## **FORM 2**

## **Disclosure of Owners and Other Interest Holders**

### Name of Applicant/Licensee: RISE Warwick

### 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).

<b>Business Name</b> CanWell Processing (Rhode Island), LLC	<b>City</b> Chicago	State Illinois	
<b>Zip</b>	Business Associated with (Applicant, parent business or sub-entity)		
60654	Applicant		
<b>Business Name</b>	City		
Mobley Pain Management and	Chicago State		
Wellness Cent	Illinois		
<b>Zip</b> 60654	Business Associated with (Applicant, par Applicant	ent business or sub-entity)	
<b>Business Name</b>	City	State	
GTI Rhode Island, LLC	Chicago	Illinois	
<b>Zip</b> 60654	<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>Business Name</b>	City	State	
VCP23, LLC	Chicago	Illinois	
<b>Zip</b>	Business Associated with (Applicant, parent business or sub-entity)		
60654	GTI Core, LLC		
<b>Business Name</b>	City	State	
GTI Core, LLC	Chicago	Illinois	
<b>Zip</b>	Business Associated with (Applicant, parent business or sub-entity)		
60654	GTI Rhode Island, LLC		
Business Name	City	State	
GTI23, Inc.	Chicago	Illinois	
<b>Zip</b> 60654	Business Associated with (Applicant, part VCP23, LLC	ent business or sub-entity)	
Business Name Green Thumb Industries Inc.	City ChicagoState Illinois		

I	
<b>Zip</b> 60654	<b>Business Associated with (Applicant, parent business or sub-entity)</b> GTI23, Inc.

# **B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.**

<b>First Name</b> Robert	Last Name McQueeney	<b>Title</b> Director; Treasurer
<b>City</b> S. Kingstown	State Rhode Island	<b>Zip</b> 02897
<b>Business Associated with (Appli</b> Applicant	cant, parent b	usiness or sub-entity)
First Name Kevin	Last Name Stacom	Title Director
<b>City</b> Saunderstown	State Rhode Island	<b>Zip</b> 02874
<b>Business Associated with (Appli-</b> Applicant	cant, parent b	usiness or sub-entity)
First Name James	Last Name Harrington	Title Director
<b>City</b> Wakefield	<b>State</b> Rhode Island	<b>Zip</b> 02879
<b>Business Associated with (Appli-</b> Applicant	cant, parent b	usiness or sub-entity)
First Name Terence	<b>Last Name</b> Fracassa	Title Director, President
<b>City</b> Narragansett	<b>State</b> Rhode Island	<b>Zip</b> 02882
Business Associated with (Applie Applicant	cant, parent b	usiness or sub-entity)
<b>First Name</b> Emily	Last Name Almeida	Title Compliance Officer
<b>City</b> Cranston	<b>State</b> Rhode Island	<b>Zip</b> 02920
Business Associated with (Applie Applicant	cant, parent b	usiness or sub-entity)
First Name Andrew	Last Name Grossman	Title Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.
<b>City</b> Baltimore	<b>State</b> Maryland	<b>Zip</b> 21208

	· ei 25, EEe, E	Director of GTI23, Inc.
First Name Anthony	<b>Last Name</b> Georgiadis	<b>Title</b> Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
City Chicago	<b>State</b> Illinois	Zip 60654
Business Associated with (Appl Manager of GTI Core, LLC and		Dusiness or sub-entity) Director of GTI23, Inc. & Green Thumb Industries Inc.
<b>First Name</b> Benjamin	Last Name Kovler	TitleManager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.& Green Thumb Industries Inc.
<b>City</b> Chicago	<b>State</b> Illinois	<b>Zip</b> 60611
Business Associated with (Appl Manager of GTI Core, LLC and	<b>icant, parent b</b> VCP23, LLC; D	<b>Dusiness or sub-entity</b> ) Director of GTI23, Inc. & Green Thumb Industries Inc.
First Name Wendy	Last Name Berger	Title Director of Green Thumb Industries Inc.
City Chicago	<b>State</b> Illinois	<b>Zip</b> 60610
Business Associated with (Appl Director of Green Thumb Industr		pusiness or sub-entity)
First Name Joseph	Last Name Centracchio	Title General Manager
<b>City</b> E Winsdor	State Connecticut	<b>Zip</b> 06088
Business Associated with (Appl Applicant	icant, parent b	pusiness or sub-entity)
First Name Michael	Last Name Gilkerson	Title Cultivation Operations Manager
<b>City</b> Warwick	State Rhode Island	<b>Zip</b> 02889
Business Associated with (Appl Applicant	icant, parent b	pusiness or sub-entity)
<b>Business Name</b> CanWell Processing (Rhode Island), LLC	<b>City</b> Chicago	State Illinois
<b>Zip</b> 60654	Business Ass Applicant	sociated with (Applicant, parent business or sub-entity)
Business Name Mobley Pain Management and	City	State Illinois
Wellness Cent	Chicago	minois

1	60654	Applicant

### 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).

individual person level.		
<b>First Name</b>	Last Name	Title
Terence	Fracassa	Director, President
City	State	<b>Zip</b>
Narragansett	Rhode Island	02882
Business Associated with (A sub-entity) Applicant	pplicant, parent business or	Role, interest, etc.
<b>First Name</b>	Last Name	Title
Emily	Almeida	Compliance Officer
<b>City</b>	State	<b>Zip</b>
Cranston	Rhode Island	02920
Business Associated with (A sub-entity) Applicant	pplicant, parent business or	Role, interest, etc.
<b>First Name</b>	Last Name	<b>Title</b>
Anthony	Georgiadis	Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
City	State	<b>Zip</b>
Chicago	Illinois	60654
Business Associated with (A sub-entity) Manager of GTI Core, LLC a GTI23, Inc. & Green Thumb		Role, interest, etc.
First NameLast NameBenjaminKovler		<b>Title</b> Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
<b>City</b>	State	<b>Zip</b>
Chicago	Illinois	60611
Business Associated with (A sub-entity) Manager of GTI Core, LLC a GTI23, Inc. & Green Thumb		Role, interest, etc.
<b>First Name</b>	Last Name	Title
Kevin	Stacom	Director
City	State	<b>Zip</b>
Saunderstown	Rhode Island	02874
Business Associated with (A sub-entity)	pplicant, parent business or	Role, interest, etc.

First Name Andrew	Last Name Grossman	Title   Manager of GTI Core, LLC and VCP23, LLC; Director of
		GTI23, Inc.
City Baltimore	<b>State</b> Maryland	<b>Zip</b> 21208
sub-entity)	with (Applicant, parent business or , LLC and VCP23, LLC; Director of	Role, interest, etc.
<b>First Name</b>	Last Name	Title
Robert	McQueeney	Director; Treasurer
<b>City</b>	State	<b>Zip</b>
S. Kingstown	Rhode Island	02897
Business Associated sub-entity) Applicant	with (Applicant, parent business or	Role, interest, etc.
<b>First Name</b>	Last Name	Title
James	Harrington	Director
<b>City</b>	State	<b>Zip</b>
Wakefield	Rhode Island	02879
Business Associated sub-entity) Applicant	with (Applicant, parent business or	Role, interest, etc.
First Name	Last Name	Title
Wendy	Berger	Director of Green Thumb Industries Inc.
<b>City</b>	<b>State</b>	<b>Zip</b>
Chicago	Illinois	60610
Business Associated sub-entity) Director of Green Thu	with (Applicant, parent business or umb Industries Inc.	Role, interest, etc.
<b>First Name</b>	Last Name	Title
Michael	Gilkerson	Cultivation Operations Manager
<b>City</b>	State	<b>Zip</b>
Warwick	Rhode Island	02889
Business Associated sub-entity) Applicant	with (Applicant, parent business or	Role, interest, etc.
<b>First Name</b>	Last Name	Title
Joseph	Centracchio	General Manager
<b>City</b>	State	<b>Zip</b>
E Winsdor	Connecticut	06088
<b>Business Associated</b> <b>sub-entity</b> ) Applicant	with (Applicant, parent business or	Role, interest, etc.

Business Name CanWell Processing (Rhode I	sland), LLC	City Chicago
<b>State</b> Illinois	<b>Zip</b> 60654	Role, interest, etc.
Business Associated with (A) Applicant	pplicant, parent business or	sub-entity)
Business Name Mobley Pain Management and	l Wellness Cent	City Chicago
<b>State</b> Illinois	<b>Zip</b> 60654	Role, interest, etc.
Business Associated with (A) Applicant	pplicant, parent business or	sub-entity)
Business Name GTI23, Inc.		City Chicago
<b>State</b> Illinois	<b>Zip</b> 60654	Role, interest, etc.
Business Associated with (A) VCP23, LLC	pplicant, parent business or	sub-entity)
Business Name GTI Core, LLC		City Chicago
<b>State</b> Illinois	<b>Zip</b> 60654	Role, interest, etc.
Business Associated with (A) GTI Rhode Island, LLC	pplicant, parent business or	sub-entity)
Business Name GTI Rhode Island, LLC		City Chicago
<b>State</b> Illinois	<b>Zip</b> 60654	Role, interest, etc.
Business Associated with (A Mobley Pain Management and		sub-entity) and CanWell Processing (Rhode Island), LLC
Business Name Green Thumb Industries Inc.		City Chicago
<b>State</b> Illinois	<b>Zip</b> 60654	Role, interest, etc.
<b>Business Associated with (A</b> ) GTI23, Inc.	pplicant, parent business or	sub-entity)

### 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).

First Name Andrew	<b>Last</b> Name Grossman	<b>Title</b> Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.	
<b>City</b> Baltimore	<b>State</b> Maryland	<b>Zip</b> 21208	
Business Associated with (Appli Manager of GTI Core, LLC and V			
First Name Anthony	Last Name Georgiadis	<b>Title</b> Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	
City Chicago	<b>State</b> Illinois	<b>Zip</b> 60654	
Business Associated with (Appli Manager of GTI Core, LLC and V		business or sub-entity) Director of GTI23, Inc. & Green Thumb Industries Inc.	
First Name Wendy	Last Name Berger	Title Director of Green Thumb Industries Inc.	
City Chicago	<b>State</b> Illinois	<b>Zip</b> 60610	
Business Associated with (Appli Director of Green Thumb Industri		business or sub-entity)	
<b>First Name</b> Benjamin	<b>Last</b> Name Kovler	<b>Title</b> Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.	
City Chicago	<b>State</b> Illinois	<b>Zip</b> 60611	
Business Associated with (Appli Manager of GTI Core, LLC and V		business or sub-entity) Director of GTI23, Inc. & Green Thumb Industries Inc.	
<b>Business Name</b> Mobley Pain Management and Wellness Cent	City Chicago	State Illinois	
<b>Zip</b> 60654	Business As Applicant	Business Associated with (Applicant, parent business or sub-entity) Applicant	
<b>Business Name</b> GTI23, Inc.	City Chicago	State Illinois	
Zip	Business As	ssociated with (Applicant, parent business or sub-entity)	

60654	VCP23, LL	VCP23, LLC	
<b>Business Name</b>	City	State	
GTI Rhode Island, LLC	Chicago	Illinois	
<b>Zip</b> 60654	Mobley Pair	Business Associated with (Applicant, parent business or sub-entity) Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC	
<b>Business Name</b>	City	State	
VCP23, LLC	Chicago	Illinois	
<b>Zip</b> 60654		<b>Business Associated with (Applicant, parent business or sub-entity)</b> GTI Core, LLC	
<b>Business Name</b> CanWell Processing (Rhode Island), LLC	City Chicago	State Illinois	
<b>Zip</b>	Business As	Business Associated with (Applicant, parent business or sub-entity)	
60654	Applicant	Applicant	
<b>Business Name</b>	City	State	
GTI Core, LLC	Chicago	Illinois	
<b>Zip</b> 60654		<b>Business Associated with (Applicant, parent business or sub-entity)</b> GTI Rhode Island, LLC	
Business Name	City	State	
Green Thumb Industries Inc.	Chicago	Illinois	
<b>Zip</b>	Business As	Business Associated with (Applicant, parent business or sub-entity)	
60654	GTI23, Inc.	GTI23, 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.

-		
<b>First Name</b> Benjamin	Last Name Kovler	<b>Title</b> Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
<b>City</b> Chicago	<b>State</b> Illinois	<b>Zip</b> 60611
Business Associated wi Manager of GTI Core, L		<b>Dusiness or sub-entity</b> ) Director of GTI23, Inc. & Green Thumb Industries Inc.
First Name Andrew	Last Name Grossman	Title Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc.
<b>City</b> Baltimore	<b>State</b> Maryland	<b>Zip</b> 21208
Business Associated wi Manager of GTI Core, L		
First Name Wendy	Last Name Berger	<b>Title</b> Director of Green Thumb Industries Inc.
City Chicago	<b>State</b> Illinois	<b>Zip</b> 60610
Business Associated wi Director of Green Thum		ousiness or sub-entity)
<b>First Name</b> Anthony	Last Name Georgiadis	<b>Title</b> Manager of GTI Core, LLC and VCP23, LLC; Director of GTI23, Inc. & Green Thumb Industries Inc.
<b>City</b> Chicago	<b>State</b> Illinois	<b>Zip</b> 60654
Business Associated wi Manager of GTI Core, L		<b>Dusiness or sub-entity</b> ) Director of GTI23, Inc. & Green Thumb Industries Inc.
First Name Michael	Last Name Gilkerson	Title Cultivation Operations Manager
<b>City</b> Warwick	State Rhode Island	<b>Zip</b> 02889
Business Associated wi Applicant	th (Applicant, parent b	pusiness or sub-entity)
<b>First Name</b> Joseph	Last Name Centracchio	Title General Manager
1		

<b>City</b> E Winsdor	State Connecticut	<b>Zip</b> 06088	
Business Associated with (Appl Applicant	icant, parent b	usiness or sub-entity)	
First Name Sharon	<b>Last Name</b> Murrah	<b>Title</b> Regional Director - Green Thumb Industries Inc.	
<b>City</b> Haddon Township	State New Jersey	<b>Zip</b> 08108	
<b>Business Associated with (Appl</b> Green Thumb Industries Inc.	icant, parent b	usiness or sub-entity)	
First Name Fred	Last Name Trinks	Title District Manager - Green Thumb Industries Inc.	
<b>City</b> East Hampton	State Connecticut	<b>Zip</b> 06424	
Business Associated with (Appl Green Thumb Industries Inc.	icant, parent b	usiness or sub-entity)	
<b>Business Name</b> Mobley Pain Management and Wellness Cent	<b>City</b> Chicago	State Illinois	
<b>Zip</b> 60654	Business Ass Applicant	Business Associated with (Applicant, parent business or sub-entity) Applicant	
<b>Business Name</b> GTI23, Inc.	City Chicago	State Illinois	
<b>Zip</b> 60654		<b>Business Associated with (Applicant, parent business or sub-entity)</b> VCP23, LLC	
<b>Business Name</b> GTI Rhode Island, LLC	City Chicago	State Illinois	
<b>Zip</b> 60654	Business Associated with (Applicant, parent business or sub-entity) Mobley Pain Management and Wellness Center (DE), LLC and CanWell Processing (Rhode Island), LLC		
Business Name VCP23, LLC	City Chicago	State Illinois	
<b>Zip</b> 60654		Business Associated with (Applicant, parent business or sub-entity) GTI Core, LLC	
Business Name GTI Core, LLC	City Chicago	State Illinois	
<b>Zip</b> 60654		Business Associated with (Applicant, parent business or sub-entity) GTI Rhode Island, LLC	
<b>Business Name</b> CanWell Processing (Rhode Island), LLC	City Chicago	State Illinois	
<b>Zip</b> 60654	Business Ass Applicant	sociated with (Applicant, parent business or sub-entity)	

Business Name	<b>City</b>	State
Green Thumb Industries Inc.	Chicago	Illinois
<b>Zip</b>	<b>Business Associated with (Applicant, parent business or sub-entity)</b>	
60654	GTI23, Inc.	

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.

9/19/2023 Date

Authorized Signatory

R. Rutenberg for applicant

Emily Almeida

**Printed Name** 

**Print Name of Applicant/Licensee:** RISE Warwick **Print Officer Title:** Compliance Officer