

FORM 2

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: OP PHARM, LLC

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 John	Last Name Battista	Title Member-Manager
City Highland Beach	State Florida	Zip 33487
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name Shari	Last Name DeShields	Title Member-Manager
City Highland Beach	State Florida	Zip 33487
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name Justin	Last Name St.Andre	Title Member-Manager
City Hope	State Rhode Island	Zip 02831
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name David	Last Name Notarianni	Title Member-Manager
City Cranston	State Rhode Island	Zip 02921
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name Theodore	Last Name Dumican	Title Member
City Cranston	State Rhode Island	Zip 02921

Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name Carla	Last Name Cicccone	Title Member
City Providence	State Rhode Island	Zip 02909
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name George	Last Name Pesce	Title Member
City Warwick	State Rhode Island	Zip 02889
Business Associated with (Applicant, parent business or sub-entity) Cloud Investments LLC		
First Name Lori	Last Name Pesce	Title Member
City Warwick	State Rhode Island	Zip 02889
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		
First Name Renee	Last Name Cosentino	Title Member
City North Scituate	State Rhode Island	Zip 02857
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		
First Name Timothy	Last Name Smith	Title Member - Manager
City East Providence	State Rhode Island	Zip 02914
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		
First Name Bruce	Last Name Caulk	Title Member
City Charleston	State South Carolina	Zip 29401-1301
Business Associated with (Applicant, parent business or sub-entity) BT Caulk LLC		
First Name Robert	Last Name Cosentino	Title Member-Manager
City North Scituate	State Rhode Island	Zip 02857

Business Associated with (Applicant, parent business or sub-entity)

Cloud 9 Investments LLC

Business Name Cloud 9 Investments LLC	City Providence	State Rhode Island
Zip 02909	Business Associated with (Applicant, parent business or sub-entity) Applicant	
Business Name LaLaCo LLC	City Cranston	State Rhode Island
Zip 02907	Business Associated with (Applicant, parent business or sub-entity) Applicant	
Business Name BT Caulk LLC	City Charleston	State South Carolina
Zip 29401	Business Associated with (Applicant, parent business or sub-entity) Applicant	
Business Name The Exeter Revocable Trust-2020	City Exeter	State Rhode Island
Zip 02822	Business Associated with (Applicant, parent business or sub-entity) Applicant	
Business Name The Scituate Revocable Trust - 2020	City Foster	State Rhode Island
Zip 02825	Business Associated with (Applicant, parent business or sub-entity) Applicant	
Business Name The Kristen Falcone Lariviere Revocable	City Cranston	State Rhode Island
Zip 02920	Business Associated with (Applicant, parent business or sub-entity) Applicant	

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 John	Last Name Battista	Title Member-Manager
City Highland Beach	State Florida	Zip 33487
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name David	Last Name Notarianni	Title Member-Manager
City Cranston	State Rhode Island	Zip 02921
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name Justin	Last Name St.Andre	Title Member-Manager
City Hope	State Rhode Island	Zip 02831
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name Shari	Last Name DeShields	Title Member-Manager
City Highland Beach	State Florida	Zip 33487
Business Associated with (Applicant, parent business or sub-entity) Applicant		
First Name Timothy	Last Name Smith	Title Member - Manager
City East Providence	State Rhode Island	Zip 02914
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		
First Name Robert	Last Name Cosentino	Title Member-Manager
City North Scituate	State Rhode Island	Zip 02857
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		

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 Brian	Last Name LaPlante	Title Member-Manager
City Foster	State Rhode Island	Zip 02825
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC		Role, interest, etc. Manager
First Name Bruce	Last Name Caulk	Title Member
City Charleston	State South Carolina	Zip 29401-1301
Business Associated with (Applicant, parent business or sub-entity) BT Caulk LLC		Role, interest, etc. Member-Manager 7.5% interest Cloud 9 Investments, 4.5% interest in Applicant
First Name Robert	Last Name Cosentino	Title Member-Manager
City North Scituate	State Rhode Island	Zip 02857
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC		Role, interest, etc. Member-Manager 7.5% interest Cloud 9 Investments, 4.5% interest in Applicant

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 Andrew	Last Name Couture	Title Trustee
City Exeter	State Rhode Island	Zip 02822
Business Associated with (Applicant, parent business or sub-entity) The Exeter Revocable Trust - 2020		
First Name Brian	Last Name LaPlante	Title Member-Manager
City Foster	State Rhode Island	Zip 02825
Business Associated with (Applicant, parent business or sub-entity) LaLaCo LLC		
First Name Kristen	Last Name Lariviere	Title Trustee
City Cranston	State Rhode Island	Zip 02920
Business Associated with (Applicant, parent business or sub-entity) The Kristen Falcone Lariviere Trust - 2020		

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.

Shari DeShields

6/30/2023

Authorized Signatory

Date

Shari DeShields

Printed Name

Print Name of Applicant/Licensee: OP PHARM, LLC

Print Officer Title: Member-Manager