FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: THCBD

		- Change								
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.										
Anthony Walker	Title Own	U	SSN/FEIN		DOB	E	App submitted? XYes □No			
Address (residence if an individual)	City		State ZIP 11217		Phon	Numbe	r			
Business Associated with (Applicant, parent business entity) THCBD, UC	or sub-	Own	. % Bu	siness Associated	with	Effect	ive Own. % in Applicant			
Name	Title			SSN/FEIN	DOB		App submitted? □Yes □No			
Address (residence if an individual)	City		State	ZIP	Phon-	e Numbe)	r			
Business Associated with (Applicant, parent business or subentity) Own. % Business Associated with Effective Own. % in Applicant										
Name	Títle			SSN/FEIN	DOB		App submitted? ☐Yes ☐No			
Address (residence if an individual)	City		State	ZIP	Phon (Phone Number				
Business Associated with (Applicant, parent business entity)	or sub-	Own	. % Bu	siness Associated	with	Effect	ive Own. % in Applicant			

Name	T'AL-			CONTE	CINI	Inon			
Name	Title			SSN/FEIN		DOB		App submitted? Yes No	
Address (residence if an individual)	City	City			ZIP	Phone Number			
Business Associated with (Applicant, parent business entity)	or sub-	ub- Own. % B		usiness Associated with			Effectiv	ve Own. % in Applicant	
Name	Title				EIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City	City			ZIP	Phone (Number		
Business Associated with (Applicant, parent business entity)	or sub-	Owr	. % Bu	siness	Associated with		Effectiv	ve Own. % in Applicant	
Name	Title			SSN/F	FEIN	DOB	DOB App submitted?		
Address (residence if an individual)	City		State		ZIP	Phone ()			
Business Associated with (Applicant, parent business entity)	or sub-	r sub- Own. %		ısiness	Associated with	1,	Effectiv	ve Own. % in Applicant	
Name	Title	e		SSN/F	EIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP		Phone ()	ne Number)			
Business Associated with (Applicant, parent business or subentity)			r sub- Own. % Business Associated with				Effective Own. % in Applicant		
B. LIST ALL OFFICERS, DIRECTORS, N AND ANY OTHER ENTITIES DESCRI	MANAGE BED IN :	RS, SEC	MEN TION	IBER A.	S OR AGENTS	OF TH	HE AP	PLICANT/LICENSEE	
To the extent that any such Interest Ho Holders in that entity until all such Inter- level	lder is ar est Holde	n ent ers a	tity (ca are ida	orpora entifie	ation, partnershed and disclosed	iip, LLC d down	c, etc.) to the	, list all Interest individual person	
Name	Title		SSN/FE		EIN	DOB		App submitted? □Yes □No	
Address (residence if an individual)	City		State	e ZIP		Phone Number			
Business Associated with (Applicant, parent business entity)	or sub-	sub- Title (office)			er, director, manager, etc.)				
Name	Title			SSN/F	SN/FEIN			App submitted? □Yes □No	
Address (residence if an individual)	City State		State	te ZIP		Phone ()	Number		
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, dired	ctor, manager, etc.)				
Name	Title			SSN/F	FEIN	DOB	DOB App submitted?		
Address (residence if an individual)	City		State		ZIP	Phone	Number	(

Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, direc	ctor, manager, etc	:.)	
Name	Title				FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber
Business Associated with (Applicant, parent business entity)	or sub-	Title	Title (officer, director, manager, et			3.)	
Name	Title				EIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, direc	ctor, manager, etc	:-)	
Name	Title			SSN/F	FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	ity State		ZIP		Phone Nu	mber
Business Associated with (Applicant, parent business or subentity)			(office	r, direc	stor, manager, etc	:.)	
Name	Title			SSN/F	FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	ty State			ZIP	Phone Nu	mber
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, direc	ctor, 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 Interlevel.	NSEE, ADR LICE	NSE	OTHE D FA	ER EN CILIT	NTITIES DESC IES (WHETH	CRIBED IN ER THEY I	SECTIONS A OR B, ITS HAVE AN OWNERSHIP etc.), list all Interest
Raul bulyra	Title VAOVA	tle AOWAQU			FIN	DOB .	App submitted? ✓Yes □No
Address (residence if an individual)	City Albau	ny	State	j	12205	Phone Niu	mhor
Business Associated with (Applicant, parent business entity)		Røle		est, etc			
Name Jack Ryan	Title Veuva	N. D	11/	SSN/F	FEIN	DOB	App submitted?
Address (residence if an individual)	City Pawotu	ike	State	1	ZIP Or 860	Phone Nu	mber

		Role, interest, etc.							
entity) +4cBD, uc		no	magu						
Name	Title		SSN/FEIN	DOB	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, inter	est, etc.						
Name	Title	1.	SSN/FEIN	DOB	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, inter-	est, etc.						
Name	Title	1.	SSN/FEIN	DOB	App submitted? □Yes □No				
Address (residence if an individual)	City	State	ZIP	Phone Num	ber				
Business Associated with (Applicant, parent business entity)	Role, inter	est, etc.							
Name	Title		SSN/FEIN	DOB	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, inter	est, etc.		· · · · · · · · · · · · · · · · · · ·				
Name	Title	1	SSN/FEIN	DOB	App submitted? □Yes □No				
Address (residence if an individual)	City	State	ZIP	Phone Numl	per				
Business Associated with (Applicant, parent business entity)	or sub-	Role, intere	est, etc.						
D. LIST ALL INVESTORS OR OTHER PIRESPECT TO THE APPLICANT/LICE ITS OPERATIONS, THE LICENSE, A OWNERSHIP INTEREST OR NOT). To the extent that any such Interest Holders in that entity until all such Interlevel.	NSEE, A ND/OR L	ANY OTHI	ER ENTITIES D D FACILITIES (orporation, parte	ESCRIBED IN S WHETHER THE	SECTIONS A, B OR C, EY HAVE AN c.). list all Interest				
Name	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No				
Address (residence if an individual)	City	State	ZIP	Phone Numb	per				
Business Associated with (Applicant, parent business entity)	or sub-	Interest							

Manage	T						_	
Name	Title]	SSN/F	=EIN]	[[ОВ	1	App submitted? [□]Yes [□]No
Address (residence if an individual)	City [State []	ZIP] (hone Nun	nber	Į.
Business Associated with (Applicant, parent business entity)	or sub-	Interest]		
Name	Title		SSN/F	EIN	D	ОВ]	App submitted? [□]Yes [□]No
Address (residence if an individual)	City [State		ZIP] (hone Nun] (nber]
Business Associated with (Applicant, parent business entity)	or sub-	Interest]		
Name	Title	1	SSN/F	EIN	D.	ОВ]	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State		ZIP	PI (hone Num	nber	Ĭ
Business Associated with (Applicant, parent business entity)	or sub-	Interest						
Name	Title		SSN/F	EIN	D(ОВ]	App submitted? □Yes □No
Address (residence if an individual)	City	State []	ZIP	PI (hone Num	nber]
Business Associated with (Applicant, parent business entity)	or sub-	Interest						
Name [Title		SSN/F	EIN]	D0	ОВ]	App submitted? □Yes □No
Address (residence if an individual)	City	State []	ZIP	Pt (hone Num	nber	
Business Associated with (Applicant, parent business of entity)	or sub-	Interest]			
Name	Title]	SSN/F	EIN	[ОВ		App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State [1	ZIP	Pt (none Num	iber]
Business Associated with (Applicant, parent business of entity)	or sub-	Interest]			
	Title [SSN/F	EIN]	D(ОВ		App submitted? [□]Yes [□]No
	City	State []	ZIP	Ph (none Num	ber),
Business Associated with (Applicant, parent business of entity)	or sub-	Interest]			

E. LIST ALL PERSONS OR ENTITIES THAT COMPANIES, MANAGEMENT AGREEMEN MANAGEMENT OR OPERATIONAL CONTOPERATIONS, THE LICENSE AND/OR TH	N1 FR	rs, or o ⁻ lol with	THER A	GRI ECT	EEMENT TO THE	S TH	AT AFFOR	D THIRD-PARTY
To the extent that any such interest Holder is an		m## . /	4:		4			
To the extent that any such Interest Holder is an	e	nuty (corp	oration	, par	τnersnip,	LLC	, etc.), list all	Interest Holders in
that entity until all such Interest Holders are iden	itif	ied and di	sclosed	l dov	wn to the	indiv	idual person	level.
Name	7	Title		CON	I/FEIN		ров	TARREST AND
	ıl	I I I I I	1	JOON	I/FEIIN	1	L L	App submitted?
	Ш	l]	Į				[□]Yes [□]No
Address (residence if an individual)	7	City	State		ZIP		Phone Numbe	
(contains it air intainean)		City	Julian	1	1211	1		"
			111	1	<u>l</u> l	}	k[]	I
Business Associated with (Applicant, parent business or sub)-e	ntity) Ir	nterest		-		-	
	_]						
Name	1	Title		SSN	/FEIN		DOB	App submitted?
	1	ſ	1	Ī		1	1	[□]Yes [□]No
	d)	l	1	1		J	L J	
Address (residence if an individual)		City	State		ZIP		Phone Numbe	r
	П		111	1	I	1	() X	1
		1	A L	J	V.	9	Q 1X	k
Business Associated with (Applicant, parent business or sub-entity) Interest								
Nama	1							1
Name	a .	Title	,	SSN	/FEIN		DOB	App submitted?
	Ш][□ Yes □ No
Address (see Cl. 1997)	4		1.	£.		J	1	
Address (residence if an individual)	- [1	City	State		ZIP	- 2	Phone Numbe	г
	- 1					- 1	() X	1
Desir A 14 1 10 (A III)	_		111	- 1			4) /	1
Business Associated with (Applicant, parent business or sub	-е	ntity) Ir 	nterest]	
Name	T	Title		SCN	/FEIN		DOB	App submitted?
f-	1	ſ	1	L	/FEIN	1	1 000	
	Ш	[l				[□]Yes [□]No
Address (residence if an individual)	1	City	State		ZIP		Phone Numbe	
(delice is all main add)	-1	[111	1	1	1		'
ki .			JJL				())	
Business Associated with (Applicant, parent business or sub	-61	ntity) In	terest					
(4 F		1	1101001				1	
Name	T	Title		SSN	/FEIN		DOR	Ann submitted?
ſ	1		1	[/I LIIV	1	I BOB	App submitted?
	Щ							[□]Yes [□]No
Address (residence if an individual)	7	City	State		ZIP		Phone Numbe	r
1	T)	l .	1 1	1	-11	1		1
c .][[l.	1	()	
Business Associated with (Applicant, parent business or sub	-eı	ntity) In	terest					
(1 , , , , , , , , , , , , , , , , , ,	-	1 1					1	
		1 1]	
Name	7	Title		SSN	/FEIN		DOB	App submitted?
	ılı		1 l	[1	1	
	Ц			[[□]Yes [□]No
Address (residence if an individual)	\top_{c}	City	State		ZIP		Phone Number	-
1	Hì		1 1	1	lf-''	1		,
			_][[1	ĮĮ.		())	J
Business Associated with (Applicant, parent business or sub	-pr	ntity) In	terest			-		
, (+ p. 1001.11 2001.1000 01 00D	71	1 ,					1	
		1_1						
Name	T	Title		CON	/FEIN		DOB	Ann aubasitt
	ď	146	1	SSIN/	LEIIA	1 1	DOB	App submitted?
	Ш							[□]Yes [□]No

Address (residence if an individual)	City	State	ZIP	Phone Number		
) () X]	
Business Associated with (Applicant, parent business or sub-	Interest					
]]		- 1

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

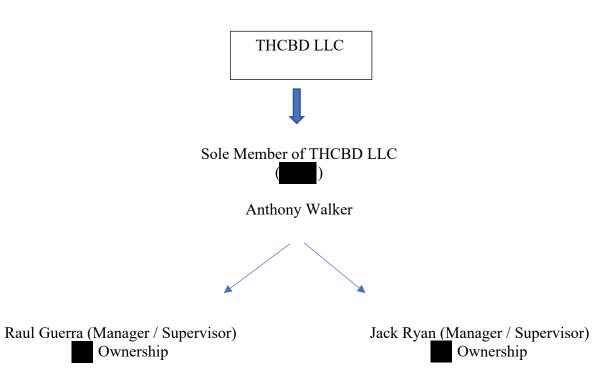
applicant/licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.

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.

Organizational Chart

THCBD LLC



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

Printed Nam Anthony Walker

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title: