

FORM 2

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Aura of Rhode Island, Inc.

Part I: Owners and Other Interest Holders

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.

First Name Michael	Last Name Biszeko	Title President
City Tiverton	State Rhode Island	Zip 02878

Business Associated with (Applicant, parent business or sub-entity)
Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.

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.

First Name Mallory	Last Name SampsonBrocklehurst	Title Manager
City Tiverton	State Rhode Island	Zip 02878
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.		
First Name Michael	Last Name Biszko	Title President
City Tiverton	State Rhode Island	Zip 02878
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.		
First Name Jamie	Last Name Stack	Title General Manager
City Cranston	State Rhode Island	Zip 02910
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.		
First Name Andrew	Last Name Terrero	Title Assistant Manager
City Central Falls	State Rhode Island	Zip 02863
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.		
First Name Robyn	Last Name Smith	Title Assistant Manager
City Providence	State Rhode Island	Zip 02905
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.		
First Name Bruce	Last Name Ogni	Title Compliance Manager
City Lincoln	State Rhode Island	Zip 02865
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.		
First Name	Last Name	Title

Daniel	Brocklehurst	Director of Operations
City Tiverton	State Rhode Island	Zip 02878
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc.		
First Name Juan	Last Name Moretti	Title Chief Operating Officer
City N. Providence	State Rhode Island	Zip 02911
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc.		

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).

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.

First Name Michael	Last Name Biszko	Title President
City Tiverton	State Rhode Island	Zip 02878
Business Associated with (Applicant, parent business or sub-entity) Aura of Rhode Island, Inc. fka Pinnacle Compassion Center, Inc.		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.

First Name Michael	Last Name Biszko Jr.	Title Former President/CEO
City Tiverton	State Rhode Island	Zip 02878
Business Associated with (Applicant, parent business or sub-entity) na		

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.

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

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.

Michael Biszko III

9/12/2023

Authorized Signatory

Date

Bruce Ogni

Printed Name

Print Name of Applicant/Licensee: Aura of Rhode Island, Inc.

Print Officer Title: Compliance Manager