Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: __Donovan Obair LLC dba LOUD_____

Part I: Owners and Other Interest Holders								
List (A.) all persons and/or entities with an officers, directors, members, managers or managing or operational control with respectacilities whether they have an ownership financial interest whether they have owner arising under shared management comparanagement or operational control with relicensed facilities (all persons and entities Holder" and collectively referred to as "Interest Holder is all entity until all such Interest Holders are ideasheet(s) if necessary.	agents of ect to the interest of rship inter nies, matespect to describe erest Hol	of the apportunity approved the dinders	e appolicanot, an or no emen applicanotica	licant t/licer d (D.) ot, and t agre cant/li E) be	/licensee, and nsee, its operate all investors or di (E.) all persorements, or othic censee, its open ng hereinafter rtnership, LLC,	(C.) all pions, the cother passor en er agreement individue etc.), li	persone lice person titles the mention, the line line line line line line line lin	ns or entities with nse and/or licensed ns or entities with any that hold interest(s) ts that afford third-party cense and/or the eferred to as an "Interest nterest Holders in that
1. 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 LOUD LLC	Title Sole I	Title SSN/FEIN		EIN	DOB Key Staff App submitted □Yes □No		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City Smithfi	eld	State RI		ZIP 02917	Phone Number		
Business Associated with (Applicant, parent business entity) Donovan Obair LLC	or sub-	Own	ı. % Bu	siness	Associated with		Effectiv	ve Own. % in Applicant
Name Peter Kasabian	Title Sole N	/lem		SSN/F		DOB		Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City N Scitua	ate	State RI		ZIP 02857	Phone N	Number	
Business Associated with (Applicant, parent business entity) LOUD LLC	or sub-	Own	i. % Bi	isiness	Associated with		Effectiv	ve Own. % in Applicant
Name	Title			SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone N	Number	
Business Associated with (Applicant, parent business or sub- entity) Own. % Business Associated with Effective Own. % in Applicant Property								

Name	Title		SSN/FEIN		DOB		Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	City Star			ZIP		Number		
Business Associated with (Applicant, parent business entity)	or sub- Own. % Bu		usiness Associated with		•	Effective Own. % in Applicant			
Name	Title		٠	SSN/I	FEIN	DOB		Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City		State		ZIP	Phone I	Phone Number ()		
Business Associated with (Applicant, parent business entity)	iness Associated with (Applicant, parent business or sub- ty) Own. % Business Associated with						Effecti	ve Own. % in Applicant	
Name	Title		SSN/FEIN E		DOB	Key Staff App submitted? □Yes □No			
Address (residence if an individual)	City	÷	State		ZIP	Phone I	e Number)		
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Business Associated with				Effecti	ve Own. % in Applicant		
Name	Title			SSN/I	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State ZIP			Phone I	Number			
Business Associated with (Applicant, parent business entity)	Own. % Business Associated with					Effective Own. % in Applicant			
LIST ALL OFFICERS, DIRECTORS APPLICANT/LICENSEE AND ANY To the extent that any such Interest Ho Holders in that entity until all such Interest	OTHER	R EN	TITIE	S DE	SCRIBED IN Station, partnersh	ECTIO nip, LLC	N A. ;, etc.)	ı, list all Interest	
level									
Name	Title			SSN/I	FEIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone Number ()			
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, dire	ctor, manager, etc.)			
Name	Title		SSN/FEIN		DOB		Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State		ZIP	Phone I	Number		
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, dire	ctor, manager, etc.	<u>,</u>			
Name	Title	<u> </u>		SSN/FEIN		DOB		Key Staff App submitted? □Yes □No	

Address (residence if an individual)	City		State		ZIP	Phone N	lumber		
Business Associated with (Applicant, parent business entity)	or sub-	ub- Title (d		(officer, director, manager, etc.)		c.)			
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	State		ZIP		Phone N	lumber		
Business Associated with (Applicant, parent business entity)	s or sub- Title (c			(officer, director, manager, etc.)					
Name	Title			SSN/i	SSN/FEIN		Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	State			ZIP		lumber		
Business Associated with (Applicant, parent business entity)	or sub-	or sub- Title (officer, director, manager, etc.)				c.)			
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	ity State		ZIP		Phone N	Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, direc	ctor, manager, et	c.)			
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	State			ZIP	Phone N	lumber		
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, direc	ctor, manager, et	c.)			
3. LIST ALL PERSONS OR ENTITIE RESPECT TO THE APPLICANT/L ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT To the extent that any such Interest Ho Holders in that entity until all such Inter level.	ICENSE , AND/O). lder is ar	E, A R LI	NY O	THE	R ENTITIES DEFACILITIES (DESCRIB WHETHE ship, LLC	ED IN SECTIONS A OR B, R THEY HAVE AN , etc.), list all Interest		
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City		State	e ZIP		Phone N	lumber		
Business Associated with (Applicant, parent business entity)	or sub-	Role	e, intere	est, etc			·		
Name	Title	<u> </u>		SSN/FEIN		ров	Key Staff App submitted? ☐Yes ☐No		

Address (residence if an individual)	City S		State	Z	IP .	Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc.		<u> </u>		
Name	Title			SSN/FE	EIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	ZIP		Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc.				
Name	Title			SSN/FE	IN	DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State	Z	ZIP .	Phone N		
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc.				
Name	Title			SSN/FE	EIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State		Z	ZIP		Phone Number	
Business Associated with (Applicant, parent business or subentity)								
Name	Title	SSN/FEIN		EIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State ZIP			ZiP	Phone Number ()		
Business Associated with (Applicant, parent business entity)	usiness Associated with (Applicant, parent business or sub- ntity)							
Name	Title			SSN/FE	EIN	DOB		Key Staff App submitted? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Address (residence if an individual)	City		State	Ž	ΣÍΡ	Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc.						
4. 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/FE	EIN	DOB		Key Staff App submitted? □Yes □No

Address (residence if an individual)	City	Stat	e	ZIP	Phone Number ()		
Business Associated with (Applicant, parent business entity)	or sub-	Interest	•		······································		
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	Stat	e	ZIP	Phone Number	er .	
Business Associated with (Applicant, parent business entity)	or sub-	Interest	<u> </u>		•		
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	Stat	e	ZIP	Phone Numbe	er .	
Business Associated with (Applicant, parent business entity)	or sub-	Interest	· · · · · · · · · · · · · · · · · · ·				
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Stat	e	ZIP	Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	Interest			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Stat	e	ZIP	Phone Number ()		
Business Associated with (Applicant, parent business entity)	or sub-	Interest		· · · · · · · · · · · · · · · · · · ·			
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	Stat	e	ZIP	Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	Interest					
Name	Title		SSN/F	EIN	DOB	Key Staff App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	Stat	e	ZIP	Phone Number		
Business Associated with (Applicant, parent business entity)	or sub-	or sub- Interest		-	<u> </u>		
5. LIST ALL PERSONS OR ENTITIE COMPANIES, MANAGEMENT AG MANAGEMENT OR OPERATIONA OPERATIONS, THE LICENSE AN	REEMEN	NTS, OF	OTHE	R AGREEME SPECT TO TH	NTS THAT A	FFORD THIRD-PARTY	

To the extent that any such Interest Hold that entity until all such Interest Holders						
Name	Title	SS	SN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber	
Business Associated with (Applicant, parent busin	ess or sub-entity)	Interest				
Name	Title	ss	SN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber	
Business Associated with (Applicant, parent busin	ess or sub-entity)	Interest				
Name	Title	SS	N/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber	
Business Associated with (Applicant, parent business	ess or sub-entity)	Interest				
Name	Title	ss	6N/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber	
Business Associated with (Applicant, parent business	ess or sub-entity)	Interest				
Name	Title	ss	SN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nun	lumber	
Business Associated with (Applicant, parent business	ess or sub-entity)	Interest				
Name	Title	SS	N/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Number		
Business Associated with (Applicant, parent busine	ess or sub-entity)	Interest				
Name	Title	ss	N/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Number ()		
Business Associated with (Applicant, parent busine	ess or sub-entity)	Interest				

Renewal Application for Medical Marijuana Cultivator License

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.

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:

With respect to the applicant/licensee, all persons and entities that:

Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or

1.

1.

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Renewal Application for Medical Marijuana Cultivator License

- 2. 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
- 3. 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 Bate

Peter Kasabian, CEO Donovan Obair LLC

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title:

Donovan Obair LLC d/b/a LOUD Organizational Chart

