Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

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Name of Applicant/Licensee:	Canna Max Pharms, LLC

Fart 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 responding the managing or operational control with responding the management of the management comparising under shared management comparising under shared management comparising under shared management control with relicensed facilities (all persons and entities Holder" and collectively referred to as "In To the extent that any Interest Holder is a entity until all such Interest Holders are in the extent that any Interest Holders are in the extent that the extent	or agents of pect to the printerest of ership interest to anies, mare espect to see describe terest Holan entity (of the applicate applicant/librate applicant, and (erest or not, nagement a the applicated in (A)-(E) ders").	ant/licensee, and censee, its operations. D.) all investors and (E.) all persequences, or ont/licensee, its operations hereinafted partnership. LLC	d (C.) all ations, th or other p ons or er ther agre perations r individu	persons or entities with e license and/or licensed persons or entities with any utities that hold interest(s) ements that afford third-party , the license and/or the hally referred to as an "Interest st all Interest Holders in that
sheet(s) if necessary.		•			
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Name		······································			
Barry Blair	Title CE		V/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Eas Greenwi	1	ZIP 02818	Phone N	umber
Business Associated with (Applicant, parent business entity) Canna Max Pharms, LLC	s or sub-	Own. % Busine	ess Associated with		Effective Own. % in Applicant
Name Brian Morris	Title CO		N/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Warwick	State R.I.	ZIP 02888	Phone N	umber ₂
Business Associated with (Applicant, parent business entity) Canna Max Pharms, LLC	s or sub-	Own. % Busine	ess Associated with	·	Effective Own, % in Applicant
Name	Title	SS	N/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone N	iumber

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Business Associated with (Applicant, parent business entity)	or sub-	sub- Own. % I		Business Associated with			Effectiv	e Own. % in Applicant
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Name	Title			SSN/	FEIN	DOB		Key Staff App submitted? □Yes □No
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Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

Name	Title		SSN/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)	Business Associated with (Applicant, parent business or sub- entity)		er, director, manage	er, etc.)			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? → □Yes □No		
Address (residence if an individual)	City	State	ZIP	Phone Numbe			
Business Associated with (Applicant, parent business entity)	or sub-	Title (office	er, director, manage	er, etc.)			
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Business Associated with (Applicant, parent business entity)	s or sub-	Title (office	er, director, manage	er, etc.)			
LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT). To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest							
Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.							
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	State	ZIP	Phone Numbe			
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Name	Title			N/FEIN	DOB	Key Staff App submitted? □Yes □No	
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5. 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. Title DOB SSN/FEIN Key Staff App submitted? □Yes □No Address (residence if an individual) City ΖIΡ Phone Number State Business Associated with (Applicant, parent business or sub-entity) Interest Name Title SSN/FEIN Key Staff App DOB submitted? □Yes □No City Address (residence if an individual) State ZIP Phone Number Business Associated with (Applicant, parent business or sub-entity) Interest Name Title SSN/FEIN DOB Key Staff App submitted? □Yes □No Address (residence if an individual) City State ZIP Phone Number Business Associated with (Applicant, parent business or sub-entity) Interest Name Title S\$N/FEIN DOB Key Staff App submitted? □Yes □No Address (residence if an individual) City State ZIP Phone Number Business Associated with (Applicant, parent business or sub-entity) Interest Title Name SSN/FEIN DOB Key Staff App submitted? □Yes □No Phone Number Address (residence if an individual) State ZIP City Business Associated with (Applicant, parent business or sub-entity) Interest Name Title SSN/FEIN DOB Key Staff App submitted? □Yes □No Address (residence if an individual) ZIP City State Phone Number Business Associated with (Applicant, parent business or sub-entity) interest Name SSN/FEIN Key Staff App Title DOB submitted? □Yes □No

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

Part II: Who, besides the owners and other Interest Holders listed in this Form 2 (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan, give or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.

 Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount
		-	

Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

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

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

The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.

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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:

- 1. With respect to the applicant/licensee, all persons and entities that:
- 1. Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or

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.

Bango. Bly	3/31/2022
Authorized Signatory	Date
Barry Blair, CEO	
Printed Name	

Print Name of Applicant/Licensee:

Print Officer Title: