Renewal Application for Medical Marijuana Cultivator License

Name of Applicant/Licensee: ECCC, LLC D/B/A Infinite

# FORM 2\* Disclosure of Owners and Other Interest Holders

Bloom	12-14-1-14-					
Part I: Owners and Other Interest Hole	ders			8		V *1
List (A.) all persons and/or entities with officers, directors, members, managers managing or operational control with refacilities whether they have an ownersh financial interest whether they have ow arising under shared management commanagement or operational control with licensed facilities (all persons and entities). Holder and collectively referred to as "	or agents spect to the ip interes nership in panies, man respect es describ	s of the application of the appl	he appoplican not, <b>an</b> est or no gemen e applic n (A)-(I	dicant/licensee, a t/licensee, its ope d (D.) all investor ot, and (E.) all per t agreements, or cant/licensee, its	nd (C.) all erations, the s or other pasons or en other agree operations	persons or entities with e license and/or licensed persons or entities with any utities that hold interest(s) ements that afford third-party the license and/or the
To the extent that any Interest Holder is entity until all such Interest Holders are sheet(s) if necessary.						
To the extent that any Interest Holde that entity until all such Interest Hold			ed and			
Gregory Filippo	Owner/f	Presi	dent	rionesta in la mania de la	37	□ Yes ⊠No
Address (residence if an individual)	City Barringt	on	State RI	02806	Phone Nu	mber
Business Associated with (Applicant, parent busine entity) N/A	ess or sub-		. % Busi	ness Associated with		Eff <u>ective Own.</u> % in Applicant
Name Samantha Filippo	Title Owner/1	reas		SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Barringt	on	State RI	ZIP 02806	Phone Nu	mber
Business Associated with (Applicant, parent busine entity) N/A	ss or sub-		% Busii N/A	ness Associated with		Effective Own % in Applicant
Name Brian Vandehey	Title Owner/	Inve		SN/FFIN	DOB	Key Staff App submitted?  ☐Yes ⊠No
Address (residence if an individual) 8302 East Columbus Avenue	City Scottsd	ale	State AZ	ZIP 85251	Phone Nu	mber

Business Associated with (Applicant, parent busine entity)  Vandy Investment Funds	ess or sub-	Own.	% Busi	iness Associated with		Effective Own. % in Applicant
Name Ray Luedtke Jr	Title Owner/	Inve		SSN/FEIN	DOB	Key Staff App submitted? □Yes ⊠No
Address (residence if an individual)	City Issaqua		State Wa	ZIP 98029	Phone	Number
Business Associated with (Applicant, parent busine entity)  N/A	ss or sub-	Own.	% Busi <b>N/</b>	iness Associated with 'A		Effective Own. % in Applicant
Name Fernando Coehlo	Title Owner/	Inves	1 .	SSN/FEIN	DOB	Key Staff App submitted?  □Yes ⊠No
Address (residence if an individual)	City Clearwa	- 1	State FI	ZIP 33762	Phone N	Number
Business Associated with (Applicant, parent busine entity)  N/A	ss or sub-	Own.	% Busin	ness Associated with	2000 - 120 - 130 -	Effective Own. % in Applicant
Name James S. Filippo Jr	Title Owner/	SSN/FEIN SSN/FEIN			DOB	Key Staff App submitted?  ☐Yes ☑No
Address (residence if ɛ ı individual)	City Marbleh		State MA	ZIP 01945	Phone N	Number
Business Associated with (Applicant, parent busine entity)  N/A	ss or sub-		% Busir N/A	ness Associated with	0.34	Effective Own. % in Applicant
Name Declaration of Trust of Richard G Filippo	Title Owner/	e SSN/FEIN SSN/FEIN			DOB N/A	Key Staff App submitted?  ☐Yes ☒No
Address (residence if an individual) N/A	City N/A	\$	State RI	ZIP N/A	Phone N	umber N/A
Business Associated with (Applicant, parent businesentity)  N/A	ss or sub-	Own.		ness Associated with N/A	16.5° (68) - La J. (68)	Effective Own. % in Applicant
(B) LIST ALL OFFICERS, DIRECTO APPLICANT/LICENSEE AND AN  To the extent that any such Interest H Holders in that entity until all such Interest level	IY OTHER	n enti	TITIES	DESCRIBED IN S	SECTION hip, LLC,	N A. , etc.), list all Interest
Name N/A	Title		SS	SN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	S	state	ZIP	Phone Nu	umber
Business Associated with (Applicant, parent busines entity)	s or sub-	Γitle (o	fficer, di	irector, manager, etc.)	7 (10)	A SANTA TANDARA TA TANDARAN TA
Name N/A	Title		SS	SN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	S	tate	ZIP	Phone Nu	ımber

Business Associated with (Applicant, parent busine entity)	ss or sub-	Title (d	officer	, direc	tor, manager, etc.)			
Name N/A	Title			SSN/I	FEIN	DOB		Key Staff App submitted?  ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber	
Business Associated with (Applicant, parent busine entity)	ss or sub-	Title (	officer	, direc	tor, manager, etc.)			
Name N/A	Title			SSN/I	FEIN	DOB		Key Staff App submitted? □Yes □No
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Business Associated with (Applicant, parent busine entity)	ess or sub-	Title (	officer	, direc	tor, manager, etc.)			
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Address (residence if an individual)	City	\$	State	5	ZIP	Phone Nur	mber	
Business Associated with (Applicant, parent busine entity)	ess or sub-	Title (	officer	, direc	tor, manager, etc.)			
Name N/A	Title			SSN/F	FEIN	DOB		Key Staff App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	,	State		ZIP	Phone Nur	nber	
Business Associated with (Applicant, parent busine entity)	ess or sub-	Title (	officer	, direct	or, manager, etc.)			de la companya de la
Name N/A	Title			SSN/F	FEIN	DOB		Key Staff App submitted?  ☐Yes ☐No
Address (residence if an individual)	City		State		ZIP	Phone Nur	mber	
Business Associated with (Applicant, parent busine entity)	ess or sub-	Title (	officer	, direct	or, manager, etc.)			
(C) LIST ALL PERSONS OR ENTITE RESPECT TO THE APPLICANT ITS OPERATIONS, THE LICENS OWNERSHIP INTEREST OR NOT To the extent that any such Interest Holders in that entity until all such Interest.	VLICENSI SE, AND/O DT). Holder is a	EE, A OR LI an ent	NY C CEN tity (c	SED SED	R ENTITIES DI FACILITIES (V ration, partnersl ed and disclose	ESCRIBE VHETHER nip, LLC,	etc.)	SECTIONS A OR B, EY HAVE AN  list all Interest individual person
Name N/A	Title	A . A . S	- (7)	SSN/I	EIN	DOB		Key Staff App submitted? ☐Yes ☐No
Address (residence if an individual)	City	8	State		ZIP	Phone Nu	mber	,

Business Associated with (Applicant, parent bus entity)	iness or sub-	Role, intere	est, etc.				
Name N/A	Title		SSN/FEIN		DOB	Key Staff App submitted?  ☐Yes ☐No	
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Address (residence if an individual)	City	State	•	ZIP	Phone Nur	mber	
Business Associated with (Applicant, parent buentity)	siness or sub-	Role, inter	est, etc			9 ~ -	
(D) LIST ALL INVESTORS OR O WITH RESPECT TO THE API B OR C, ITS OPERATIONS, T AN OWNERSHIP INTEREST	PLICANT/LITHE LICENS	ICENSEE	, ANY	OTHER I	ENTITIES DES	CRIBED IN SECTIONS A,	

To the extent that any such Inte Holders in that entity until all suclevel.							
Name N/A	Title		SSN/FEIN	DOB	Key Staff App submitted?  ☐Yes ☐No		
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Name N/A	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
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Business Associated with (Applicant, parent entity)	business or sub-	Interest					
Name N/A	Title	2	SSN/FEIN	DOB	Key Staff App submitted?  ☐Yes ☐No		
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Business Associated with (Applicant, parent entity)	business or sub-	Interest	- Anne Company in the	a na yaz wangana nipe n	The State State		
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Business Associated with (Applicant, parent entity)	business or sub-	Interest	manus y an ang ang ang ang ang ang ang ang ang	The second secon			
Name N/A	Title		SSN/FEIN	DOB	Key Staff App submitted ☐ Yes ☐ No		
Address (residence if an individual)	City	State	ZIP	Phone Nu	mber		

Business Associated with (Applicant, parent busine entity)	ess or sub- Intere	st	±'.	: - · · · · ·			
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that entity until all such Interest Holders a	are identified an	d disclosed	SSN/FEIN	DCB	Key Staff App submitted?		
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Business Associated with (Applicant, parent busine	ess or sub-entity)	Interest					
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Address (residence if an individual)	City	State	ZIP	Phone Nun	Phone Number		
Business Associated with (Applicant, parent busine	ess or sub-entity)	Interest	5	3 SAMPA (1987) 1566			
Name N/A	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No		
Address (residence if an individual)	City	State	ZIP	Phone Nun			
Business Associated with (Applicant, parent busine	ess or sub-entity)	Interest					
Name N/A	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 busine	ss or sub-entity)	Interest					

Renewal Application for Medical Marijuana Cultivator License

Name N/A	Title	ė.		SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	,	State		ZIP	Phone Number	r
Business Associated with (Applicant, parent business or sub-	entity)	Intere	st			× **	

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
N/A			
`			
N/A			
	7	x	
N/A			

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.

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:

- (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

3/31/2023

Date

Samantha Filippo, ECCC, LLC dba Infinite Bloom, Owner/Treasurer

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title:

Gregory Filippo Samantha Filippo						
	2022 Comp	2021 Comp	2020 Comp	2019 Comp	2018 Comp	2017 Comp
Directors, Officers, and Key Persons						
		A SECOND				
James Filippo Jr			and the state of t			
The Estate of Richard Filippó			and an analysis of the second		-	The state of the s
Fernando Coelho					-	,
Raymond Luedtke Jr				and the control of th		
Vandy Investment Funds				and the same of th	ļ	
Samantha Filippo						
Gregory Filippo						
Owner by Effective Percentage of Ownership	Effective Percentage of Ownership	Capital Contributions, if any		and the second second second second second second		

