## FORM 2\* Disclosure of Owners and Other Interest Holders

## Name of Applicant/Licensee: Mediflor Organics

L. C. L. OMILE & BIST OFFIRE HITELEN LOND	OLE									
List (A.) all persons and/or entities with a officers, directors, members, managers managing or operational control with restacilities whether they have an ownershi financial interest whether they have own arising under shared management compressing under shared management control with licensed facilities (all persons and entitle Holder" and collectively referred to as "In To the extent that any Interest Holder is entity until all such interest Holders are it separate sheet(s) if necessary.	any owner or agents appect to the printeress pership in panies, management to be described an entity	of the application of the control of	the applicanot, austron rigeme e applin (A)-rs").	plicar nt/lice nd (D not, ar nt agr licant/ (E) be on, pa	nt/licensee, and ensee, its opera .) all investors and (E.) all perso reements, or ot licensee, its op bing hereinafter artnership, LLC	I (C.) a ations, to or other ons or e her agreemention r individence.	Il person the lice of person the lice of t	ons or er ense and ins or en that holi its that a license a eferred t	ntities with and interest(s) afford third-part and/or the o as an "Interest Holders in the	ny arty erest
A. LIST ALL PERSONS AND/OR ENTIT APPLICANT/LICENSEE (including of partnership; this includes parent co To the extent that any Interest Holder that entity until all such Interest Holder	orporati ompanie: is an enti	on s s if t ty (c	tocki he ap	holde plica ation,	rs; LLC member is partnership, Ll	pers; and a subs	nd par sidiary .), list a	of anoti	her entity). st Holders in	
Name Nicholas Lacroix	Title Pre	siden	SSN/FEIN		FEIN	DOB		App subm XYes	nitted?	
Address (residence if an individual)	City Warwic	k	State			Phone	Number			
Business Associated with (Applicant, parent business sub-entity)	or	or Own, 9			Associated with		Effectiv	ve Own. %	in Applicant	
Name Zachary Barnes	Title Vice	Presi	dent	SSN/I	EIN	DOB	***************************************	App subm XYes	nitted?	
Address (residence if an Individual)	City Warwick		State RI	2000 CO		Phone Number		All a sound to a second to	***************************************	
sub-entity)	Business Associated with (Applicant, parent business or sub-entity)				Associated with		Effective Own. % in Applicant			
Name Richard Santurri	Title Treasure	r		SSN/F	EIN	DOB		App subm	nitted? □ No	·····
Address (residence if an individual)	City cranston	,	State RI		ZIP 02905	Phone	Number		and a summing a sure of many and a second and	TOTAL PROPERTY AND THE
Business Associated with (Applicant, parent business sub-entity)	or	Own	ı. % Bu	siness	Associated with		Effective	ve Own. %	in Applicant	
Name Anthony Paul Russo III	Title Investor			SSN/F	EIN	DOB		App subm	nitted?	

Address (residence if an individual)	City Fell Riv	191	State MA		ZIP Phone 02720		ne Number	
Business Associated with (Applicant, parent business sub-entity)	or	Owr	Own. % Business Associate			Effective Own % in Applica		we Own % in Applicant
Name ⊜anielle Cabral	Title Investor	-	A Transcription	8SN/FEIN		DOB	er en	App submitted?
Address (residence if an individual)	City Bristol	SCHILLIPS III, ASPAILIS	State		ZIP 02809	Phone	Numbe	r
Business Associated with (Applicant, parent business or sub-entity)			1. % B	usines	Associated with		Effect	iv <u>a Own. % in</u> Applicant
Name Caleb Vezina	Title Investor	•		SSN/	FEIN	DOB		App submitted? ☐ Yes ☐ No
Address (residence if an individual)	City Tivertor	l	State RI		ZIP 02878	Phone	Numbe	<u> </u>
Business Associated with (Applicant, parent business sub-entity)	or	Own	1. % B	usiness	Associated with		Effecti	v <u>a Own</u> . % in Applicant
Name	Title			SSN/I	FEIN	DOB		App submitted? ☐ Yes ☐ No
Address (residence if an Individual)	City		State		ZIP	Phone Numb		
Business Associated with (Applicant, parent business sub-entity)	or	Own. % Business Associated with			<u>.</u>	Effective Own. % in Applicant		
B. LIST ALL OFFICERS, DIRECTORS, N AND ANY OTHER ENTITIES DESCRIPTION To the extent that any such Interest Holders in that entity until all such Interest level	BED IN S	SEC <sup>*</sup>	TION	A. orpora	ition, partnershi	p, LLC	, etc.),	, list all Interest
Name	Ţitle		SSN/FEIN		EIN	DOB		App submitted? □ Yes □ No
Address (residence if an individual)	City		State	ZIP		Phone Number		
Business Associated with (Applicant, parent business of sub-entity)	or	Title	Title (officer, director, me		tor, manager, etc.)			
Name	Title			SSN/F	EIN	DOB		App submitted? ☐ Yes ☐ No
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Business Associated with (Applicant, parent business or sub-entity)			(office	r, direct	tor, manager, etc.)			
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Name	Title		scope onicipalization (**	SSN/FEIN		DOB	App submitted? ☐ Yes ☐ No		
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Name	Title	A		SSN/F	SSN/FEIN		App submitted? ☐ Yes ☐ No		
Address (residence if an Individual)	City		State		ZIP	Phone N	Number		
Business Associated with (Applicant, parent business sub-entity)	or Title (officer, die			r, direc	tor, manager, 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 sub-entity)	or	Title	(office	r, direc	tor, manager, etc.)	•			
C. LIST ALL PERSONS OR ENTITIES WERESPECT TO THE APPLICANT/LICE OPERATIONS, THE LICENSE, AND/CINTEREST OR NOT).  To the extent that any such Interest Holders in that entity until all such Interfevel.	NSEE, ADR LICE	NSE	OTHE D FAC	ER EI CILIT orpora entifie	NTITIES DESCI IES (WHETHEI ation, partnershi ad and disclosed	RIBED R THEY ip, LLC d down	IN SECTIONS A OR B, ITS Y HAVE AN OWNERSHIP , etc.), list all Interest to the individual person		
Name	Title			SSN/I	FEIN	DOB	App submitted? ☐ Yes ☐ No		
Address (residence if an individual)	City		State		ZIP	Phone I	Number		
Business Associated with (Applicant, parent business sub-entity)	or	Role, intere		est, etc	•				
Name	Title	***************************************	NAV 43	SSN/	FEIN	DOB	App submitted? ☐ Yes ☐ No		
Address (residence if an individual)	City		State		ZIP	Phone ( )	Number		
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Name	Title			SSN/F	FEIN	DOB	,	App submitted? ☐ Yes ☐ No
Address (residence if an individual)	City		State		ZIP	Phone I	Number	
Business Associated with (Applicant, parent busine sub-ertity)	ss or	Role	e, intere	est, etc	<u>.</u>			
D. LIST ALL INVESTORS OR OTHER RESPECT TO THE APPLICANT/LIC ITS OPERATIONS, THE LICENSE, OWNERSHIP INTEREST OR NOT).	ENSEE, AND/OR	ANY	OTH	ER EI	NTITIES D	ESCRIBED	IN SE	CTIONS A, B OR C,
To the extent that any such Interest Int								
Name	Title			SSN/	FEIN	DOB		App submitted? □ Yes □ No
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Name	Title			SSN/I	EIN	DOB	App submitted?	
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Business Associated with (Applicant, parent business sub-entity)	or	Interest		***************************************		•		
Name	Title	Title		SSN/FEIN		DOB	App submitted? ☐ Yes ☐ No	
Address (residence if an individual)	City		State		ZIP	Phone Number		
Business Associated with (Applicant, parent business sub-entity)	or	Interest						
Name	Title	1	SSN/FEIN		FEIN	DOB	App submitted? ☐ Yes ☐ No	
Address (residence if an individual)	City		State	ate ZIP		Phone Number		
Business Associated with (Applicant, parent business sub-entity)	or	Interest						
E. LIST ALL PERSONS OR ENTITIES TO COMPANIES, MANAGEMENT AGRES MANAGEMENT OR OPERATIONAL OF OPERATIONS, THE LICENSE AND/OR To the extent that any such Interest Holder that entity until all such Interest Holders are	EMENTS CONTRO R THE L	i, OR L WI ICEN	OTH ITH F ISEC	RESP FAC	AGREEMENTS ECT TO THE ACILITIES.	THAT AFFO APPLICANT/ LC, etc.), list	DRD THIRD-PARTY LICENSEE, ITS  all Interest Holders in	
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Business Associated with (Applicant, parent business 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
Russo Lending			
Anthony Russo III			
Danielle Cabral			

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.

Authorized Signatory	3/1/2022 Date	
Nicholas Lacroix		
Printed Name		
Print Name of Applicant/Licensee:		

