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

Tier 401,

Name of Applicant/Licensee:

Part I: Owners and Other Interest Holde	15		WANTE OF THE OWNER		A CASALINA AND A CASA
List (A.) all persons and/or entities with ar officers, directors, members, managers or managing or operational control with resp facilities whether they have an ownership financial interest whether they have ownersing under shared management comparaising under shared management comparaising under shared management comparaising under shared management control with relicensed facilities (all persons and entities Holder" and collectively referred to as "Interest Holder is a	r agents a sect to the interest ership interest anies, ma espect to describe erest Holes	of the applicant or not, an erest or not	licant/licensee, and t/licensee, its open disconsee, its open disconsection and (E.) all per transfer agreements, or cant/licensee, its employee the disconsee and the disconsee and the disconse and the disconsection and the disconsec	nd (C.) all perserations, the lides or other persections or entities other agreemed operations, the ter individually	ons or entities with eense and/or licensed ons or entities with any s that hold interest(s) nts that afford third-party license and/or the referred to as an "Interest
entity until all such Interest Holders are id					
sheet(s) if necessary.					
A. LIST ALL PERSONS AND/OR ENTITE APPLICANT/LICENSEE (including co- partnership; this includes parent co- To the extent that any interest Holder is that entity until all such interest Holders	orporation mpanies san entit	on stockh if the ap	olders; LLC men plicant/licensee ation, partnership,	mbers; and pa is a subsidiar LLC, etc.), list	y of another entity).  all Interest Holders in
that entity until all such interest Holders	s are idei	nunea and	alsciosed down	to the individua	
Name <u>Timothy Newell</u>	Title CEO/Pres	sident	SSN/FEIN	DOB	App submitted?  ⊠⊟Yes □No
Address (residence if an individual)	City	State	ZIP 02921	Phone Numb	er
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Bu	isiness Associated wit	th Effec	ctive Own. % in Applicant
Name <u>Benjamin Viti</u>	Title Chief O	perations	SSN/FEIN	DOB	App submitted?  ⊠⊟Yes □No
Add <u>ress (residence i</u> f an individual)	City Hope	State RI	ZIP 02831	Phone Numb	er
Business Associated with (Applicant, parent business entity)	or sub-	Own. % Bu	isiness Associated wit	th Effect	ctive Own % in Applicant
Name Sengkham Duangpanya	Title   Chief Fi	nancial	SSN/FEIN	DOB	App submitted?  ☑⊟Yes □No
Address (residence if an individual)	City Sterling	State MA	ZIP 01564	Phone Numb	er
		and the same	A. C.	·	

Business Associated with (Applicant, parent business or sub- entity)		Own. % B	usiness Associated	with Effe	Effective Own. % in Applicant			
Name Joan Newell	Title Chief I	<u>Varketing</u>	SSN/FEIN	DOB	App submitted?  ☑Yes □No			
Address (residence if an individual)	City Cranst	State	ZIP 02921	Phone Numl	ber			
Business Associated with (Applicant, parent business entity)	or sub-	Own. % B	usiness Associated	with Effe	ctive Own. % in Applicant			
Name Joseph Sousa	Title Operat Manager Compliar		SSN/FEIN	DOB	App submitted?  ⊠⊟Yes □No			
Address (residence if an individual)	City East Providen	State RI	ZIP 02914	Phone Numi	ber			
Business Associated with (Applicant, parent business entity)		The second second	usiness Associated	with Effe	ective Own. % in Applicant			
Name Jessie Jacavone	Title Chief S Officer	Security	SSN/FEIN	DOB	App submitted?  ⊠⊟Yes □No			
Address (residence if an individual)	City Green	State	ZIP 02827	Phone Num	ber			
Business Associated with (Applicant, parent business entity)  Safe & Sound Security	or sub-	Own. % B	usin <u>ess A</u> ssociated	with Effe	ective O <u>wn. %</u> in Applicant			
Name Ruzanna Davtian	Title Share	holder	SSN/FEIN	DOB	App submitted?  ⊠⊟Yes □No			
Address (residence if an individual)	City Warwic	State	ZIP 02888	Phone Num	ber			
Business Associated with (Applicant, parent business entity)	or sub-	Own. % B	usiness Associated	with Effe	ective Own. % in Applicant			
B. LIST ALL OFFICERS, DIRECTORS, IN AND ANY OTHER ENTITIES DESCRIPTION To the extent that any such Interest Holders in that entity until all such Interlevel	BED IN	SECTION n entity (c	orporation, part	nership, LLC, etc	c.), list all Interest			
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No			
Address (residence if an individual)	City	State	ZIP	Phone Num	ber			
Business Associated with (Applicant, parent business entity)	or sub-	Title (office	er, director, manage	er, etc.)				
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No			

Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	r, dire	ctor, man	ager, etc.)	]			
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Business Associated with (Applicant, parent business entity)	or sub-	Title	(office	er, dire	ector, man	ager, etc.)	]			
C. LIST ALL PERSONS OR ENTITIES V RESPECT TO THE APPLICANT/LICE OPERATIONS, THE LICENSE, AND/ INTEREST OR NOT).	ENSEE, A	ANY	OTH	ER E	NTITIE	S DESC	RIBE	ED IN	SE	ECTIONS A OR B, ITS

To the extent that any such Intere Holders in that entity until all such level.	est Holder is an n Interest Holde	entity (corporation, parties are identified and dis	tnership, LLC, e sclosed down to	tc.), list all Interest the individual person
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State ZIP	Phone Num	ber ]
Business Associated with (Applicant, parent buentity)	usiness or sub-	Role, interest, etc.		
Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State ZIP	Phone Num	ber ]
Business Associated with (Applicant, parent buentity)	usiness or sub-	Role, interest, etc.		
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Name	Title	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State ZIP	Phone Nun	nber ]

Business Associated with (Applicant, parent busine entity)	ess or sub-	Role, interest, etc.	]	
D. LIST ALL INVESTORS OR OTHER RESPECT TO THE APPLICANT/LIFITS OPERATIONS, THE LICENSE, OWNERSHIP INTEREST OR NOT)  To the extent that any such Interest Holders in that entity until all such Interest.	CENSEE, AND/OR  Holder is a	ANY OTHER ENTITIES D LICENSED FACILITIES ( an entity (corporation, parti	ESCRIBED WHETHER	IN SECTIONS A, B OR C, THEY HAVE AN , etc.), list all Interest
Name	Title	SSN/FEIN	DOB	App submitted?
Address (residence if an individual)	City	State ZIP	Phone N	· 1 · · · · · · · · · · · · · · · · · ·
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Business Associated with (Applicant, parent b entity)	usiness or sub-	Interest	1 6		]		<b>2</b> 907	disseller of the second
Name	Title	]	SSN/FEIN	1	DOB	]		submitted? ∕es [□]No
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E. LIST ALL PERSONS OR ENTIT COMPANIES, MANAGEMENT A MANAGEMENT OR OPERATION OPERATIONS, THE LICENSE A To the extent that any such Interest that entity until all such Interest Hold	AGREEMENTS  ONAL CONTRO  AND/OR THE L  Holder is an ent	, OR OT L WITH ICENSE	HER AGRE RESPECT  D FACILITI  Dration, part	EMENTS TO THE A ES. nership, I	APPL	AT AFF( .ICANT/ etc.), list	DRD LICE	THIRD-PARTY INSEE, ITS
Name	Tit	le	SSN/	FEIN		DOB	] /	App submitted? [□]Yes [□]No
Address (residence if an individual)	Cit	ty	State ]	ZIP [		Phone Nu	mber	1
Business Associated with (Applicant, parent t	ousiness or sub-enti	ty) Int	erest					
Name	Tit	le	SSN/	FEIN		DOB	]	App submitted? [□]Yes [□]No
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Business Associated with (Applicant, parent b	ousiness or sub-enti	ty) In	terest					
Name	Tri	le	] SSN/	FEIN	Parameter Company	DOB		App submitted? □Yes □No
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Business Associated with (Applicant, parent l	ousiness or sub-ent	ity) In	terest			. ]		
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Business Associated with (Applicant, parent	ousiness or sub-ent	ity) In	terest			]	ances.	
Name	Ti	tle	SSN.	/FEIN		DOB	-	App submitted? [□]Yes [□]No
Address (residence if an individual)	Ci	ty	State	ZIP		Phone Nu	ımber	1

Business Associated with (Applicant, parent business or	sub-entity)	Interest		
Name	Title	SSN/FEIN	] DOE	App submitted?
Address (residence if an individual)	City	State ZIP	Phor	ne Number
Business Associated with (Applicant, parent business or	sub-entity)	Interest		
Name	Title	SSN/FEIN	DOE ] [	App submitted?    Yes   No
Address (residence if an individual)	City	State ZIP	Pho:	ne Number
Business Associated with (Applicant, parent business or	sub-entity)	Interest	- Indiana de la companya de la compa	
Part II: Who, besides the owners and oth	her Interest	Holders listed in th	is Form 2	(including persons, firms,
partnerships, corporations, limited liability interests, equipment, inventory, furniture, I a security interest therein; or who will receive Attach a separate sheet if necessary. If a control of that entity.	companies, icensing or over ve money, p	trusts), will loan, give other proprietary right rofits, proprietary righ	or otherwis s to or for u ts or other in	se provide money, property se in this business, or hold nterests from this business. s with any ownership in or
Name	Date of E	Birth SSN/F	EIN	Interest/Dollar Amount
Security, LLC	[ <u>n/a</u>		2012 E 2 XX	Security Monitor and Alarm System
		] [	1	
				1

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.

## 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.

AC, Wel	6/21/2022
Authorized Signatory	Date
Printed Name Twothy Newell Printed Name	

Print Officer Title: President

Print Name of Applicant/Licensee: Tier 401, Inc.

## Section A Continued

Add / dd if indical all Cale	The same of the sa		
Address (residence if an individual)  RI  Cranston		Phone Number	
Business Associated with (Applicant, parent business or subentity)	usiness Associated with n/a	Effective	ve Own, % in Applicant

