Renewal Application for Medical Marijuana Cultivator License

FORM 2* Disclosure of Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, **and** (B.) all officers, directors, members, managers or agents of the applicant/licensee, **and** (C.) all persons or entities with managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed

Name of Applicant/Licensee: ____Arctic Green Inc. - 0015____

Part I: Owners and Other Interest Holders

facilities whether they have an ownership financial interest whether they have owner arising under shared management compa management or operational control with r licensed facilities (all persons and entities Holder" and collectively referred to as "Interest to the collective of t	ership int anies, ma espect to describ	eres anag o the ed ir	t or n gemer appl n (A)-	ot, ar nt agr licant/	id (E.) all perso eements, or ot licensee, its or	ons or eacher her agree perations	ntities eemen s, the l	that hold interest(s) ts that afford third-party icense and/or the
To the extent that any Interest Holder is a entity until all such Interest Holders are id sheet(s) if necessary.	n entity lentified	(corp and	oorati disclo	on, pa	artnership, LLC down to the ind	;, etc.), l ividual r	ist all person	Interest Holders in that level. Attach a separate
LIST ALL PERSONS AND/OR EN APPLICANT/LICENSEE (includin partnership; this includes parent entity). To the extent that any Interest Holder i that entity until all such Interest Holder	g corpo compa	rationies	on sto	e app	olders; LLC m licant/license partnership, L	embers e is a si LC, etc.	; and u bsidi), list a	partners if a arry of another
Name Brian Williams	Title President		nt SSN/FEIN		EIN	DOB		Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Covent		State RI		ZIP 02816	Phone N	Number	
Business Associated with (Applicant, parent business entity) Arctic Green Inc.	or sub-	Own	. % B u	ısiness	Associated with		Effective	ve Own <u>, % in A</u> pplicant
Name Kevin Bicknell	Title Vice Pr	esid	ent	SSN/F	EIN	DOB		Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City North Kingstov	wn	State RI		ZIP 02852	Phone N	lumber	
Business Associated with (Applicant, parent business entity) Arctic Green Inc.	or sub-	Own	. % Bu	siness	Associated with		Effectiv	ve O <mark>wn. % in A</mark> pplicant
Name	Title			SSN/F	EIN	DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone N	lumber	

Business Associated with (Applicant, parent busines entity)	s or sub-	Owr	ո. % Bu	siness	Associated with		Effectiv	re Own. % in Applicant
Name	Title	_		SSN/	FEIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	•	State		ZIP	Phone N	lumber	<u>.</u>
Business Associated with (Applicant, parent busines entity)	s or sub-	Owr	յ 1. % Bu։	siness	Associated with	<u> </u>	Effectiv	e Own. % in Applicant
Name	Title	L		SSN/I	FEIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	ty Stat			ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	s or sub-	Owr	i. % Bu	siness	Associated with	·	Effectiv	e Own. % in Applicant
Name	Title			SSN/I	EIN	DOB	,	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Owr	n. % Bus	siness	Associated with	1	Effectiv	e Own. % in Applicant
Name	Title	SSN/FE		EIN	DOB		Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	State		ZIP		Phone Number ()		
Business Associated with (Applicant, parent business entity)	s or sub-	Own	i. % Bus	siness	Associated with	<u> </u>	Effectiv	e Own. % in Applicant
2. LIST ALL OFFICERS, DIRECTOR APPLICANT/LICENSEE AND AN' To the extent that any such Interest Holders in that entity until all such Intelevel	Y OTHE older is a	R EN n en	ITITIE tity (co	S DE	ESCRIBED IN Stration, partnersh	SECTIO	N A.	list all Interest individual person
Name Brian Williams	Title Preside	ent		SSN/F	EIN	DOB		Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City.							
	City Covent	ry	State RI		ZIP 02816	Phone N	lumber	
Business Associated with (Applicant, parent business entity) Arctic Green Inc.	Covent	Title	RI				lumber	
entity)	Covent	Title P	RI (officer reside		02816 tor, manager, etc.)			Key Staff App submitted? ⊠Yes □No

Business Associated with (Applicant, parent business entity) Arctic Green Inc.	t business or sub- Vice				ctor, manager, et ent	c.)		
Name Stephanie Williams	Title Direct Cultivat		f	SSN/I	EIN	DOB		Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Covent	State		ZIP 02816		Phone N	lumber	<u> </u>
Business Associated with (Applicant, parent business entity) Arctic Green Inc	or sub-	Title		r, direc	tor, manager, et	c.)		
Name	Title	<u>!</u>		SSN/F	FEIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	s or sub-	Title	(office	r, dired	tor, manager, et	C.)		
Name	Title			SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, dired	tor, manager, et	c.)		
Name	Title	 		SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State				Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, direc	tor, manager, etc	C.)		
Name	Title		SSN/FEIN		EIN			Key Staff App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, direc	tor, manager, etc	c.)		
3. LIST ALL PERSONS OR ENTITIE RESPECT TO THE APPLICANT/L ITS OPERATIONS, THE LICENSE OWNERSHIP INTEREST OR NOT To the extent that any such Interest Ho Holders in that entity until all such Interest.	ICENSE , AND/O). older is a rest Hold	E, A R L	NY CICEN	SED sorpor entific	R ENTITIES I FACILITIES (ation, partner ed and disclos	DESCRIE WHETHE ship, LLC	BED IN ER TH	SECTIONS A OR B, EY HAVE AN , list all Interest individual person
Name	Title			SSN/F	EIN	DOB		Key Staff App submitted? □Yes □No

Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent buentity)	siness or sub-	Role, inter	est, etc.		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent buentity)	siness or sub-	Role, inter	est, etc.		, <u>, , , , , , , , , , , , , , , , , , </u>
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent buentity)	isiness or sub-	Role, inter	est, etc.		
Name	Title	_ 	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent buentity)	siness or sub-	Role, inter	est, etc.		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent buentity)	siness or sub-	Role, inter	est, etc.		
Name	Title	<u> </u>	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent buentity)	siness or sub-	Role, inter	est, etc.	1	***************************************
Name	Title	1	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent buentity)	siness or sub-	Role, inter	est, etc.		
4. LIST ALL INVESTORS OR O WITH RESPECT TO THE AP B OR C, ITS OPERATIONS, AN OWNERSHIP INTEREST	PLICANT/LIC THE LICENS	CENSEE,	ANY OTHER E	NTITIES DESC	CRIBED IN SECTIONS A,

To the extent that any such Interes Holders in that entity until all such I level.					
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	iber
Business Associated with (Applicant, parent busi entity)	ness or sub-	Interest		-	
Name	Title	1	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent busi entity)	ness or sub-	Interest			
Name	Title	<u> </u>	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	iber
Business Associated with (Applicant, parent businentity)	ness or sub-	Interest		<u> </u>	
Name	Title	<u> </u>	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	lber
Business Associated with (Applicant, parent businentity)	ness or sub-	Interest			
Name	Title	<u>, l=</u> .	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent businentity)	ness or sub-	Interest			
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Num	ber
Business Associated with (Applicant, parent businentity)	ness or sub-	Interest			
Name	Title	<u>l</u>	SSN/FEIN	DOB	Key Staff App submitted? ☐Yes ☐No

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Address (residence if an individual)	City	State	ZIP		Phone Number			
Business Associated with (Applicant, parent busine entity)	ess or sub- Intere	st		,	<u> </u>			
5. LIST ALL PERSONS OR ENTIT COMPANIES, MANAGEMENT A MANAGEMENT OR OPERATIO OPERATIONS, THE LICENSE A	AGREEMENTS, NAL CONTROI AND/OR THE LI	OR OTH WITH R CENSED	IER AC	REEME CT TO TI LITIES.	NTS THAT AF HE APPLICAN	FORD THIRD-PARTY IT/LICENSEE, ITS		
To the extent that any such Interest Hold that entity until all such Interest Holders	ler is an entity (c are identified an	orporation d disclos	on, part ed dow	nership, l n to the i	LC, etc.), list ndividual perse	all Interest Holders in on level.		
Name	Title		SSN	FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	St	ate	ZIP	Phone Num	nber		
Business Associated with (Applicant, parent busin	ess or sub-entity)	Interest				.,		
Name	Title		SSN	FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	City Sta		State ZIP		Phone Number		
Business Associated with (Applicant, parent busin-	ess or sub-entity)	Interest			ı	,, <u>.</u>		
Name	Title		SSN	FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Sta	ate	ZIP	Phone Num			
Business Associated with (Applicant, parent busin	ess or sub-entity)	Interest						
Name	Title		SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Sta	ate	ZIP	Phone Nun	nber		
Business Associated with (Applicant, parent business	ess or sub-entity)	Interest		· 	<u> </u>	- orga		
Name	Title		SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	Sta	ate	ZIP	Phone Num	nber		
Business Associated with (Applicant, parent business	ess or sub-entity)	Interest			I			
Name	Title		SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No		

Renewal Application for Medical Marijuana Cultivator License

Address (residence if an individual)	City	State	ZIP	Phone Nu	mber
				()	·
Business Associated with (Applicant, parent busi	ness or sub-entity)	Interest			
Name	Title	ss	N/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nui	
Business Associated with (Applicant, parent busi	ness or sub-entity)	Interest			V-0.04.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.

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	Date of Birth	SSN/FEIN	Interest/Dollar Amount
·			
	·		
·			

Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

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

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

The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.

Rhode Island Department of Business Regulation, Office of Cannabis Regulation Renewal Application for Medical Marijuana Cultivator License

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:

- 1. With respect to the applicant/licensee, all persons and entities that:
- 1. Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or

Renewal Application for Medical Marijuana Cultivator License

- 2. 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
- 3. 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.

MAL	3/8/2023	
Authorized Signatory	Date	
Brian Williams, President		
Printed Name	•	
Print Name of Applicant/Licensee:		
Print Officer Title:		



Arctic Green Inc. Organization Chart 2023

Brian Williams- President

Kevin Bicknell - Vice President