Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: _Cann Cure Cultivation, LLC _

Part I: Owners and Other Interest Holde								
List (A.) all persons and/or entities with a officers, directors, members, managers of managing or operational control with resp facilities 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 a entity until all such Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that any Interest Holders are identified to the extent that the extent tha	or agents pect to the interest ership into anies, mare espect to describe terest Ho	of the apportunity of the apport	ne applicant ot, and tor no ement application (A)-(Es").	icant/licensee, a /licensee, its op it (D.) all investo it, and (E.) all pe agreements, or ant/licensee, its it being hereina	and (C.) ali erations, the rs or other rsons or e other agre operations fter individ	persons or entities with ne license and/or licensed persons or entities with any ntities that hold interest(s) eements that afford third-party s, the license and/or the ually referred to as an "Interest list all Interest Holders in that		
A) LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (includin partnership; this includes parent entity). To the extent that any Interest Holder it that entity until all such Interest Holders.	g corpor compar s an entit	ratio nies ty (co	n stoc if the	kholders; LLC applicant/licent	members see is a se	; and partners if a ubsidiary of another), list all Interest Holders in		
								
lame Gregory S. Cooper	Title Manag Membe	_		SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No		
ddress (residence if an individual)	City South Kingsto	ty State		ZIP 02879	Phone	Number		
lusiness Associated with (Applicant, parent business ntity) N/A	or sub-	Own N/		iness Associated wi	th	Effective Own. % in Applicant		
lame Patricia A. Thornton	Title Memb	er	8	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No		
ddress (residence if an individual)	City South Kingstov	South RI		ZIP 02879	Phone	Number		
usiness Associated with (Applicant, parent business ntity) N/A	······································			iness Associated wi	th	Effective Own. % in Applicant		
ame	Title		S	SN/FEIN	DOB	Key Staff App submitted?		
Michael Watkins	Membe	er				⊠Yes □No		
ddress (residence if an individual)	City Bradfo	•		State ord RI		ZIP 02808	Phone i	Number

		-							
Business Associated with (Applicant, parent business or sub- entity) N/A			Own. % Business Associated with						
Name	Title	1		SSN/FEIN	DOB	Key Staff App submitted?			
Angie Watkins	Memb	er		CONT LIN	ВОВ	Yes □No			
Address (residence if an individual)	City		State	ZIP	Phone N	umbor			
,	Bradfo	ord	RI	02808	Thorie N	amper			
Business Associated with (Applicant, parent business	s or sub-	Ow	n % Bi	usiness Associated with		Effective Own. % in Applicant			
entity)	3 01 000		11. 70 BC	MINICAS MASSOCIATED MINI		Checave Own. % III Applicant			
N/A		11	1/ A						
Name	Title			SSN/FEIN	DOB	Kou Stoff Ann out with 10			
Brian Slusarz	Memb	or		SSIN/I LIIV	DOB	Key Staff App submitted? ⊠Yes □No			
	ivietiin	 	.,			MI es CINO			
Address (residence if an individual)	City		State	ZIP	Phone N	umber			
	Wyom	ing	RI	02898					
Business Associated with (Applicant, parent business	or sub-	Owi	n. % Bu	siness Associated with		Effective Own. % in Applicant			
entity)		t .	/A	The second control of		Encette Own. 70 In Applicant			
N/A		''	,,,						
Name	Title			S\$N/FEIN	DOB	Koy Stoff App submitted?			
TechniArt Inc.	Memb	ωr		001471 5114	DOB	Key Staff App submitted? ⊠Yes □No			
	<u> </u>			<u></u>		3.03			
Address (residence if an individual)	City		State	ZIP	Phone No	umber			
	Collins	ville	CT	06022	(
Business Associated with (Applicant, parent business	or sub-	Owi	1. % Bu	siness Associated with	1	Effective Own, % in Applicant			
entity)			/A			2 TOOLIVE OWEL, TO ITT Applicant			
N/A		''	,						
Name	Title		T	SSN/FEIN	ров	Key Staff App submitted?			
Gary Cardillo	Memb	er	ŀ	CONT ENT	000	⊠Yes □No			
		<u> </u>	E						
Address (residence if an individual)	City		State	ZIP	Phone Nu	ımber ·			
	Union	/ille	СТ	06085					
Business Associated with (Applicant, parent business	or sub-	sub- Own. % Business Associated with				Effective Own. % in Applicant			
entity)						. ,			
TechniArt Inc.									
(D) LIST ALL AFFIGERS DIRECTOR									
(B) LIST ALL OFFICERS, DIRECTOR	S, WANA	\GE	RS, M	EMBERS OR AGE	NTS OF	THE			
APPLICANT/LICENSEE AND ANY	OTHER	EN	TITIE	S DESCRIBED IN :	SECTION	Α.			
To the extent that any such Interest Ho	lder is ar	n ent	tity (ca	propration, partners	hip, LLC.	etc.), list all Interest			
Holders in that entity until all such Inter	est Holde	ers a	ire ide	ntified and disclose	ed down to	the individual person			
level						s are marriada, porcon			
Name	Title			SSN/FEIN	DOB	Key Staff App submitted?			
Gregory S. Cooper	Manag	ing				⊠Yes □No			
	Membe	r							
Address (residence if an Individual)	City	,	State	ZIP	Ohara Mir				
ridarese (residence in all individual)	South		RI		Phone Nu	imber			
	4		L/1	02879					
	Kingstov	٧n				i			
Business Associated with (Applicant, parent business	or sub-	Title	(officer	, director, manager, etc.)				
entity)		N/	Α			•			
N/A	,								
Name	Title		3	SSN/FEIN	DOB	Key Staff App submitted?			
Patricia A. Thornton	Membe	er				⊠Yes □No			
Address (residence if an individual)	City	-1	! = State	ZIP	Db 52				
- Italian in a state of the sta	City				Phone Nu	mper			
			RI	02879					

	Courth		T		1	1			
	South Kingsto								
Business Associated with (Applicant, parent business entity) N/A			•	er, direc	ctor, manager, etc.				
Name	Title			SSN/I	FEIN	DOB	Key Staff App submitted?		
Michael Watkins	Memb	er					⊠Yes □No		
Address (residence if an individual)	City		State	1	ZIP	Phone Num	iber		
	Bradfo	ord	RI		02808				
Business Associated with (Applicant, parent business entity) N/A	**			er, direc	ctor, manager, etc.)		,		
Name	Title	nl		SSN/F	FEIN	DOB	Key Staff App submitted?		
Angie Watkins	Memb	er					⊠Yes □No		
Address (residence if an individual)	City Bradfo	State		1.	ZIP 02808	Phone Num	ber		
Business Associated with (Applicant, parent business entity) N/A	1 N/A								
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted?		
Brian Slusarz	Memb	er					⊠Yes □No		
Address (residence if an individual)	City Wyom	City State ZIP Wyoming RI 02898				Phone Num	ber		
Business Associated with (Applicant, parent business entity) N/A	· ·			Title (officer, director, manager, etc.) N/A					
Name Gary Cardillo	Title Membe	er		SSN/FEIN		DOB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City Unionv	/ille	State CT	ì		Phone Num	ber		
Business Associated with (Applicant, parent business entity) TechniArt Inc.	or sub-	Title (officer, director, manager, etc.)							
Name Adam Tardif	Title Membe	er		SSN/F	FIN	DOB	Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City Easton		State CT		ZIP 06612	Phone Num	ber		
Business Associated with (Applicant, parent business or subentity) TechniArt Inc.			office (office esider		etor, manager, etc.)				
(C) LIST ALL PERSONS OR ENTITIES RESPECT TO THE APPLICANT/LI ITS OPERATIONS, THE LICENSE, OWNERSHIP INTEREST OR NOT)	CENSEE AND/O	E, Al	NY O	THER	RENTITIES DE	SCRIBED	IN SECTIONS A OR B.		
To the extent that any such Interest Hol Holders in that entity until all such Interelevel.	der is an est Holde	⊧enti ers a	ity (co re ide	orpora entifie	ation, partnersh d and disclosed	ip, LLC, et I down to t	c.), list all Interest he individual person		

Name	Title			SSN/FEIN		DOB	Key Staff App submitted?
Gregory S. Cooper	Manag		g			⊠Yes □No	
	Membe	r		<u> </u>			
Address (residence if an individual)	City		State		ZIP	Phone Nun	nber
	South		RI		02879		
	Kingsto	1	<u>L.</u>				
Business Associated with (Applicant, parent business entity)	or sub-	Role	e, inter	est, etc			
Name	Title			SSN/I	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	•	ZIP	Phone Num	nber
Business Associated with (Applicant, parent business entity)	or sub-	Role, inter		est, etc			
Name	Title			SSN/F	EIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	Stat			ZIP	Phone Num	nber
Business Associated with (Applicant, parent business entity)	or sub-	Role, inter		rest, etc.			
Name	Title	tle		SSN/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	ity Sta		: ZIP		Phone Num	ber
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc			
Name	Title			SSN/FEIN		DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	ZIP		Phone Num	ber
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc.			
Name	Títle			SSN/F	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/F	EIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State	ziP		Phone Num	ber
Business Associated with (Applicant, parent business entity)	or sub-	Role	, intere	est, etc.			

(D) LIST ALL INVESTORS OR OTHE WITH RESPECT TO THE APPLIC B OR C, ITS OPERATIONS, THE AN OWNERSHIP INTEREST OR	CANT/LIC	ENSEE,	ANY OTHER E	NTITIES DESCRI	BED IN SECTIONS A,		
To the extent that any such interest H Holders in that entity until all such intellevel.							
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	ZIP	Phone Numbe	r		
Business Associated with (Applicant, parent busines entity)	s or sub-	Interest					
Name	Title	1	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	ZIP	Phone Numbe	r		
Business Associated with (Applicant, parent busines entity)	s or sub-	Interest	,				
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	State	ZIP	Phone Numbe	Phone Number ()		
Business Associated with (Applicant, parent busines entity)	s or sub-	Interest		<u> </u>			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	ZIP	Phone Numbe	Phone Number ()		
Business Associated with (Applicant, parent busines entity)	s or sub-	Interest	'				
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	ZIP	Phone Numbe	г		
Business Associated with (Applicant, parent busines entity)	s or sub-	Interest	1	-			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No.		
Address (residence if an individual)	City	State	ZIP	Phone Numbe	r		
Business Associated with (Applicant, parent busines entity)	s or sub-	Interest		 l			

			т.			15.55	14	
Name		Title		SSN/FEI	N	DOB	Key Staff App submitted? ☐Yes ☐No-	
Address (residence	if an individual)	City	State	State ZIP		Phone Number		
Business Associated entity)	d with (Applicant, parent busin	ess or sub-	iterest	•				
COMPA MANAG		AGREEMENT	S, OR C	THER	AGREEME PECT TO T	NTS THAT A	IARED MANAGEMENT FFORD THIRD-PARTY NT/LICENSEE, ITS	
	at any such Interest Hol- all such Interest Holders							
Name	**************************************	Title	Title		SN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence	if an individual)	City		State	ZIP	Phone Nur	nber	
Business Associated with (Applicant, parent business or sub-entity) Interest								
Name		Title	tle		SN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence	if an individual)	City		State	ZIP	Phone Nui	mber	
Business Associated	d with (Applicant, parent busir	ess or sub-entity) Inte	rest		1		
Name		Title		SSN/FEIN		DOB	Key Staff App submitted? □Yes □No	
Address (residence	if an individual)	City		State	ZIP	Phone Nui	mber	
Business Associated	d with (Applicant, parent busir	ess or sub-entity	Inte	rest				
Name		Title		s	SN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence	if an individual)	City	ty Sta		ZIP	Phone Nur	mber	
Business Associated	d with (Applicant, parent busin	ess or sub-entity)) Inte	rest				
Name		Title		S	SN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence	if an Individual)	City		State	ZIP	Phone Nui	mber	
Business Associated	d with (Applicant, parent busin	ess or sub-entity)	Inte	rest				
Name		Title		S	SN/FEIN	DOB	Key Staff App submitted? □Yes □No	

Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City	State	ZIP	Phone Number		
				()		
Business Associated with (Applicant, parent busin	ness or sub-entity)	Interest	•			
Name	Title	SS	BN/FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State ZIP		Phone Number		
Business Associated with (Applicant, parent business	ness 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.

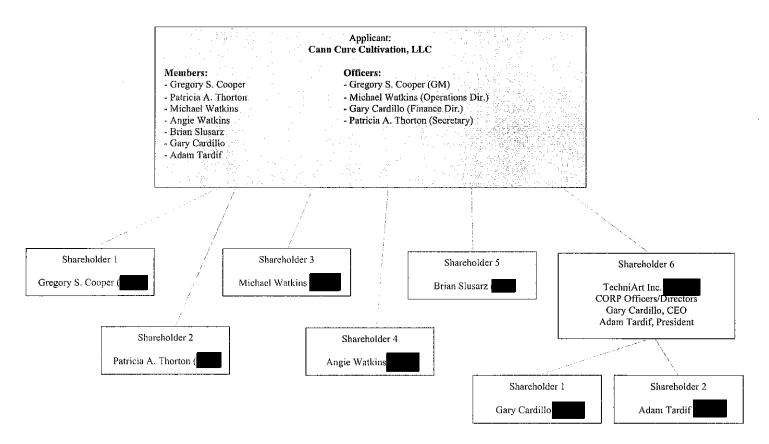
Attach a list of all Interest Holders identified in Part I(A), Part I(B), Part I(C) and Part I(E) and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to the applicant/licensee, its operations, the license and/or licensed facilities for 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.

Use for Part A Supplemental:

Name Adam Tardif	Title Member			SSN/FFIN			DOR		App submitted? [⊠Yes □No
Address (residence if an individual)	City Easton	State CT			ZIP 06612		Phone	Vumber	
Business Associated with (Applicant, parent business entity) TechniArt Inc.	or sub-	Own	ı. % Bı	usiness	Associat	ed with		Effectiv	ve Own. % in Applicant
Name	Title			SSN/	EIN		DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State	:	ZIP		Phone Number		1
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Bu		usiness Associated wi		ed with	Effective Own. %		ve Own. % in Applicant
Name	Title			SSN/I	EIN		DOB		App submitted? □Yes □No
Address (residence if an individual)	City	State			ZIP		Phone Numb		}
Business Associated with (Applicant, parent business entity)	or sub-	Own	ı. % Bı	ısiness	Associat	ed with		Effectiv	ve Own. % in Applicant
Name	Title			SSN/I	EIN	1	DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State	:	ZIP		Phone (Number	
Business Associated with (Applicant, parent business entity)	or sub-	Own	. % Bu	isiness	Associat	ed with	!	Effectiv	ve Own. % in Applicant
Name	Title	•	÷	SSN/f	EIN		DOB		App submitted? [□]Yes [□]No
Address (residence if an individual)	City		State		ZIP		Phone (dumber	j
Business Associated with (Applicant, parent business entity)	or sub-	Own	. % Bu	siness	Associat	ed with	: } f	Effectiv	ve Own. % in Applicant
Name	Title			SSN/I	EIN		DOB		App submitted? □Yes □No
Address (residence if an individual)	City	ĺ	State	i	ZIP	į	Phone N	Number	j
Business Associated with (Applicant, parent business entity)	or sub-	Own	. % Bu	siness	Associat	ed with	*	Effectiv	ve Own. % in Applicant
Name	Title			SSN/F	EIN	:	DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	. !	Phone N	√umber	
Business Associated with (Applicant, parent business entity)	or sub-	Own :	. % Bu	siness	Associati	ed with	· ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	Effectiv	ve Own. % in Applicant

Cann Cure Cultivation, LLC. Organizational Chart



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.

Gregory S. Cooper

Printed Name

Print Name of Applicant/Licensee: Cann Cure Cultivation LLC

Print Officer Title: Managing Member