

FORM 2*

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Solar Therapeutics Rhode Island 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 <u>Rapoza INV LLC</u>	Title <u>Member</u>	SSN/FEIN [REDACTED]	DOB <u>N/A</u>	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City <u>Somerset</u>	State <u>MA</u>	ZIP <u>02726</u>	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) <u>Solar Therapeutics Rhode Island, Inc.</u>	Own. % Business Associated with <u>Member of Solar Therapeutics Rhode Island, Inc.</u>		Effective Own. % in Applicant <u>Ownership in Solar Therapeutics Rhode Island, Inc.</u>	
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	
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 ()

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 Nicholas J. Heamond, Esq.		Title Director	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 02908	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Director/President			
Name Ronald Rapoport		Title Director	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Tiverton	State RI	ZIP 02878	Phone Number [REDACTED]

Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc		Title (officer, director, manager, etc.) Director/Treasurer			
Name Jill Nasuti		Title Director	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) Solar Therapeutics Rhode Island, Inc		Title (officer, director, manager, etc.) Director/Secretary			
Name Rapoza INV LLC		Title [REDACTED] Member	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Somerset	State MA	ZIP 02726	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc		Title (officer, director, manager, etc.) [REDACTED] Member			
Name Ronald Rapoza		Title [REDACTED] Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Somerset	State -MA	ZIP 02726	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Rapoza INV LLC		Title (officer, director, manager, etc.) [REDACTED] Member			
Name Robert Keller		Title CAO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Wilton	State NH	ZIP 03086	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Officer/Chief Administrative Officer			
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>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).</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 Rapoza INV LLC		Title [REDACTED] Member	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]		City Somerset	State MA	ZIP 02726	Phone Number [REDACTED]

Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Role, interest, etc. Member and Owner and Working Capital Contributor			
Name Ronald Rapoza	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Somerset	State MA	ZIP 02726	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Rapoza INV LLC		Role, interest, etc. Member of Rapoza INV LLC			
Name Dow Dispensary Management, LLC	Title Consultant	SSN/FEIN [REDACTED]	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City Providence	State RI	ZIP 02903	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc. and Rapoza INV LLC		Role, interest, etc. Consultant to Solar Therapeutics Rhode Island, Inc.			
Name Edward Dow III	Title Member of Dow Dispensary Management, LLC	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual) [REDACTED]	City East Sandwich	State MA	ZIP -02537	Phone Number [REDACTED]	
Business Associated with (Applicant, parent business or sub-entity) Dow Dispensary Management, LLC		Role, interest, etc. Member of Dow Dispensary Management, 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)		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.			
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 <u>Rapoza INV LLC</u>					Title Member		SSN/FEIN		DOB N/A		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)					City Somerset		State MA		ZIP 02726		Phone Number ()	
Business Associated with (Applicant, parent business or sub-entity) <u>Solar Therapeutics Rhode Island, Inc</u>					Interest Member and Owner and Working Capital Contributor							
Name <u>Ronald Rapoza</u>					Title Member		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)					City Somerset		State MA		ZIP 02726		Phone Number ()	
Business Associated with (Applicant, parent business or sub-entity) <u>Rapoza INV LLC</u>					Interest Member of Rapoza INV LLC							
Name <u>Edward Dow III</u>					Title Member of Dow Dispensary Management, LLC		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (residence if an individual)					City East Sandwich		State MA		ZIP 02537		Phone Number ()	
Business Associated with (Applicant, parent business or sub-entity) <u>Dow Dispensary Management, LLC</u>					Interest Member of Dow Dispensary Management, 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 ()
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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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 <u>Dow Dispensary Management, LLC</u>	Title <u>Consultant</u>	SSN/FEIN [REDACTED]	DOB <u>N/A</u>	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual) [REDACTED]	City <u>Providence</u>	State <u>RI</u>	ZIP <u>02903</u>	Phone Number [REDACTED]
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Business Associated with (Applicant, parent business or sub-entity) <u>Solar Therapeutics Rhode Island, Inc.</u>	Interest <u>Consultant to Solar Therapeutics Rhode Island, Inc.</u>
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Name <u>Edward Dow III</u>	Title [REDACTED] <u>Member of Dow Dispensary Management, LLC</u>	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual) [REDACTED]	City <u>East Sandwich</u>	State <u>MA</u>	ZIP <u>02537</u>	Phone Number [REDACTED]
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Business Associated with (Applicant, parent business or sub-entity) <u>Dow Dispensary Management, LLC</u>	Interest [REDACTED] <u>Member of Dow Dispensary Management, LLC</u>
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ()
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ()
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (residence if an individual)	City	State	ZIP	Phone Number ()
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Business Associated with (Applicant, parent business or sub-entity)	Interest
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Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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		
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		

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
<u>Rapoza INV LLC</u>			loan
<u>Ronald Rapoza</u>			Member of <u>Rapoza INV LLC</u>

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 B Supplemental:

Name Aaron Correia	Title Director of Retail Operations	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Fall River	State MA	ZIP 02720	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Manager/Retail Ops		
Name Anthony Samaya	Title Data Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cumberland	State RI	ZIP 02864	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Manager/Data		
Name Kendra Rezendez	Title Store Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Somerset	State MA	ZIP 02726	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Manager/Store Manager		
Name Dylan Pothof	Title Inventory Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Fall River	State MA	ZIP 02724	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Manager/Inventory Manager		
Name Raymond Blinn	Title Security Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City East Providence	State RI	ZIP 02915	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Manager/Security		
Name Max Gauthier	Title Procurement & Logistics Manager	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) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Manager/Procurement		
Name Morgan Casey	Title Sr HR Generalist	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City New Bedford	State MA	ZIP 02746	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island, Inc.		Title (officer, director, manager, etc.) Manager/HR		

Name Bryan Rodriguez	Title Compliance Specialist	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Bristol	State RI	ZIP 02809	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island Inc	Role, interest, etc. Compliance Specialist			

Name Ryan Mao	Title COO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Quincy	State RI	ZIP 02169	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Solar Therapeutics Rhode Island Inc	Role, interest, etc. Senior Management			

Use for Part C Supplemental:

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.			
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.			
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.			
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.			
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.			

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.

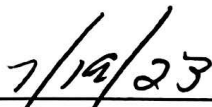
The undersigned, after due inquiry, further certifies to the Department that, except for the license that is the subject of this Form 2 and except as permitted under R.I. Gen. Laws § 21-28.6-12(b)(10), no "interest holder" disclosed herein is an "interest holder" with respect to any other license issued 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



Date



Printed Name
Print Name of Applicant/Licensee:
Print Officer Title: