

FORM 2*

Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons

List (A.) all persons and/or entities with any ownership interest, and (B.) all officers and directors or members/managers, (C.) all persons with managing or operational control with respect to the cultivator license, operations or licensed facility whether they have ownership interest or not, and (D.) all other persons with any financial interest whether they have ownership interest or not (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership or other interest in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

A. LIST ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders; LLC members; and partners if a partnership); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

Name Brian Bairos	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]	City West Bridgewater	State MA	ZIP 02379	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 Brian McIsaac	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]	City Carver	State MA	ZIP 02330	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 Inez Bairos	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]	City West Bridgewater	State MA	ZIP 02379	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 Jose Bairos	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]	City West Bridgewater	State MA	ZIP 02379	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 SB RI Holdings LLC	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes No
Address (residence if an individual) [REDACTED]	City Marblehead	State MA	ZIP 01945	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 Sergey Bologov		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]		City Marblehead	State MA	ZIP 01945	Phone Number () [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name SEE ADDENDUM FOR ADDITIONAL OWNERS AND KEY PERSONS		Title	SSN/FEIN	DOB	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 Associated with		Effective Own. % in Applicant	

B. LIST ALL DIRECTORS, OFFICERS, AND MANAGERS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A

Name Brian Bairos		Title Manager/President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]		City West Bridgewater	State MA	ZIP 02379	Phone Number () [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) N/A		Title (officer, director, manager, etc.)			
Name Sergey Bologov		Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]		City Marblehead	State MA	ZIP 01945	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]		Title (officer, director, manager, etc.) Managing Member			
Name Suman Patel		Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? XYes No
Address (residence if an individual) [REDACTED]		City Norwood	State MA	ZIP 02062	Phone Number () [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]		Title (officer, director, manager, etc.) President, Secretary & [REDACTED] Stockholder			
Name Mitesh S. Patel		Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? Yes XNo
Address (residence if an individual) [REDACTED]		City Sharon	State MA	ZIP 02067	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [REDACTED]		Title (officer, director, manager, etc.) Treasurer & [REDACTED] Stockholder			
Name		Title	SSN/FEIN	DOB	App submitted? Yes 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? Yes 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? Yes 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.)			
C. LIST ALL PERSONS (OTHER THAN PERSONS ALREADY LISTED IN SECTION A OR B ABOVE) WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTION A, THE CULTIVATOR LICENSE, OPERATIONS AND/OR LICENSED FACILITY (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY					
Name		Title	SSN/FEIN	DOB	App submitted? Yes 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? Yes 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? Yes 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? Yes 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? Yes 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? Yes 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? Yes 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? Yes 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 PERSONS (OTHER THAN PERSONS ALREADY LISTED IN SECTION A, B OR C ABOVE) WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTION A OR C, THE CULTIVATOR LICENSE, OPERATIONS AND/OR LICENSED FACILITY (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY					
Name		Title	SSN/FEIN	DOB	App submitted? Yes 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? Yes 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? Yes 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? Yes 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 Key Persons listed in this application (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



 Authorized Signatory

4/11/2019

 Date

Brian Baird

 Printed Name

Addendum to Form 2 for Colorado Ave, LLC

A. LIST ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders; LLC members; and partners if a partnership); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

Name: S&H Med Corporation

Title: Member

FEIN: [REDACTED]

Address: [REDACTED]

Phone Number: [REDACTED]

Effective Own. % in Applicant: [REDACTED]

Name: Suman Patel

SSN: [REDACTED]

DOB: [REDACTED]

Address: [REDACTED]

Phone Number: [REDACTED]

App submitted: Yes

Business Associated with: S&H Med Corporation

Effective Own. % in Applicant: [REDACTED]

Name: Mitesh S. Patel

SSN: [REDACTED]

DOB: [REDACTED]

Address: [REDACTED]

Phone Number: [REDACTED]

App submitted?: No (currently in process)

Business Associated with: S&H Med Corporation

Effective Own. % in Applicant: [REDACTED]
