

## **CC RENEWAL FORM 2 – DISCLOSURE OF OWNERS & OTHER INTEREST HOLDERS**

<b>Section I: Owners and Other Interest Holders</b>				
<p>List (A.) all persons and/or entities with any ownership interest with respect to applicant/licensee, <b>and</b> (B.) all officers, directors, members, managers or agents of applicant/licensee, <b>and</b> (C.) all persons or entities with managing or operational control with respect to applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, <b>and</b> (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, <b>and</b> (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 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").</p> <p>To the extent that any Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), 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.</p>				
<p><b>A. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN APPLICANT/LICENSEE</b> (including corporation stockholders, LLC members, and partners if a partnership; this includes parent companies if applicant/licensee is a subsidiary of another entity).</p> <p>To the extent that any Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>				
<b>Name:</b> CanWell Processing (Rhode Island), LLC* <small>*Not an owner, but a member</small>	<b>Title:</b> Co-Owner	<b>SSN/FEIN:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>DOB:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Own. % Business Associated with:</b> Co-Member of Summit, along with Mobley Pain Management and Wellness Center (DE), LLC		<b>Effective Own. % in Applicant:</b> Co-Member of Summit, along with Mobley Pain Management and Wellness Center (DE), LLC
<b>Name:</b> Mobley Pain Management and Wellness Center (DE), LLC* <small>*Not an owner, but a member</small>	<b>Title:</b> Co-Owner	<b>SSN/FEIN:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>DOB:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Own. % Business Associated with:</b> Co-Member of Summit, along with CanWell Processing (Rhode Island), LLC		<b>Effective Own. % in Applicant:</b> Co-Member of Summit, along with CanWell Processing (Rhode Island), LLC
<b>Name:</b> GTI Rhode Island, LLC	<b>Title:</b> Manager of Mobley Pain Management and Wellness Center (DE), LLC	<b>SSN/FEIN:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>DOB:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		<b>Own. % Business Associated with:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>		<b>Effective Own. % in Applicant:</b> 0
<b>Name:</b> GTI Core, LLC	<b>Title:</b> Sole manager and member of GTI Rhode Island, LLC	<b>SSN/FEIN:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>DOB:</b> <div style="background-color: black; width: 100px; height: 1.2em;"></div>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> GTI Rhode Island, LLC		<b>Own. % Business Associated with:</b> [REDACTED]		<b>Effective Own. % in Applicant:</b>
<b>Name:</b> VCP23, LLC	<b>Title:</b> Sole member of GTI Core, LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> GTI Core, LLC		<b>Own. % Business Associated with:</b> [REDACTED]		<b>Effective Own. % in Applicant:</b>
<b>Name:</b> Please see addendums for additional disclosures.	<b>Title:</b>	<b>SSN/FEIN:</b>	<b>DOB:</b>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Address (residence if an individual):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone Number:</b>
<b>Business Associated with (Applicant, parent business or sub-entity):</b>		<b>Own. % Business Associated with:</b>		<b>Effective Own. % in Applicant:</b>
<b>B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</b>  To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i> ), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.				
<b>Name:</b> Robert A. McQueeney	<b>Title:</b> Director; Treasurer	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> S. Kingstown	<b>State:</b> RI	<b>Zip Code:</b> 02897	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Title (director, manager, etc.)</b> Director; Treasurer		
<b>Name:</b> Kevin M. Stacom	<b>Title:</b> Director	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Saunderstown	<b>State:</b> RI	<b>Zip Code:</b> 02874	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Title (director, manager, etc.)</b> Director		
<b>Name:</b> James A. Harrington	<b>Title:</b> Director	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Wakefield	<b>State:</b> RI	<b>Zip Code:</b> 02879	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Title (director, manager, etc.)</b> Director		

<b>Name:</b> Terence M. Fracassa	<b>Title:</b> Director; President	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Narragansett	<b>State:</b> RI	<b>Zip Code:</b> 02882	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Title (director, manager, etc.)</b> Director; President		
<b>Name:</b> Emily Almeida	<b>Title:</b> Compliance Officer	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Cranston	<b>State:</b> RI	<b>Zip Code:</b> 02920	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Title (director, manager, etc.)</b> Compliance Officer		
<b>Name:</b> Please see addendums for additional disclosures.	<b>Title:</b>	<b>SSN/FEIN:</b>	<b>DOB:</b>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone Number:</b>
<b>Business Associated with (Applicant, parent business or sub-entity):</b>		<b>Title (director, manager, etc.)</b>		
<b>C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO 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).</b>				
<p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>				
<b>Name:</b> Emily Almeida	<b>Title:</b> Compliance Officer	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Cranston	<b>State:</b> RI	<b>Zip Code:</b> 02920	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Role, interest, etc.:</b> Compliance Officer		
<b>Name:</b> Terence M. Fracassa	<b>Title:</b> President	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Narragansett	<b>State:</b> RI	<b>Zip Code:</b> 02882	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Role, interest, etc.:</b> President		
<b>Name:</b> CanWell Processing (Rhode Island), Inc.	<b>Title:</b> Co-Member, "Manager" (Processing) per	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

	"management contract"			
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Role, interest, etc.:</b> Co-Member of Summit, Engaged in Management Agreement		
<b>Name:</b> Mobley Pain Management and Wellness Center (DE), LLC	<b>Title:</b> Co-Member, "Manager" (Cultivation/QC) per "management contract"	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Role, interest, etc.:</b> Co-Member of Summit, Engaged in Management Agreement		
<b>Name:</b> GTI Rhode Island, LLC	<b>Title:</b> Manager of Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		<b>Role, interest, etc.:</b> Manager of Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		
<b>Name:</b> Please see addendums for additional disclosures.	<b>Title:</b>	<b>SSN/FEIN:</b>	<b>DOB:</b>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone Number:</b>
<b>Business Associated with (Applicant, parent business or sub-entity):</b>		<b>Role, interest, etc.:</b>		
<b>D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO 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).</b>				
<p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>				
<b>Name:</b> CanWell Processing (Rhode Island), LLC	<b>Title:</b> Co-Member, "Manager" (Processing) per "management" contract	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]

<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Interest:</b> Co-Member of Summit; provider of funding and assets for benefit of Summit Medical Compassion Center, Inc.		
<b>Name:</b> Mobley Pain Management and Wellness Center (DE), LLC	<b>Title:</b> Co-Member	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Interest:</b> Co-Member of Summit; provider of funding and assets ofr benefit of Summit Medical Compassion Center, Inc.		
<b>Name:</b> GTI Rhode Island, LLC	<b>Title:</b> Manager of Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		<b>Interest:</b> Manager of Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		
<b>Name:</b> GTI Core, LLC	<b>Title:</b> Sole manager and member of GTI Rhode Island, LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> GTI Rhode Island, LLC		<b>Interest:</b> Sole manager and member of GTI Rhode Island, LLC		
<b>Name:</b> VCP23, LLC	<b>Title:</b> Sole Member of GTI Core, LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> GTI Core, LLC		<b>Interest:</b> Sole member of GTI Core, LLC		
<b>Name:</b> Please see addendums for additional disclosures.	<b>Title:</b>	<b>SSN/FEIN:</b>	<b>DOB:</b>	<b>Registry ID Card/Background Check current?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone Number:</b>
<b>Business Associated with (Applicant, parent business or sub-entity):</b>		<b>Interest:</b>		
<b>E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY</b>				

**MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO 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.

<b>Name:</b> CanWell Processing (Rhode Island), LLC	<b>Title:</b> Co-Member, "Manager" (processing) per "management" contact	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Interest:</b> Co-Member of Summit ; provider of funding and assets for benefit of Summit Medical Compassion Center, Inc.		
<b>Name:</b> Mobley Pain Management and Wellness Center (DE), LLC	<b>Title:</b> Co-Member	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Summit Medical Compassion Center, Inc.		<b>Interest:</b> Co-Member of Summit ; provider of funding and assets for benefit of Summit Medical Compassion Center, Inc.		
<b>Name:</b> GTI Rhode Island, LLC	<b>Title:</b> Manager of Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		<b>Interest:</b> Manager of Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		
<b>Name:</b> GTI Core, LLC	<b>Title:</b> Sole member of GTI Rhode Island, LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> GTI Rhode Island, LLC		<b>Interest:</b> Sole manager and member of GTI Rhode Island, LLC		
<b>Name:</b> VCP23, LLC	<b>Title:</b> Sole member of GTI Core, LLC	<b>SSN/FEIN:</b> [REDACTED]	<b>DOB:</b> [REDACTED]	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b> [REDACTED]	<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60654	<b>Phone Number:</b> [REDACTED]
<b>Business Associated with (Applicant, parent business or sub-entity):</b> GTI Core, LLC		<b>Interest:</b> Sole member of GTI Core, LLC		
<b>Name:</b> Please see addendums for additional disclosures.	<b>Title:</b>	<b>SSN/FEIN:</b>	<b>DOB:</b>	<b>Registry ID Card/Background Check current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address (residence if an individual):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone Number:</b>

## ADDENDUM TO SECTION I(A)

Name	Title	FEIN	DOB	ADDRESS	PHONE	BUSINESS ASSOCIATED	OWN % OF ASSOCIATED BUSINESS
GTI23, Inc.	Sole member, VCP23, LLC	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	VCP23, LLC	[REDACTED]
Green Thumb Industries Inc.	Sole shareholder, GTI23, Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	GTI23, Inc.	[REDACTED]

## ADDENDUM TO SECTION I(B)

Name	Title	SSN/FEIN	DOB	ADDRESS	PHONE	BUSINESS ASSOCIATED	TITLE
CanWell Processing (Rhode Island), LLC	Co-member, "Manager" (Processing) per "management" contact	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	Summit Medical Compassion Center, Inc.	Co-Member of Summit; "Manager" (Processing) of Summit with [REDACTED] of "management" rights
Mobley Pain Management and Wellness Center (DE), LLC	Co-member, "Manager" (Cultivation / QC) per "management" contact.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	Summit Medical Compassion Center, Inc	Co-Member of Summit; "Manager" (Cultivation/QC) of Summit with [REDACTED] of "management" rights
Andrew Grossman	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.	[REDACTED]	[REDACTED]	[REDACTED] Baltimore, MD 21208	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.
Anthony Georgiadis	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] St. Petersburg, FL 33704	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Benjamin Kovler	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60611	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Wendy Berger	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60610	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Jeffrey Goldman	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Deerfield, IL 60015	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Richard Drexler	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Naples, FL 34109	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Joseph Centracchio	General Manager	[REDACTED]	[REDACTED]	[REDACTED] East Windsor CT 06088	[REDACTED]	Summit Medical Compassion Center Inc.	General Manager
Michael Gilkenson	Cultivation Operations Manager	[REDACTED]	[REDACTED]	[REDACTED] Warwick RI 02889	[REDACTED]	Summit Medical Compassion Center Inc.	General Manager
Tia Tymoshiw	Retail General Manager	[REDACTED]	[REDACTED]	[REDACTED] Cranston, RI 02920	[REDACTED]	Summit Medical Compassion Center Inc.	Retail General Manager

## ADDENDUM TO SECTION I(C)

Name	Title	FEIN	DOB	ADDRESS	PHONE	BUSINESS ASSOCIATED	Role
GTI Core, LLC	Sole member and manager, GTI Rhode Island, LLC	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	GTI Rhode Island, LLC	Sole member and manager, GTI Rhode Island, LLC
VCP23, LLC	Sole member, GTI Core, LLC	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	GTI Core, LLC	Sole member, GTI Core, LLC
GTI23, Inc.	Sole member, VCP23, LLC	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	VCP23, LLC	Sole member, VCP23, LLC
Green Thumb Industries, Inc.	Sole shareholder, GTI23, Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	GTI23, Inc.	Sole shareholder, GTI23, Inc.
Andrew Grossman	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.	[REDACTED]	[REDACTED]	[REDACTED] Baltimore, MD 21208	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.
Anthony Georgiadis	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] St. Petersburg, FL 33704	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Benjamin Kovler	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60611	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Wendy Berger	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60610	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Jeffrey Goldman	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Deerfield, IL 60015	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Richard Drexler	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Naples, FL 34109	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Joseph Centracchio	General Manager	[REDACTED]	[REDACTED]	[REDACTED] East Windsor CT 06088	[REDACTED]	Summit Medical Compassion Center Inc.	General Manager
Michael Gilkenson	Cultivation Operations Manager	[REDACTED]	[REDACTED]	[REDACTED] Warwick RI 02889	[REDACTED]	Summit Medical Compassion Center Inc.	General Manager
Tia Tymosiw	Retail General Manager	[REDACTED]	[REDACTED]	[REDACTED] Cranston, RI 02920	[REDACTED]	Summit Medical Compassion Center Inc.	Retail General Manager



### ADDENDUM TO SECTION I(D)

Name	Title	FEIN	DOB	ADDRESS	PHONE	BUSINESS ASSOCIATED	Role
GTI23, Inc.	Sole member, VCP23, LLC	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	VCP23, LLC	Sole member, VCP23, LLC
Green Thumb Industries, Inc.	Sole shareholder, GTI23, Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	GTI23, Inc.	Sole shareholder, GTI23, Inc.
Andrew Grossman	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.	[REDACTED]	[REDACTED]	[REDACTED] Baltimore, MD 21208	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.
Anthony Georgiadis	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] St. Petersburg, FL 33704	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Benjamin Kovler	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60611	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Wendy Berger	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60610	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Jeffrey Goldman	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Deerfield, IL 60015	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Richard Drexler	Director of Green Thumb Industries Inc.	[REDACTED]	[REDACTED]	[REDACTED] Naples, FL 34109	[REDACTED]	Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.

### ADDENDUM TO SECTION I(E)

Name	Title	FEIN	DOB	ADDRESS	PHONE	BUSINESS ASSOCIATED	Role
GTI23, Inc.	Sole member, VCP23, LLC	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	VCP23, LLC	Sole member, VCP23, LLC
Green Thumb Industries, Inc.	Sole shareholder, GTI23, Inc.	[REDACTED]	[REDACTED]	[REDACTED] Chicago, IL 60654	[REDACTED]	GTI23, Inc.	Sole shareholder, GTI23, Inc.
Andrew Grossman	Manager of GTI Core, LLC and	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	GTI Core, LLC, VCP23, LLC; GTI23, Inc.	Manager of GTI Core, LLC and VCP23, LLC;

	VCP23, LLC; Director of GTI23, Inc.			Baltimore, MD 21208			Director of GTI23, Inc.
Anthony Georgiadis	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.			St Petersburg, FL 33704		GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Benjamin Kovler	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.			Chicago, IL 60611		GTI Core, LLC, VCP23, LLC; GTI23, Inc., Green Thumb Industries Inc.	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
Wendy Berger	Director of Green Thumb Industries Inc.			Chicago, IL 60610		Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Jeffrey Goldman	Director of Green Thumb Industries Inc.			Deerfield, IL 60015		Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Richard Drexler	Director of Green Thumb Industries Inc.			Naples, FL 34109		Green Thumb Industries Inc.	Director of Green Thumb Industries Inc.
Sharon Janell Murrain	Regional Director of Green Thumb Industries Inc.			Haddon Twp, NJ 08108		Green Thumb Industries Inc.	Regional Director of Green Thumb Industries Inc.
Fred Trinks	District Manager Green Thumb Industries Inc.			East Hampton CT 06424		Green Thumb Industries Inc.	District Manager Green Thumb Industries Inc.

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

03/01/2023

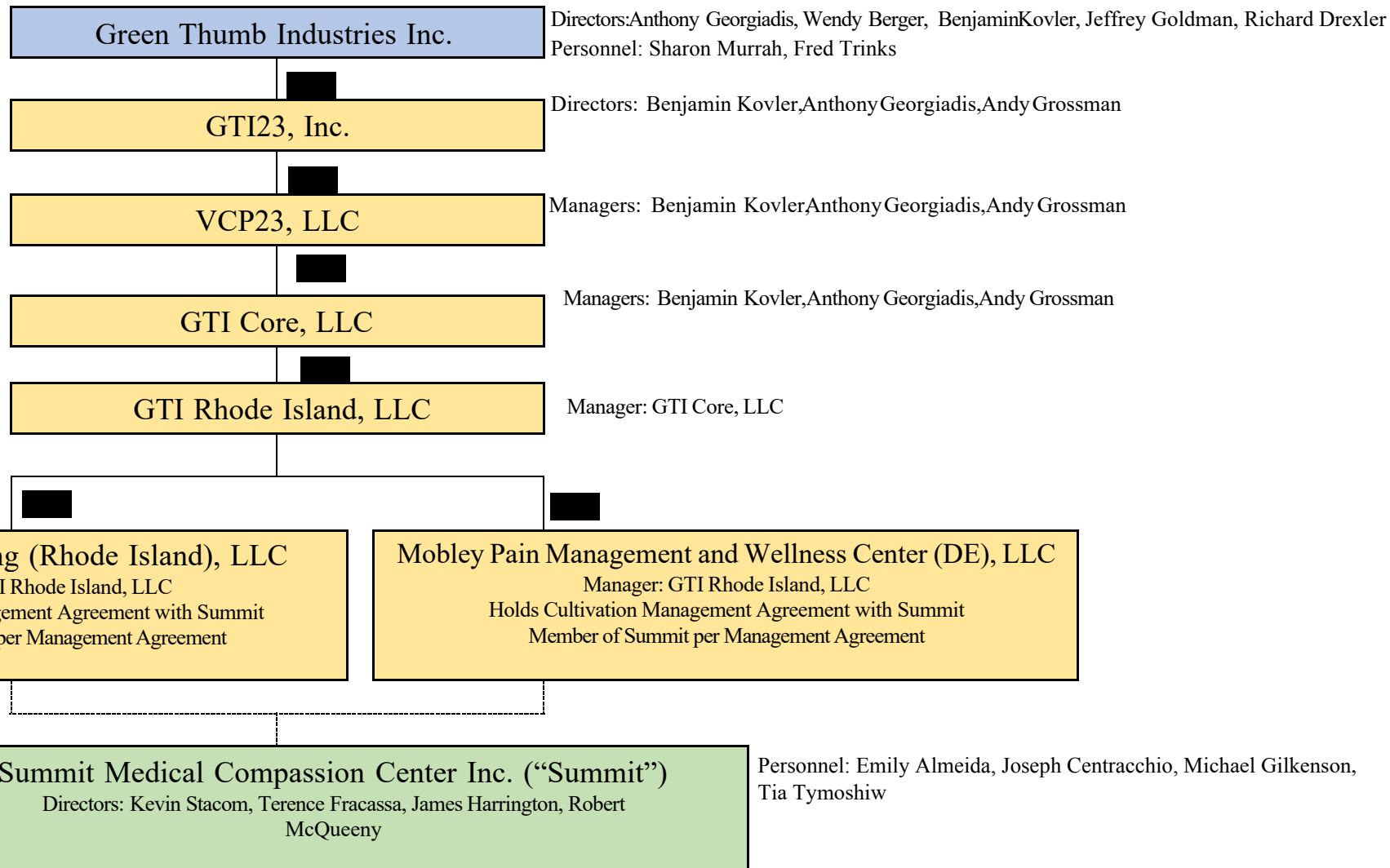
Date

Emily Almeida

Printed Name

Print Name of Applicant/Licensee: Summit Medical Compassion Center, Inc.

Print Officer Title: Compliance Officer



Please be advised that Green Thumb Industries Inc. ("Green Thumb"), the ultimate parent company of CanWell Processing (Rhode Island), LLC and Mobley Pain Management and Wellness Center (DE), LLC, is a publicly traded company.

**CC Renewal Form 2 Section III(B)**

**Attach a list of all Interest Holders identified in Section I(A) and I(D) of Form 2 that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to Applicant/Licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.**

<b>Interest Holder</b>	<b>Effective Ownership Percentage</b>	<b>Dollar Amount of Interest</b>
Andrew Grossman	█	█
Benjamin Kovler	█	█
Anthony Georgiadis	█	█
Wendy Berger	█	█
Jeffrey Goldman	█	█
Richard Drexler	█	█

### CC Renewal Form 2 Section III(C)

Attach a list of all Interest Holders identified in Section I(A), I(B), I(C) and I(E) of Form 2 and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to Applicant/Licensee, its operations, the license and/or licensed facilities for the last five years.

#### Existing Interest Holders (PRIOR TO DBR APPROVAL OF NEW INTEREST HOLDERS)

##### Mobley Pain Management and Wellness Center (DE) LLC

	Own %	Total Contribution	Distributions '14-'19	Distributions 2020	Loan Repayment from Mob to CW	Net Exposure
CanWell LLC						
MedBed						
David Piccoli						
1947 LLC						
Scot Moskol						
Cardinal BR Services						
Ricci Investment Group						
PTMD LLC						

##### CanWell Processing (RI) LLC

	Own %	Total Contribution	Distributions '14-'19	Distributions 2020
CanWell LLC				
WPMC LLC				
WCC LLC				

##### Individuals

Terence Fracassa  
Michael Pendleton  
Robert McQueeney  
James Harrington  
Kevin Stacom

##### Monies Paid SMCC to Mobley Pain Management and Wellness Center

	2014-2020
Mobley Pain Mgmt - Principal on Loan	
Mobley Pain Mgmt - Interest on Loan	
Mobley Pain Mgmt - Mgmt Fees	
CWPRI - Royalty for Services	

New Interest Holders	2018	2019	2020	2021	2022
GTI Rhode Island, LLC					
GTI Core, LLC					
VCP23, LLC					
GTI23, Inc.					
Green Thumb Industries Inc.					
Andrew Grossman					

Benjamin Kovler	■	■	■	■	■
Anthony Georgiadis	■	■	■	■	■
Wendy Berger	■	■	■	■	■
Jeffrey Goldman	■	■	■	■	■
Richard Drexler	■	■	■	■	■
William Gruver (resigned)	■	■	■	■	■
Dorri McWhorter (resigned)	■	■	■	■	■
Glen Senk (resigned)	■	■	■	■	■
Swati Mylavarapu (resigned)	■	■	■	■	■
Wes Moore (resigned)	■	■	■	■	■
Joseph Centracchio	■	■	■	■	■
Emily Almeida	■	■	■	■	■
Sharon Murrah	■	■	■	■	■
Fred Trinks	■	■	■	■	■
Cheryl Hersperger (resigned)	■	■	■	■	■
Alison Torres (resigned)	■	■	■	■	■
Max Gauthier (resigned)	■	■	■	■	■
Michael Gilkenson	■	■	■	■	■
Tia Tymoshiw	■	■	■	■	■