

State of Rhode Island

Office of Cannabis Regulation

560 Jefferson Boulevard

Warwick, RI 02886

**Medical Marijuana Licensee Change in Governance/Ownership Structure**

Use this form to request a change in ownership pursuant to 230-RICR-80-5-1.2(I) and/or 230-RICR-80-5-1.3(H). All licensed cultivators and compassion centers must seek pre-approval from the Department of Business Regulation by means of a written request for a variance at least sixty (60) calendar days prior to the proposed effective date of the change.

Completed forms may be emailed to DBR.MMPCompliance@dbr.ri.gov or mailed to the above address.

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| 1. **Current Licensee Information**
 |
| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. |
| License Type | [ ] Cultivator | [ ] Compassion Center | MMP License # and Class | Click or tap here to enter text. |
| Ownership Type | [ ] SoleProprietor | [ ] Corporation | [ ] LLC | [ ] LP/LLP/LLLP | [ ] Non-Profit Corporation |
| Location Address | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | City | State, Zip |

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| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |  |

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| 1. **New Licensee Information**
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| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. |
| License Type | [ ] Cultivator | [ ] Compassion Center | MMP License # and Class | Click or tap here to enter text. |
| Ownership Type | [ ] SoleProprietor | [ ] Corporation | [ ] LLC | [ ] LP/LLP/LLLP | [ ] Non-Profit Corporation |
| Location Address | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | City | State, Zip |

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| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |  |

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| 1. **Addition of Governing Person(s)**
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| Name (Last, MI, First) or Entity Name | Title | Percentage of Ownership in Licensee |
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| 1. **Removal of Governing Person(s)**
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| Name (Last, MI, First) or Entity Name | Title | Percentage of Ownership in Licensee |
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| 1. **Reallocation of Current Interest(s)**
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| Name (Last, MI, First) or Entity Name | Title | Current Interest | Proposed Interest |
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**Attach additional sheets as necessary**

**Please note: an updated Form 2, organization chart, membership/operating agreement, and bylaws are required. Additionally, background check clearance and Key Person/Staff ID card applications must be obtained for any incoming members/governing persons. Updated documentation may be emailed to** **DBR.MMPCompliance@dbr.ri.gov****.**

I, the undersigned, declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Print Name |  |  | Title |  | Date |
|  |  |  |  |
| Signature (Licensee) |  |  |  |  |