

FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: CLRI, LLC d/b/a The Work

Part I: Owners and Other Interest Holders					
<p>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").</p> <p>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.</p>					
<p>(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).</p> <p>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.</p>					
Name CannaLorem, Inc.	Title Sole Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Ewing	State NJ	ZIP 08628	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) CLRI, LLC (Applicant)		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Eliyahu Scheiman	Title CEO/Director/Officer/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City N. Wales	State PA	ZIP 19454	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) CEO, Applicant; CEO/Director/Officer/Shareholder, CannaLorem, Inc.		Own. % Business Associated with [REDACTED] CannaLorem, Inc.		Effective Own. % in Applicant [REDACTED]	
Name Ryan Smith	Title President/Director/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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Address (residence if an individual) [REDACTED]		City Johns Island	State SC	ZIP 29455	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) President/Director/Shareholder, CannaLorem, Inc.		Own. % Business Associated with [REDACTED] CannaLorem, Inc.			Effective Own. % in Applicant [REDACTED]
Name Jeff Giovino		Title Shareholder/Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Mohnton	State PA	ZIP 19607	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Shareholder, CannaLorem, Inc.; Officer, Inperium, Inc. (CannaLorem, Inc. Shareholder)		Own. % Business Associated with [REDACTED] CannaLorem, Inc.			Effective Own. % in Applicant [REDACTED]
Name Jennifer Gassen		Title Director/Officer/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Reading	State PA	ZIP 19606	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Director/Secretary/Shareholder, CannaLorem, Inc.; Secretary, Inperium, Inc. (CannaLorem, Inc. Shareholder)		Own. % Business Associated with [REDACTED] CannaLorem, Inc.			Effective Own. % in Applicant [REDACTED]
Name Inperium, Inc.		Title Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Reading	State PA	ZIP 19606	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Shareholder, CannaLorem, Inc. [Inperium is a not-for-profit; it has no shareholders]		Own. % Business Associated with [REDACTED]			Effective Own. % in Applicant [REDACTED]
Name Julio Lazzarini		Title General Manager/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) General Manager, Applicant; Shareholder, CannaLorem, Inc., Parent		Own. % Business Associated with [REDACTED] CannaLorem, Inc.			Effective Own. % in Applicant [REDACTED]
<p>(B) LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</p> <p>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</p>					

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Name Eliyahu Scheiman	Title CEO/Director/Officer/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City North Wales	State PA	ZIP 19454	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) CEO, Applicant; CEO/Director/Officer/Shareholder, CannaLorem, Inc.		Title (officer, director, manager, etc.) Officer/Director/Shareholder		
Name Ryan Smith	Title President/Director/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Johns Island	State SC	ZIP 29455	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Officer/Director/Shareholder, CannaLorem, Inc., Parent; Officer/Director Inperium, Inc. (CannaLorem, Inc. Shareholder)		Title (officer, director, manager, etc.) Officer/Director/Shareholder		
Name Jeff Giovino	Title Shareholder/Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Mohnton	State PA	ZIP 19607	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Shareholder, CannaLorem, Inc., Parent; Officer, Inperium, Inc. (CannaLorem, Inc., Shareholder)		Title (officer, director, manager, etc.) Shareholder		
Name Jennifer Gassen	Title Secretary/Director/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Reading	State PA	ZIP 19606	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Secretary/Director/Shareholder CannaLorem, Inc., Parent; Officer, Inperium, Inc. (CannaLorem, Inc. Shareholder)		Title (officer, director, manager, etc.) Secretary/Director/Shareholder		
Name Julio Lazzarini	Title General Manager/Shareholder	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) General Manager, Applicant; Shareholder, CannaLorem, Inc., Parent		Title (officer, director, manager, etc.) General Manager/Shareholder		
Name	Title	SSN/FEIN [REDACTED]	DOB [REDACTED]	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Jennifer Lazzarini		Shareholder/Compliance Manager				
Address (residence if an individual)		City	State	ZIP	Phone Number	
[REDACTED]		Warwick	RI	02886	[REDACTED]	
Business Associated with (Applicant, parent business or sub-entity)			Title (officer, director, manager, etc.)			
Compliance Manager, Applicant; Shareholder, CannaLorem, Inc., Parent			Shareholder/Compliance Manager			
Name		Title		SSN/FEIN	DOB	Key Staff App submitted?
Kenneth Brian Stofac		Shareholder/Officer		[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number	
[REDACTED]		Crested Butte	CO	81224	[REDACTED]	
Business Associated with (Applicant, parent business or sub-entity)			Title (officer, director, manager, etc.)			
Shareholder/COO, CannaLorem, Inc., Parent			Officer/Shareholder			
<p>(C) LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).</p> <p>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.</p>						
Name		Title		SSN/FEIN	DOB	Key Staff App submitted?
Eliyahu Scheiman		CEO/Director/Officer/Shareholder		[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number	
[REDACTED]		North Wales	PA	19454	[REDACTED]	
Business Associated with (Applicant, parent business or sub-entity)			Role, interest, etc.			
CEO, Applicant; CEO/Director/Officer/Shareholder, CannaLorem, Inc.			CEO, Applicant			
Name		Title		SSN/FEIN	DOB	Key Staff App submitted?
Julio Lazzarini		General Manager/Shareholder		[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number	
[REDACTED]		Warwick	RI	02886	[REDACTED]	
Business Associated with (Applicant, parent business or sub-entity)			Role, interest, etc.			
General Manager, Applicant; Shareholder, CannaLorem, Inc.			GM, Applicant			
Name		Title		SSN/FEIN	DOB	Key Staff App submitted?
Jennifer Lazzarini		Shareholder/Compliance Manager		[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number	
[REDACTED]		Warwick	RI	02886	[REDACTED]	

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Business Associated with (Applicant, parent business or sub-entity) Compliance Manager, Applicant; Shareholder, Cannalorem, Inc.		Role, interest, etc. Compliance Manager, Applicant			
Name	Title	SSN/FEIN	DOB	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)	City	State	ZIP	Phone Number ()	
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.			
<p>(D) LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).</p> <p>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.</p>					
Name	Title	SSN/FEIN	DOB	Key Staff App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)	City	State	ZIP	Phone Number	
Inperium, Inc.	Shareholder	[REDACTED]	N/A	[REDACTED]	
[REDACTED]	Reading	PA	19606	[REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) CannaLorem, Inc.		Interest Debt Financing			

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Name	Title	SSN/FEIN	DOB	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Interest		
(E) LIST 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.				
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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Name	Title	SSN/FEIN	DOB	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Key Staff App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)		Interest		

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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

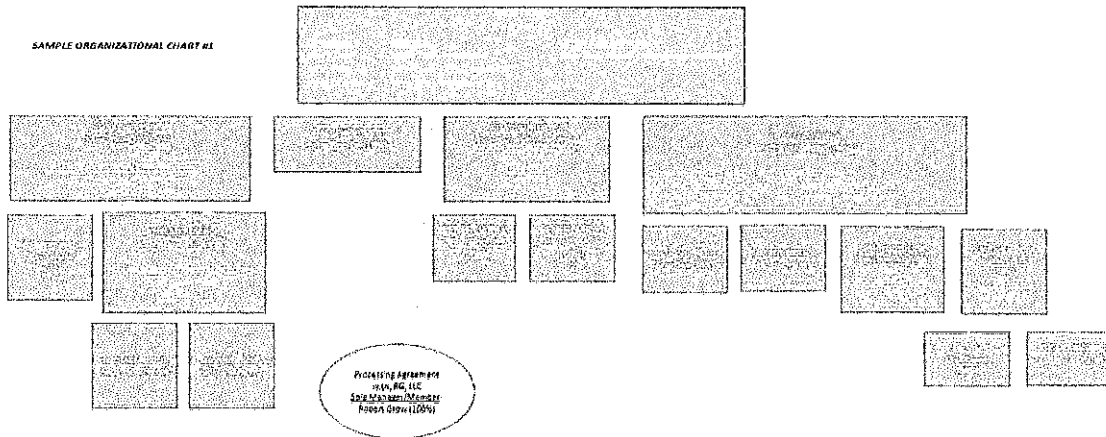
Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

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.

The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.

Sample Org Chart:



If any interest is held by a corporation, limited liability company, partnership, trust or other entity, continue to add boxes that delineate next level interest holders until the organization chart reflects all interests/roles down to the individual person level.

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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:

- (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.



Authorized Signatory

10.25.2024

Date

Elivahu Scheiman

Printed Name
Print Name of Applicant/Licensee:
Print Officer Title:

EXHIBIT L

Use for Part A Supplemental:

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name [Jennifer Lazzarini	Title [Shareholder/Compliance Manager	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City [Warwick	State [RI	ZIP [02886	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Compliance Manager, Applicant; Shareholder, CannaLore, Inc., Parent]	Own. % Business Associated with [] CannaLore, Inc.		Effective Own. % in Applicant []	
Name [Kenneth Brian Stofac	Title [Shareholder/Officer	SSN/FEIN []	DOB []	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City [Crested Butte	State [CO	ZIP [81224	Phone Number []
Business Associated with (Applicant, parent business or sub-entity) [Shareholder/COO, CannaLore, Inc., Parent	Own. % Business Associated with [] CannaLore, Inc.		Effective Own. % in Applicant []	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
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Use for Part B Supplemental:

Name Theresa C. Wilson	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Chester Springs	State PA	ZIP 19425	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.	Title (officer, director, manager, etc.) Director			
Name Dr. Vincent J. LaSorsa	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Reading	State PA	ZIP 19606	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.	Title (officer, director, manager, etc.) Director			
Name Dave Grief	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Fleetwood	State PA	ZIP 19522	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.	Title (officer, director, manager, etc.) Director			
Name Michael Herr	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Wyomissing	State PA	ZIP 19610	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.	Title (officer, director, manager, etc.) Director			
Name Cynthia Pachuta	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Myrtle Beach	State SC	ZIP 29577	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.	Title (officer, director, manager, etc.) Director			
Name Tim Profit	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Sinking Spring	State PA	ZIP 19608	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.	Title (officer, director, manager, etc.) Director			
Name Gary Twardowski	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Millsboro	State DE	ZIP 19966	Phone Number [REDACTED]

Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.		Title (officer, director, manager, etc.) Director			
Name Frederick J. Lokuta, Jr.		Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Avoca	State PA	ZIP 18641	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.		Title (officer, director, manager, etc.) Director			
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.) [REDACTED]			
Name Dr. Lisa Marie McCauley		Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Northampton	State PA	ZIP 18067	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.		Title (officer, director, manager, etc.) Director			
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.) [REDACTED]			
Name John Loyack		Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Reading	State PA	ZIP 19605	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.		Title (officer, director, manager, etc.) Director			
Name Jonathan Peter Swatsburg		Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Blyerville	State PA	ZIP 17307	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.		Title (officer, director, manager, etc.) Director			

Use for Part C Supplemental:

Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Role, interest, etc.		

Use for Part D or E Supplemental (Specify by Checking the Box)

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Interest		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Interest		

EXHIBIT M

Use for Part A Supplemental:

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

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Use for Part B Supplemental:

Name Joseph F. Leone, Jr.	Title Treasurer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Mohrsville	State PA	ZIP 19541	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.		Title (officer, director, manager, etc.) Officer		
Name Christopher Valente	Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Wyomissing	State PA	ZIP 19610	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Inperium, Inc.		Title (officer, director, manager, etc.) Director		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)		Title (officer, director, manager, etc.)		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X

Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)	
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Use for Part C Supplemental:

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X)
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X)
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X)
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X)
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X)
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X)
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X)
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			

Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.
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Use for Part D or E Supplemental (Specify by Checking the Box)

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()X
Business Associated with (Applicant, parent business or sub-entity)	Interest			

FORM 2*

Disclosure of Owners and Other Interest Holders

Part III – Ownership & Compensation

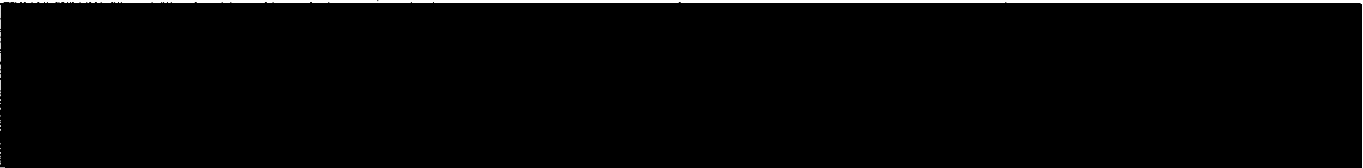
Owners by Effective Percentage of Ownership*	Effective Percentage of Ownership	Capital Contributions, if any
Inperium, Inc.**		
Ryan Smith		
Eliyahu Scheiman		
Jeff Giovino		
Brian Stofac		
Jennifer Gassen		
Julio Lazzarini		
Jennifer Lazzarini		

* CLRI, LLC is wholly-owned by CannaLorem, Inc. The following are the shareholders of CannaLorem, Inc.

**Inperium, Inc. is a not-for-profit corporation and does not have any shareholders.

Directors, Officers, and Key Persons							
Name	***2022 Comp	2021 Comp	2020 Comp	2019 Comp	2018 Comp	2017 Comp	2016 Comp

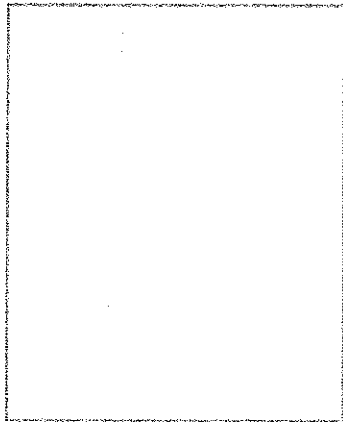
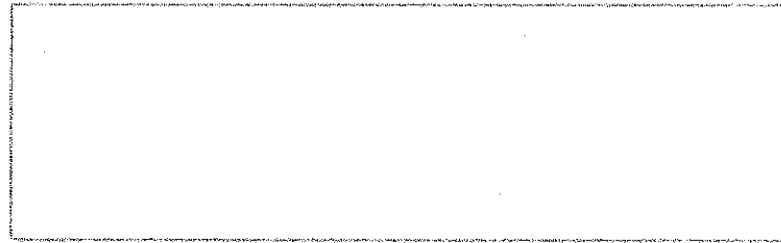
Julio Lazzarini
Jennifer Lazzarini
Eliyahu Scheiman



***CLRI, LLC acquired Class A Cultivation License No. MMP CV 0109 via asset purchase agreement on March 31, 2022. Therefore, compensation information is being provided as of 2022.

**FORM 2 Disclosure of Owners
and Other Interest Holders
Part III – Organizational Chart**

EXHIBIT I



APPLICANT CLRI, LLC
(A wholly owned subsidiary of Cannalorem, Inc.) Officers:
Eliyahu Scheiman, Chief Executive Officer. Other Key
Persons: Julio Lazzarini, General Manager; Jennifer Lazzarini,
Compliance Manager

