

## FORM 2\*

### Disclosure of Owners and Other Interest Holders

**Name of Applicant/Licensee: Plant Based Compassionate Care Inc.**

**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   Jason Webski	Title   Member	SSN/FEIN   ██████████	DOB   ████████	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)   ██████████	City   New York	State   NY	ZIP   10024	Phone Number   ██████████
Business Associated with (Applicant, parent business or sub-entity)   N/A	Own. % Business Associated with   N/A		Effective Own. % in Applicant   ████████	
Name   Benjamin Herbst	Title   Member	SSN/FEIN   ██████████	DOB   ████████	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)   ██████████	City   Stamford	State   CT	ZIP   06903	Phone Number   ██████████
Business Associated with (Applicant, parent business or sub-entity)   N/A	Own. % Business Associated with   N/A		Effective Own. % in Applicant   ████████	
Name   Carl Allison	Title   Member	SSN/FEIN   ██████████	DOB   ████████	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)   ██████████	City   Mount Pleasant	State   SC	ZIP   29464	Phone Number   ██████████
Business Associated with (Applicant, parent business or sub-entity)   N/A	Own. % Business Associated with   N/A		Effective Own. % in Applicant   ████████	

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)	Own. % Business Associated with		Effective Own. % in Applicant	
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)	Own. % Business Associated with		Effective Own. % in Applicant	
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)	Own. % Business Associated with		Effective Own. % in Applicant	
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)	Own. % Business Associated with		Effective Own. % in Applicant	

**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 Jason Webski	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10024	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Title (officer, director, manager, etc.) Member			
Name Benjamin Herbst	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06903	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Title (officer, director, manager, etc.) Member			

Name Carl Allison	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Mount Pleasant	State SC	ZIP 29464	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Title (officer, director, manager, etc.) Member			
Name Blake Costa	Title President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warren	State RI	ZIP 02885	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Title (officer, director, manager, etc.) Director/Officer			
Name Jason Tucker	Title Treasurer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Title (officer, director, manager, etc.) Director/Officer			
Name Anna Tucker	Title Secretary	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)			
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.)			
<p><b>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).</b></p> <p>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.</p>				
Name Jason Webski	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10024	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Role, interest, etc. Marketing, Operations			

Name Benjamin Herbst	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06903	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Role, interest, etc. Business Development			
Name Carl Allison	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Mount Pleasant	State SC	ZIP 29464	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Role, interest, etc. Financial, Operations			
Name Blake Costa	Title President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warren	State RI	ZIP 02885	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Role, interest, etc. Day to Day Operations			
Name Jason Tucker	Title Treasurer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) N/A	Role, interest, etc. Day to Day Operations			
Name Anna Tucker	Title Secretary	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number ( [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity)	Role, interest, etc.			
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)	Role, interest, etc.			

**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 N/A	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)		Interest		
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)		Interest		
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)		Interest		
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)		Interest		
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)		Interest		
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)		Interest		
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)		Interest		
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)		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 Veterans for Alternative Medicine LLC		Title N/A		SSN/FEIN [REDACTED]		DOB N/A		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Warren		State RI		ZIP 02885		Phone Number ( [REDACTED] ) [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) N/A				Interest Management Company						
Name Sweetspot Brands LLC		Title N/A		SSN/FEIN [REDACTED]		DOB N/A		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Warren		State RI		ZIP 02885		Phone Number ( [REDACTED] ) [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Veterans for Alternative Medicine LLC				Interest Sole owner of Veterans for Alternative Medicine LLC						
Name Jason Webski		Title CEO		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City New York		State NY		ZIP 10024		Phone Number ( [REDACTED] ) [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC				Interest Member of Sweetspot Brands LLC						
Name Benjamin Herbst		Title CBDO		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Stamford		State CT		ZIP 06903		Phone Number ( [REDACTED] ) [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC				Interest Member of Sweetspot Brands LLC						
Name Carl Allison		Title CFO		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Mount Pleasant		State SC		ZIP 29464		Phone Number ( [REDACTED] ) [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC				Interest Member of Sweetspot Brands LLC						
Name A Fortnight Enterprises LLC		Title N/A		SSN/FEIN [REDACTED]		DOB N/A		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Denver		State CO		ZIP 80211		Phone Number ( [REDACTED] ) [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC				Interest Member of Sweetspot Brands LLC						
Name William Howard Weeks Jr		Title N/A		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Address (residence if an individual) [REDACTED]	City Southport	State CT	ZIP 06890	Phone Number ( [REDACTED] ) [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) A Fortnight Enterprises LLC		Interest Member of A Fortnight Enterprises LLC		

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
Brian McLaughlin	N/A	[REDACTED]	Landlord
CFR Realty Partners LLC	N/A	[REDACTED]	Irving Klein (Landlord) is the Sole Member.
100 Pioneer RI, LLC	N/A	N/A	Landlord, CFR Realty Partners LLC is the Sole Member

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.

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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.

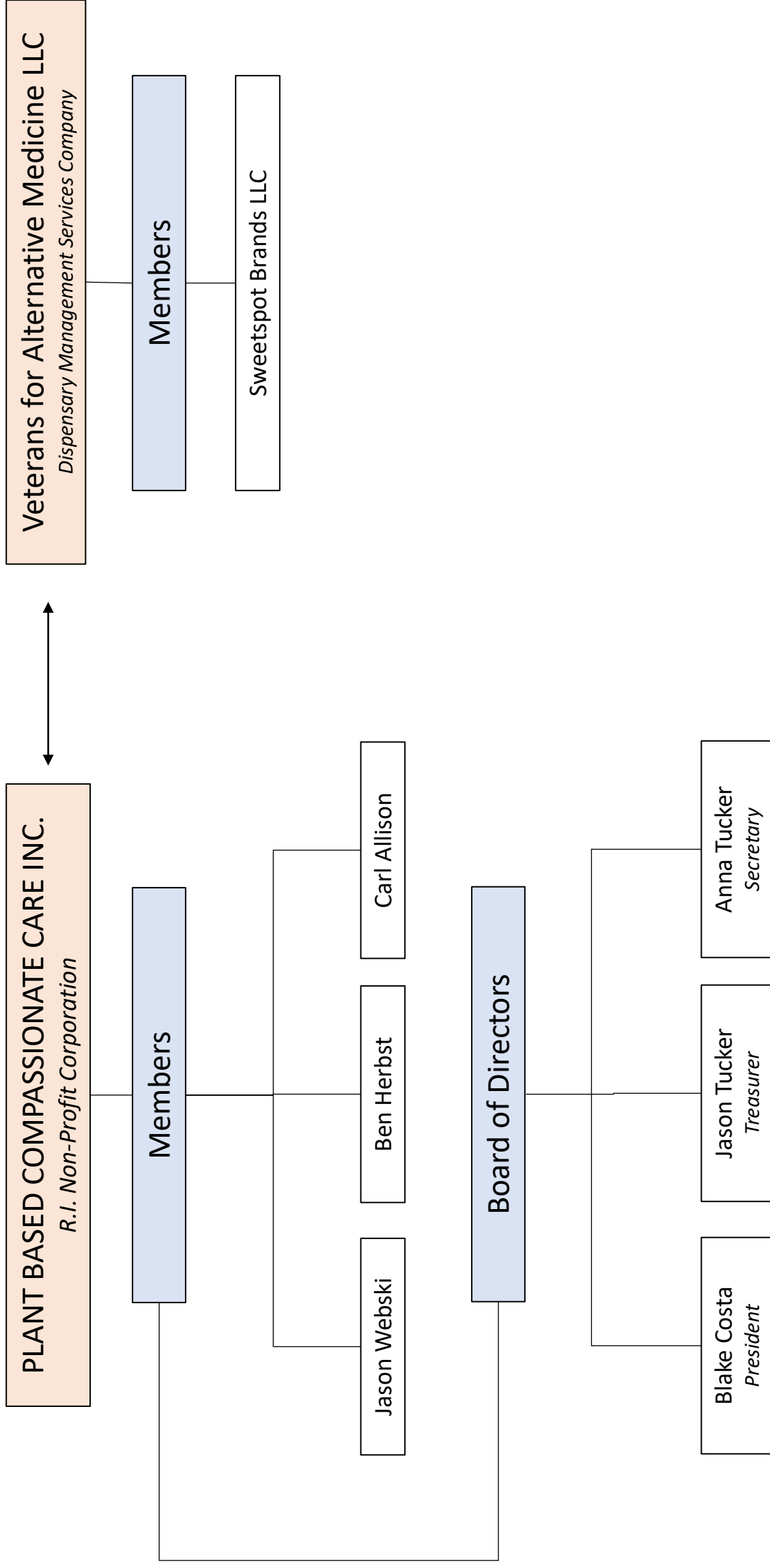
Blake j. Costa  
Authorized Signatory

4/15/2022  
Date

Blake Costa  
Printed Name  
Print Name of Applicant/Licensee: Plant Based Compassionate Care Inc.  
Print Officer Title: President



# ORGANIZATIONAL CHART



**Sweetspot Brands LLC Capitalization Table**

#	Member Name	Individual Members of Company
1	Jason Webski	N/A
2	Benjamin Herbst	N/A
3	Carl Allison	N/A
4	A Fortnight Enterprises LLC	N/A
		William Howard Weeks Jr.
		Trevor Weeks
5	Blake Costa	N/A
6	Doyle Enterprises II LLC	N/A
		Patrick Doyle
		Ryan Doyle
		Brendan Doyle
7	MEC Enterprises LLC	N/A
		Michael O'Leary
		Eugenia Tzoannopoulos
		Chris Tzoannopoulos
8	Michael Palkovic	N/A
9	David Eckles	N/A
10	Steven Waldman	N/A
11	Yury Bachayev	N/A
12	Eric Lazar	N/A
13	John Valenza	N/A
14	Richard Solano	N/A
15	Joanne Kandler	N/A
16	CBG LLC	N/A
		Maurice Cheeks
		Max Besong
		Guillermo Sanchez
17	Gil Lazar	N/A
18	James Plattner	N/A
19	DCGM1 LLC	N/A
		Cory Greenbaum
		Derek Greenbaum
20	Maurice Cheeks Sr.	N/A
21	Michael Levitt	N/A
22	Troy Rosa	N/A
23	Brian Murphy	N/A
24	Brad Gruber	N/A
25	Stephane Bitton	N/A
26	Eugenia Tzoannopoulos	N/A
27	Chad Dalida	N/A
28	Jaclyn Dalida	N/A
29	Anton Kraskin	N/A
30	Deborah James	N/A
31	Blue Sky Green Grass LLC	N/A
		Nina Sisselman Brian
		Geoffrey Feldkamp
32	Harmon Cooper	N/A
33	James Smith	N/A
34	Peter Franklin	N/A
35	Margaux Baisnee	N/A
36	Matthew Belair	N/A
37	Jason Tucker	N/A
38	Tomasina Morris	N/A
39	Cory MacWhorter	N/A
40	Andria Moglia	N/A
41	Jaqaan Covin	N/A
42	Kevin Fox	N/A
43	Michelle Morant	N/A
44	Bryan Lucas	N/A
45	Mark Castillo	N/A
46	David Werdelin	N/A
47	Ken Pierce	N/A
48	Barbara Cooper	N/A
49	Maine Economic Alliances LLC	N/A
		Jason Tucker
50	Anthony Ngo	N/A
51	Patricia Campos-Medina	N/A
52	RV & KH Associates, LLC	N/A
		Keith Hamilton
53	Juliana Diaz	N/A
54	Romina Pascual	N/A

Owners by Effective Percentage of Ownership (Plant Based Compassionate Care Inc.)	Effective Percentage of Ownership	Capital Contribution
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Jason Webski	█	█
Benjamin Herbst		
Carl Allison		

Third Party Management Services Company
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Entity	2021 Comp	2020 Comp
Veterans For Alternative Medicine LLC	█	█

Directors, Officers, and Key Persons (Plant Based Compassionate Care Inc.) Applicant
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Name	2021 Comp	2020 Comp
Blake Costa (Director, President)	█	█
Jason Tucker (Director, Treasurer)		
Anna Tucker (Director, Secretary)		
Jason Webski (Member)		
Benjamin Herbst (Member)		
Carl Allison (Member)		

<b>Interest Holders</b>	<b>2021 Annual Compensation/Renumeration</b>	<b>2020 Annual Compensation/Renumeration</b>
Jason Webski		
Benjmain Herbst		
Carl Allison		
Blake Costa		
Jason Tucker		
Anna Tucker		

Use for Part D  or E  Supplemental (Specify by Checking the Box)

Name Trevor Weeks		Title N/A		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Westport		State CT		ZIP 06880		Phone Number ( [REDACTED] [REDACTED] )	
Business Associated with (Applicant, parent business or sub-entity) A Fortnight Enterprises LLC				Interest Member of A Fortnight Enterprises LLC						
Name Blake Costa		Title VP, Operations		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Warren		State RI		ZIP 02885		Phone Number ( [REDACTED] [REDACTED] )	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC				Interest Member of Sweetspot Brands LLC						
Name Doyle Enterprises II LLC		Title N/A		SSN/FEIN [REDACTED]		DOB N/A		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Palos Verdes		State CA		ZIP 90275		Phone Number ( [REDACTED] [REDACTED] )	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC				Interest Member of Sweetspot Brands LLC						
Name Patrick Doyle		Title N/A		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Palos Verdes		State CA		ZIP 90275		Phone Number [REDACTED] [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Doyle Enterprises II LLC				Interest Member of Doyle Enterprises II LLC						
Name Ryan Doyle		Title N/A		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Palos Verdes Estates		State CA		ZIP 90274		Phone Number ( [REDACTED] [REDACTED] )	
Business Associated with (Applicant, parent business or sub-entity) Doyle Enterprises II LLC				Interest Member of Doyle Enterprises II LLC						
Name Brendan Doyle		Title N/A		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Palos Verdes		State CA		ZIP 90275		Phone Number [REDACTED] [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Doyle Enterprises II LLC				Interest Member of Doyle Enterprises II LLC						
Name MEC Enterprises LLC		Title N/A		SSN/FEIN [REDACTED]		DOB N/A		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (residence if an individual) [REDACTED]			City Stamford		State CT		ZIP 06901		Phone Number ( [REDACTED] [REDACTED] )	
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC				Interest Member of Sweetspot Brands LLC						

Name Michael O'Leary	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06903	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises LLC		Interest Member of MEC Enterprises LLC		
Name Eugenia Tzoannopoulos	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06907	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises LLC		Interest Member of MEC Enterprises LLC		
Name Chris Tzoannopoulos	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06907	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) MEC Enterprises LLC		Interest Member of MEC Enterprises LLC		
Name Michael Palkovic	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Villa Park	State CA	ZIP 92861	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name David Eckles	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Westport	State CT	ZIP 06880	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Steven Waldman	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input 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) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Yury Bachayev	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Flushing	State NY	ZIP 11367	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		

Name Eric Lazar	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10005	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name John Valenza	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Massapequa	State NY	ZIP 11758	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Richard Solano	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Carmel	State NY	ZIP 10512	Phone Number [REDACTED] [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Joanne Kandler	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10065	Phone Number [REDACTED] [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name CBG LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10025	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Maurice Cheeks	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Chicago	State IL	ZIP 60607	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) CBG LLC		Interest Member CBG LLC		
Name Max Besong	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10010	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) CBG LLC		Interest Member of CBG LLC		

Name Guillermo Sanchez	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10019	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) CBG LLC		Interest Member of CBG LLC		
Name Gil Lazar	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Palm Beach	State FL	ZIP 33418	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name James Plattner	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Narragansett	State RI	ZIP 02852	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name DCGM1 LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Scarsdale	State NY	ZIP 10583	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Cory Greenbaum	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Scarsdale	State NY	ZIP 10583	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) DCGM1 LLC		Interest Member of DCGM1 LLC		
Name Derek Greenbaum	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Scarsdale	State NY	ZIP 10583	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) DCGM1 LLC		Interest Member of DCGM1 LLC		
Name Maurice Cheeks Sr.	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Chicago	State IL	ZIP 60605	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		



Name Michael Levitt	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Port Washington	State NY	ZIP 11050	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Troy Rosa	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06905	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Brian Murphy	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Long Island City	State NY	ZIP 11101	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Brad Gruber	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dix Hills	State NY	ZIP 11746	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Stephane Bitton	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Richardson	State TX	ZIP 75082	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Eugenia Tzoannopoulos	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Stamford	State CT	ZIP 06907	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Chad Dalida	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Terrell	State TX	ZIP 75160	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetsot Brands LLC		Interest Member of Sweetspot Brands LLC		

Name Jaclyn Dalida	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Terrell	State TX	ZIP 75160	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Anton Kraskin	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Dallas	State TX	ZIP 75219	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Deborah James	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Richardson	State TX	ZIP 75082	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Blue Sky Green Grass LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Long Island City	State NY	ZIP 11101	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Nina Sisselman Brian	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10128	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC		Interest Member of Blue Sky Green Grass LLC		
Name Geoffrey Feldkamp	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New York	State NY	ZIP 10007	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Blue Sky Green Grass LLC		Interest Member of Blue Sky Green Grass LLC		
Name Harmon Cooper	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Woodbury	State NY	ZIP 11797	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		

Name James Smith	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Ellicott City	State MD	ZIP 21043	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands		Interest Member of Sweetspot Brands LLC		
Name Peter Franklin	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Baltimore	State MD	ZIP 21212	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Margaux Baisnee	Title N/A	SSN/FEIN N/A	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Paris	State France	ZIP 75013	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Matthew Belair	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Johnston	State RI	ZIP 02919	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name JasonTucker	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Tomasina Morris	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Providence	State RI	ZIP 02906	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Cory MacWhorter	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Rumford	State RI	ZIP 02916	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		

Name Andria Moglia	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Barrington	State RI	ZIP 02806	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Jaqaan Covin	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Montgomery Village	State MD	ZIP 20886	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Kevin Fox	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Annapolis	State MD	ZIP 21409	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Michelle Morant	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Baltimore	State MD	ZIP 21218	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Bryan Lucas	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Montclair	State NJ	ZIP 07042	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Mark Castillo	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Redding	State CT	ZIP 06896	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name David Werdelin	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City South Portland	State ME	ZIP 04106	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		

Name Ken Pierce	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cape Elizabeth	State ME	ZIP 04107	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Barbara Cooper	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Merrick	State NY	ZIP 11566	Phone Number [REDACTED] [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Maine Economic Alliances LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Jason Tucker	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Maine Economic Alliances LLC		Interest Member of Maine Economic Alliances LLC		
Name Anthony Ngo	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Portland	State ME	ZIP 04103	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Patricia Campos-Medina	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Califon	State NJ	ZIP 07830	Phone Number [REDACTED] [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name RV & KH Associates, LLC	Title N/A	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Trenton	State NJ	ZIP 08611	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		

Name Keith Hamilton	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Trenton	State NJ	ZIP 08611	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) RV & KH Associates, LLC		Interest Member of RV & KH Associates, LLC		
Name Juliana Diaz	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Elizabeth	State NJ	ZIP 07202	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
Name Romina Pascual	Title N/A	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Totowa	State NJ	ZIP 07512	Phone Number ( [REDACTED] [REDACTED] )
Business Associated with (Applicant, parent business or sub-entity) Sweetspot Brands LLC		Interest Member of Sweetspot Brands LLC		
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)		Interest		
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)		Interest		
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)		Interest		
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)		Interest		