

FORM 2

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Greenleaf Compassionate Care Center

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 Dr. Seth	Last Name Bock	Title CEO
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, Inc.		
First Name Richard	Last Name Radebach	Title Board Member
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, Inc.		
First Name Richard	Last Name Radebach	Title Board Member
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, Inc.		
First Name Dr. Seth	Last Name Bock	Title CEO
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, 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 Theodore	Last Name Newcomer	Title Chief of Staff/Chief Compliance Officer
City Providence	State Rhode Island	Zip 02908
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		
First Name Paul	Last Name St. Laurent	Title Board Member
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassionate Care Center		
First Name Christopher	Last Name Francis	Title Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		
First Name Liam	Last Name Treacy	Title Assistant General Manager Grow
City Warwick	State Rhode Island	Zip 02886
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		
First Name Heather	Last Name Johnson	Title Purchasing Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		
First Name Justin	Last Name Ouellette	Title General Manager Grow
City Tiverton	State Rhode Island	Zip 02878
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		
First Name	Last Name	Title

Christopher	Francis	Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		
First Name Jacob	Last Name Carvalho	Title Manager
City Fall River	State Massachusetts	Zip 02724
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		
First Name Hannah	Last Name Sherman	Title Director of Procurement
City Middletown	State Rhode Island	Zip 02842
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		
First Name Robert	Last Name Donahue	Title Board Director
City Newport	State Rhode Island	Zip 02840
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		
First Name Theodore	Last Name Newcomer	Title Chief of Staff/Chief Compliance Officer
City Providence	State Rhode Island	Zip 02908
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		
First Name Heather	Last Name Johnson	Title Purchasing Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		
First Name Robert	Last Name Donahue	Title Board Director
City Newport	State Rhode Island	Zip 02840
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		

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 Channa	Last Name Lincoln	Title Director of Finance
City East Providence	State Rhode Island	Zip 02916
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		Role, interest, etc.
First Name Richard	Last Name Radebach	Title Board Member
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, Inc.		Role, interest, etc.
First Name Heather	Last Name Johnson	Title Purchasing Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		Role, interest, etc.
First Name Dr. Seth	Last Name Bock	Title CEO
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, Inc.		Role, interest, etc.
First Name Hannah	Last Name Sherman	Title Director of Procurement
City Middletown	State Rhode Island	Zip 02842
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		Role, interest, etc.
First Name Theodore	Last Name Newcomer	Title Chief of Staff/Chief Compliance Officer
City Providence	State Rhode Island	Zip 02908
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		Role, interest, etc.

First Name Jacob	Last Name Carvalho	Title Manager
City Fall River	State Massachusetts	Zip 02724
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		Role, interest, etc.
First Name Christopher	Last Name Francis	Title Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		Role, interest, etc.
First Name Heather	Last Name Johnson	Title Purchasing Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		Role, interest, etc.
First Name Dr. Seth	Last Name Bock	Title CEO
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, Inc.		Role, interest, etc.
First Name Richard	Last Name Radebach	Title Board Member
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Business Associated with (Applicant, parent business or sub-entity) Greenleaf CCC, Inc.		Role, interest, etc.
First Name Theodore	Last Name Newcomer	Title Chief of Staff/Chief Compliance Officer
City Providence	State Rhode Island	Zip 02908
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Ctr		Role, interest, etc.
First Name Jacob	Last Name Carvalho	Title Manager
City Fall River	State Massachusetts	Zip 02724
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		Role, interest, etc.

First Name Christopher	Last Name Francis	Title Manager
City Portsmouth	State Rhode Island	Zip 02871
Business Associated with (Applicant, parent business or sub-entity) Greenleaf Compassion Center		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 Richard	Last Name Radebach	Title Board Member
City Portsmouth	State Rhode Island	Zip 02871

Business Associated with (Applicant, parent business or sub-entity)
Greenleaf CCC, Inc.

First Name Dr. Seth	Last Name Bock	Title CEO
City Portsmouth	State Rhode Island	Zip 02871

Business Associated with (Applicant, parent business or sub-entity)
Greenleaf CCC, Inc.

First Name Richard	Last Name Radebach	Title Board Member
City Portsmouth	State Rhode Island	Zip 02871

Business Associated with (Applicant, parent business or sub-entity)
Greenleaf CCC, Inc.

First Name Dr. Seth	Last Name Bock	Title CEO
City Portsmouth	State Rhode Island	Zip 02871

Business Associated with (Applicant, parent business or sub-entity)
Greenleaf CCC, Inc.

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.

Ted Newcomer Jr.

5/22/2024

Authorized Signatory

Date

Ted Newcomer

Printed Name

Print Name of Applicant/Licensee: Greenleaf Compassionate Care Center

Print Officer Title: Chief of Staff/Chief Compliance Officer