FORM 2*
Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name	Title	SSN/FEIN	DOB	App submitted?
John Iozzo		[redacted]	[redacted]	☒Yes ☐No

Address	City	State	ZIP	Phone Number
[redacted]	Bradford	RI	02808	([redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
		[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
Nicholas R. Scola		[redacted]	[redacted]	☒Yes ☐No

Address	City	State	ZIP	Phone Number
[redacted]	Westerly	RI	02891	[redacted]

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant
		[redacted]

Name	Title	SSN/FEIN	DOB	App submitted?
				☒Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Name	Title	SSN/FEIN	DOB	App submitted?
				☐Yes ☐No

Address	City	State	ZIP	Phone Number
				( )

Business Associated with (Parent business or sub-entity)				Own. % Business Associated with	Effective Own. % in Applicant
Name	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address	City	State	ZIP	Phone Number ( )	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with	Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest

Authorized Signatory

3/9/2017
Date

John Iozzo
Printed Name