

**STATE OF RHODE ISLAND  
DEPARTMENT OF BUSINESS REGULATION  
OFFICE OF CANNABIS REGULATION  
560 JEFFERSON BOULEVARD, SUITE 204  
WARWICK, RHODE ISLAND 02886**

**IN THE MATTER OF:**

**CLRI, LLC d/b/a High Gardens**

**24OCR0034**

**RESPONDENT.**

**Licensed**

**Premises:**

**Pawtucket, Rhode Island**

**DEFICIENCY CORRECTION AGREEMENT**

The Department of Business Regulations, Office of Cannabis Regulation (“Department”) and the above-named respondent (“Respondent”) hereby consent and agree that:

Respondent is licensed as a [*check below*]:

Compassion center and hybrid retailer (License No. MMP CC \_\_\_\_\_)

Medical marijuana and hybrid cultivator (License No. MMPCV0109)

a. The Department’s Economic and Policy Analyst (the “Analyst”) identified the following violations, which occurred between July 01, 2023 and February 29, 2024, of the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws §21-28.6-1 *et seq.* (the “Medical Act”) and the Rhode Island Cannabis Act, R.I. Gen. Laws §21-28.11-1 *et seq.* (the “Adult Use Act” and, together with the Medical Act, the “Acts”) and the Rules and Regulations Related to the Medical Marijuana Program Administered by the Department of Business Regulation 230-RICR-800-05-1 (the “Regulations”):

- Possession of cannabis plants in excess of the limits set forth in, and in violation of, the Acts and the Regulations
- Possession of cannabis plants and/or inventory without Metrc tags as required under the Acts and the Regulations

- Failure to comply with packaging and/or Labeling requirements of Retail-Ready cannabis products
  - Inadequate Security Camera Coverage
  - Noncompliant Advertising
  - BCI Deficiency
  - Registry ID Deficiency
  - Visitor Log Deficiency
  - Quality Control Sample Violation
    - Two (2) samples taken before status of Test Passed within Metric
  - Testing Violation
  - Other: [*deficiency*]
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BASED ON THE FOREGOING, the Department has reason to believe the Respondent violated the Acts and Regulations as described previously herein. Accordingly, the Department has sufficient cause to take enforcement action against Respondent pursuant to the Acts and the Regulations.

In an effort to effect a timely and amicable resolution of the issues raised in this Deficiency Correction Agreement without administrative hearing and to allow Respondent to maintain its license in good standing, Respondent represents and agrees as follows:

- a. Within ten (10) days of receipt of this Deficiency Correction Agreement, Respondent will take all actions necessary to cure the above-cited violations and pay to the Department an administrative penalty in the amount of One Thousand Dollars (\$1,000.00), by check payable to the Rhode Island General Treasurer.
- b. Respondent shall hereafter comply in all respects with the requirements under the Acts and the Regulations.

Upon execution of this Deficiency Correction Agreement and payment of the administrative penalty, **CLRI, LLC** shall be deemed to be in good standing with the Department pursuant to R.I. Gen. Laws §21-21.11-10(a)(1), provided that Respondent satisfies all continuing compliance obligations under applicable law, rules, and regulations.

By agreeing to resolve this matter through the execution of this Deficiency Correction Agreement, Respondent knowingly and voluntarily waives any right to an administrative hearing and waives any right to pursue an appeal to the Superior Court under the Rhode Island Administrative Procedures Act, R.I. Gen. Laws §42-35-1, *et seq.*

Respondent hereby acknowledges and agrees that failure to abide by any of the requirements of this Deficiency Correction Agreement shall be grounds for the Department to initiate further administrative proceedings to impose penalties against Respondent including, but not limited to: (i) revocation and/or suspension, and (ii) such additional administrative penalties that the Department deems appropriate.

**THE DEPARTMENT AND RESPONDENT HEREBY CONSENT AND AGREE TO THE FOREGOING AS TO FORM AND SUBSTANCE:**

For the Department:

By:  \_\_\_\_\_

Name:

Title: *Chief, OCR*

Date: 9-23-2024

For the Respondent:

By:  \_\_\_\_\_

Name: Matthew Gaboury

Its duly authorized:

Date: 09/20/2024

