

FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Kelsy Green, LLC, dba Growth Industries of Rhode Island

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.

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).

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 Growth Industries of New England LLC]	Title [Holding Company for Kelsy Green]	SSN/FEIN [REDACTED]	DOB [NA]	App submitted? <input type="checkbox"/> Yes <input checked="" 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) [Parent Entity to Kelsy Green LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name T-Dog LLC]	Title [Member of Growth Industries of New England LLC (GINE)]	SSN/FEIN [REDACTED]	DOB [NA]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Providence]	State [RI]	ZIP [02903]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Michael Kelly, Esq.]	Title [Member of T-Dog LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Westport]	State [MA]	ZIP [02790]	Phone Number [REDACTED]

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Business Associated with (Applicant, parent business or sub-entity) [T-Dog LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Llanos Pharma Consulting LLC]		Title [Member of Growth Industries of New England LLC (GINE)]		SSN/FEIN [REDACTED]	
DOB [NA]		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City [Coral Springs]		State [FL]	
ZIP [33065]		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Alvin Llanos]		Title [Member of Llanos Pharma Consulting LLC]		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City [Coral Springs]		State [FL]	
ZIP [33065]		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) [Llanos Pharma Consulting LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [TCW Enterprises, LLC]		Title [Member of Growth Industries of New England LLC (GINE)]		SSN/FEIN [REDACTED]	
DOB [NA]		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City [North Andover]		State [MA]	
ZIP [01845]		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Jay Warner]		Title [TCW Enterprises, LLC]		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City [North Andover]		State [MA]	
ZIP [01845]		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) [TCW Enterprises, LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [C&D Investments LLC]		Title [Member of Growth Industries of New England LLC (GINE)]		SSN/FEIN [REDACTED]	
DOB [NA]		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City [Cumberland]		State [RI]	
ZIP [02864]		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Bradford Dean]		Title [Member of C&D Investments LLC]		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address (residence if an individual) [REDACTED]		City [Cumberland]		State [RI]	
ZIP [02864]		Phone Number [REDACTED]			
Business Associated with (Applicant, parent business or sub-entity) [C&D Investments LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [David Chenevert]		Title [Member of C&D Investments LLC]		SSN/FEIN [REDACTED]	
DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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Address (residence if an individual) [REDACTED]		City [Cumberland]	State [RI]	ZIP [02864]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [C&D Investments LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Eileen Faxon]	Title [Member of Growth Industries of New England LLC (GINE)]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Westport]	State [MA]	ZIP [02790]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Robert Mulholland]	Title [Member of Growth Industries of New England LLC (GINE)]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Naples]	State [FL]	ZIP [33130]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Killingworth Investors LLC]	Title [Member of Growth Industries of New England LLC (GINE)]	SSN/FEIN [REDACTED]	DOB [NA]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Killingworth]	State [CT]	ZIP [06419]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Jeremiah Mullane]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Alpharetta]	State [GA]	ZIP [30009]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Daniel Mullane]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Killingworth]	State [CT]	ZIP [06419]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Don Morton]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [West Boxford]	State [MA]	ZIP [01885]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

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Name [Leonard R. Gray]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [West Palm Beach]	State [FL]	ZIP [33401]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Maureen Dulmer]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Greenwich]	State [NY]	ZIP [12834]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Norman Liedtke]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Bryn Mawr]	State [PA]	ZIP [19010]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Howard Epstein]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Upper Arlington]	State [OH]	ZIP [43221]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Terry Epstein]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Upper Arlington]	State [OH]	ZIP [43221]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Scott Jordan]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Brooklyn]	State [NY]	ZIP [11211]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Sean Handerhan]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Arlington]	State [VA]	ZIP [22207]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

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Name [Robert Spagnola]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Galveston]	State [TX]	ZIP [77553]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own, % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [David Danahy]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [New City]	State [NY]	ZIP [10956]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own, % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [S Robert Williams]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Manilus]	State [NY]	ZIP [13104]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own, % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [James Sullivan]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Apopka]	State [FL]	ZIP [32712]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own, % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Richard Stuckey]	Title [Member of Killingworth Investors LLC]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Bloomfield Hills]	State [MI]	ZIP [48302]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]	Own, % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Matt Somberg]	Title [Member of Growth Industries of New England LLC (GINE)]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [South Glastonbury]	State [CT]	ZIP [06073]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]	Own, % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Steven Lee]	Title [Member of Growth Industries of New England LLC (GINE)]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Guilford]	State [CT]	ZIP [06437]	Phone Number [REDACTED]

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Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Pimentel Investment Holdings, LLC.]		Title [Member of Growth Industries of New England LLC (GINE)]		SSN/FEIN [REDACTED]	
		DOB [NA]		App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Miami]		State [FL]	
		ZIP [33130]		Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Robin Pimentel, Esq.]		Title [Member of Pimentel Investment Holdings, LLC.]		SSN/FEIN [REDACTED]	
		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Miami]		State [FL]	
		ZIP [33130]		Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) [Pimentel Invesmtent Holdings, LLC.]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Alex Lavin]		Title [Member of Growth Industries of new England LLC (GINE)]		SSN/FEIN [REDACTED]	
		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Coral Gables]		State [FL]	
		ZIP [33134]		Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name [Joseph Barclay]		Title [Member of Growth Industries of New England LLC, (GINE)]		SSN/FEIN [REDACTED]	
		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Arcata]		State [CA]	
		ZIP [95521]		Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) [NA]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name []		Title []		SSN/FEIN []	
		DOB []		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) []		City []		State []	
		ZIP []		Phone Number []	
B. 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					
Name [Steven Lee]		Title [President & Manager]		SSN/FEIN [REDACTED]	
		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]		City [Guilford]		State [CT]	
		ZIP [06437]		Phone Number [REDACTED]	

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Business Associated with (Applicant, parent business or sub-entity) [NA]		Title (officer, director, manager, etc.) [NA]			
Name [Jay Warner]		Title [Treasurer, Secretary & Manager]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City [Middleton]	State [MA]	ZIP [01949]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [TCW Enterprises, LLC]		Title (officer, director, manager, etc.) [Member]			
Name [Bradford Dean]		Title [Manager]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City [Cumberland]	State [RI]	ZIP [02864]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [C&D Investments LLC]		Title (officer, director, manager, etc.) [Member]			
Name [Alvin Llanos]		Title [Manager]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City [Coral Springs]	State [FL]	ZIP [33065]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Llanos Pharma Consulting LLC]		Title (officer, director, manager, etc.) [Member]			
Name [Jeremiah Mullane]		Title [Manager]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City [Alpharetta]	State [GA]	ZIP [30009]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Killingworth Investors LLC]		Title (officer, director, manager, etc.) [Member]			
Name [Robin Pimentel]		Title [Manager]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City [Miami]	State [FL]	ZIP [33130]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [Pimentel Investment Holdings, LLC]		Title (officer, director, manager, etc.) [Member]			
Name [Alex Lavin]		Title [Manager]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City [Coral Gables]	State [FL]	ZIP [33134]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [NA]		Title (officer, director, manager, etc.) [NA]			
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) []		Title (officer, director, manager, etc.) []			

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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).

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.

Name [Raul Palacios]	Title [Cultivation Director]	SSN/FEIN [REDACTED]	DOB [REDACTED]	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) [NA]	Role, interest, etc. [NA]			
Name [Theodore James McNayr]	Title [Assistant Cultivation Director]	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City [Providence]	State [RI]	ZIP [02910]	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) [N/A]	Role, interest, etc. [N/A]			

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).

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.

Name []	Title []	SSN/FEIN []	DOB []	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) []	City []	SSN/FEIN []	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.

Name []	Title []	SSN/FEIN []	DOB []	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Renewal Application for Medical Marijuana Cultivator License

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 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.

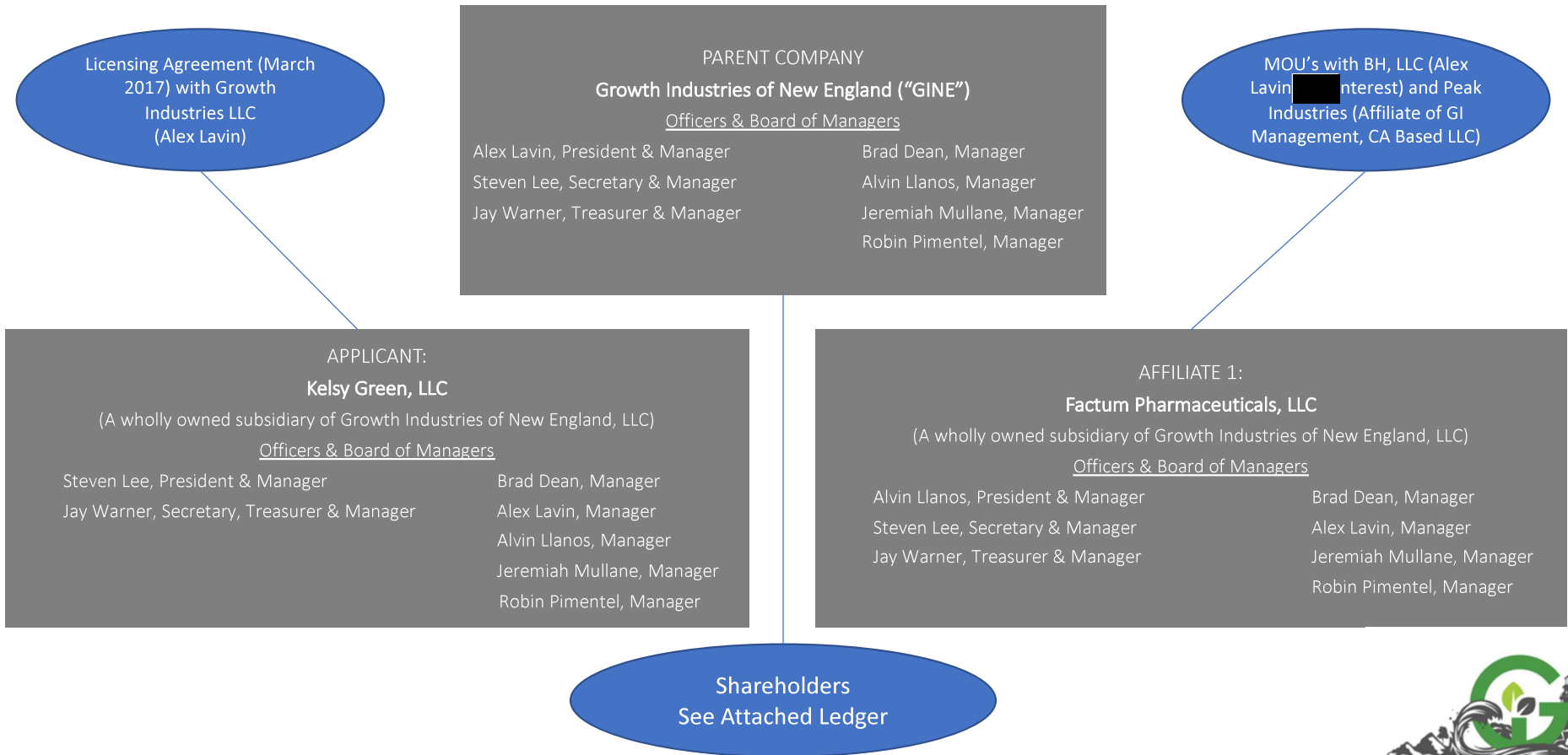
Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to the applicant/licensee, its operations, the license and/or licensed facilities. List 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.

[]

Growth Industries of New England – Organizational Chart





Growth Industries of New England, LLC
Capitalization Table and Related Party Compensation – As of February 28th, 2023
 Kelsy Green, LLC is a wholly owned subsidiary of GINE

Owners by Effective Percentage of Ownership in Kelsy Green LLC (Applicant)	Effective Percentage of Ownership of Kelsy Green LLC (Applicant)	Capital Contributions, if any, into Growth Industries of New England
Pimentel Investment Holdings, LLC	Robin Pimentel	
Alex Lavin		
Killingsworth Investors, LLC	Jeremiah Mullane Daniel Mullane Don Morton Len Grey Maureen Dulmer Norman Liedtke Howard & Terry Epstein Scott Jordan Sean Handerhan Robert Spagnola David Danahy S Robert Williams James Sullivan Richard Stucky	
Joseph Barclay		
T-Dog LLC	Michael Kelly	
TCW Enterprises, LLC	Jay Warner	
C&D Investments, LLC	Bradford Dean David Chenevert	
Llanos Pharma Consulting	Alvin Llanos	
Steven Lee		
Eileen Faxon		
Matt Somberg		
Robert Mulholland		
Total		

Third Party Management/Operations Agreements						
Entity	YTD February 2023	2022 Comp	2021 Comp	2020 Comp	2019 Comp	2018 Comp
Growth Industries, LLC						

Licensing agreement in place between Kelsy Green and Growth Industries, LLC (Florida registered)

GINE– Directors, Officers and Key Persons						
Name	YTD February 2023	2022 Comp	2021 Comp	2020 Comp	2019 Comp	2018 Comp
Dean, Brad - Manager						
Lavin, Alex - President & Manager						
Lee, Steven - Secretary & Manager						
Llanos, Alvin - Manager						
Mullane, Jeremiah - Manager						
Pimentel, Robin - Manager						
Warner, Jay - Treasurer & Manager						

Kelsy Green– Directors, Officers and Key Persons						
Name	YTD February 2023	2022 Comp	2021 Comp	2020 Comp	2019 Comp	2018 Comp
Dean, Brad - Manager						
Lavin, Alex - Manager						
Lee, Steven - President & Manager						
Llanos, Alvin - Manager						
Mullane, Jeremiah - Manager						
Pimentel, Robin - Manager						
Warner, Jay - Secretary, Treasurer & Manager						
Palacios, Raul - Director of Cultivation						
McNayr, Theodore James - Assistant Cultivation Manager						

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

CERTIFICATION AS TO FORM 2

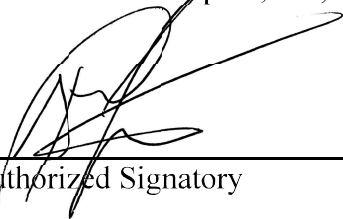
The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the "Department" or "DBR") that it/he/she 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.



Authorized Signatory

3/6/2023

Date

Steven G Lee, President/Manager

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