

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:

Aquidneck Harvest
Company, LLC

24OCR0038

RESPONDENT.

Licensed
Premises:

Warwick, 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. MMPCV0087)

a. The Department’s Economic and Policy Analyst (the “Analyst”) identified the following violations, which occurred between July 01, 2023 and February 20, 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
 - 6 samples did not have a status of "testpassed" prior to employee distribution.
 - 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 Three Thousand dollars (\$3,000.00), 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, *Aguidneck Harvest Company, LLC* shall be deemed to be in good standing with the Department

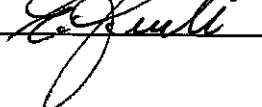
pursuant to R.I. Gen. Laws §21-21.11-10(a)(1), provided that Respondent satisfies all continuing compliance obligations under applicable law, rules, and regulations.

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.

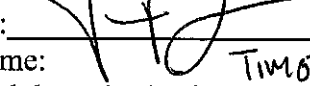
THE DEPARTMENT AND RESPONDENT HEREBY CONSENT AND AGREE TO THE FOREGOING AS TO FORM AND SUBSTANCE:

For the Department:

By: 
Name: _____
Title: _____

Date: 10-15-2024

For the Respondent:

By: 
Name: _____
Its duly authorized: TIMOTHY RYAN

Date: 10/1/2024