Own	. % Bı	usiness	Associated with		Effecti	ive Own. % in Applicant
Name	Title			SSN/F	FEIN	DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone i	Numbe	r
Business Associated with (Applicant, parent business entity)	or sub-	Own	. % Bı	usiness	Associated with		Effecti	ive Own. % in Applicant
(B) LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND ANY To the extent that any such Interest Ho Holders in that entity until all such Interlevel	OTHER	R EN	TITIE	S DE	SCRIBED IN	SECTIO ship, LLC	N A. , etc.)), list all Interest
Name	Title			SSN/F	EIN	DOB	SAMPLE OF THE SAMPLE STATE	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone N	Vumbei	r
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, direc	tor, manager, et	c.)		
Name	Title		CANAL CITY BANK	SSN/F	EIN	DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone N	Vumber	r
	1							

Business Associated with (Applicant, parent busine entity)	ess or sub-	Title	e (officer,	director, manag	ger, etc.)	
Name	Title		S	SN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	ZIP	Phone Num	
Business Associated with (Applicant, parent busine entity)	ess or sub-	Title	e (officer,	director, manag	er, etc.)	
Name	Title	L	S	SN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent busine entity)	ss or sub-	Title	(officer,	director, manag	er, etc.)	
Name	Title		S	SN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State	ZIP	Phone Numb	per
Business Associated with (Applicant, parent busines entity)	ss or sub-	Title	(officer, o	director, manage	er, etc.)	
Name	Title	II.	SS	SN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	City Sta		ZIP	Phone Numb	per
Business Associated with (Applicant, parent busines entity)	ss or sub-	Title	(officer, c	lirector, manage	or, etc.)	
Name	Title		SS	N/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State	ZIP	Phone Numb	er
Business Associated with (Applicant, parent busines entity)	s or sub-	Title ((officer, d	irector, manage	r, etc.)	
C) LIST ALL PERSONS OR ENTITIE RESPECT TO THE APPLICANT/I ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT To the extent that any such Interest He Holders in that entity until all such Inte level.	LICENSEE E, AND/OF T). older is an	E, AN R LIC	Y (corp	ER ENTITIE D FACILITIE	S DESCRIBED I S (WHETHER TI	N SECTIONS A OR B, HEY HAVE AN
lame	Title	000	SSI	N/FEIN	DOB	Key Staff App submitted? □Yes □No
ddress (residence if an individual)	City	5	State	ZIP	Phone Number	er .

Business Associated with (Applicant, parent tentity)	ousiness or sub-	Role, inte	erest, etc.		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	e ZIP	Phone No	umber
Business Associated with (Applicant, parent bentity)	usiness or sub-	Role, inte	rest, etc.		(
Name	Title	1	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nu	
Business Associated with (Applicant, parent bentity)	usiness or sub-	Role, inter	rest, etc.		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nu	mber
Business Associated with (Applicant, parent buentity)	usiness or sub-	Role, inter	est, etc.		
Jame	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
address (residence if an individual)	City	State	ZIP	Phone Nur	
usiness Associated with (Applicant, parent buntity)	siness or sub-	Role, intere	est, etc.		70000
ame	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐ Yes ☐ No
ddress (residence if an individual)	City	State	ZIP	Phone Nun	
usiness Associated with (Applicant, parent bui ntity)	siness or sub-	Role, intere	est, etc.		
ame	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
ddress (residence if an individual)	City	State	ZIP	Phone Num	nber
usiness Associated with (Applicant, parent bus htty)	siness or sub-	Role, intere	st, etc.		
LIST ALL INVESTORS OR O' WITH RESPECT TO THE APP B OR C, ITS OPERATIONS, T AN OWNERSHIP INTEREST (LICANT/LICE HE LICENSE,	ENSEE. A	NY OTHER EN	TITIES DESCI	DIRED IN SECTIONS A

To the extent that any such Inte Holders in that entity until all sur level.	rest Holder is a ch Interest Hold	n entity (lers are i	corporation, par dentified and dis	tnership, LLC, sclosed down to	etc.), list all Interest o the individual person
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	te ZIP	Phone Nu	imber
Business Associated with (Applicant, parent lentity)	business or sub-	Interest	- Automorphism	<u></u>	
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	e ZIP	Phone Nu	mber
Business Associated with (Applicant, parent be entity)	ousiness or sub-	Interest		<u></u>	
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	e ZIP	Phone Nur	mber
Business Associated with (Applicant, parent bentity)	ousiness or sub-	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	e ZIP	Phone Nur	nber
Business Associated with (Applicant, parent bentity)	usiness or sub-	Interest		L.	
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 b entity)	usiness or sub-	Interest		1	
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Num	nber
Business Associated with (Applicant, parent buentity)	usiness or sub-	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	ıber

Rhode Island Department of Business Regulation, Office of Cannabis Regulation

Renewal Application for Medical Marijuana Cultivator License

Business Associated with (Applicant, parent bentity)	pusiness or sub- Inter	est			
(E) LIST ALL PERSONS OR ENCOMPANIES, MANAGEME MANAGEMENT OR OPERATIONS, THE LICENS	NT AGREEMENTS, ITIONAL CONTROI	OR OTHE WITH RE	R AGREEME SPECT TO T	NTS THAT A	FFORD THIRD-PARTY
To the extent that any such Interest that entity until all such Interest Hold	Holder is an entity (deers are identified and	corporation, d disclosed	partnership, down to the i	LLC, etc.), list ndividual pers	all Interest Holders in on level.
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 b	ousiness or sub-entity)	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted?
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent b	usiness or sub-entity)	Interest			Winds and Annual Control of the Cont
Name	Title		SSN/FEIN	DOB	Key Staff App submitted?
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent b	usiness 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	
Business Associated with (Applicant, parent b	usiness 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 Num	
Business Associated with (Applicant, parent be	usiness or sub-entity)	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	iber
Business Associated with (Applicant, parent bu	usiness or sub-entity)	Interest			

Address (socidence if a in this to be	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	s 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	D-4- (D:4)		
TRAITIC	Date of Birth	SSN/FEIN	Interest/Dollar Amoun
			E8844- (0)7259

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:

- (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.

	10/12/2022	
Authorized Signatory	Date	
Ryan Durfee		
Printed Name		
Print Name of Applicant/Licensee:		
Print Officer Title:		