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

FORM 2* Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: CLRI, LLC d/b/a The Work

Part I: Owners and Other Inter	est Holders						
List (A.) all persons and/or entitofficers, directors, members, members, members, members, members, members, members, members, members, members are directly and interest whether they learn sing under shared management or operational collicensed facilities (all persons a Holder" and collectively referred to the extent that any interest entity until all such interest Holdsheet(s) if necessary.	anagers or agents if with respect to the ownership interest nave ownership interest nent companies, m ntrol with respect t nd entities describ d to as "Interest He Holder is an entity	s of the applicant/licens t or not, and (D.) a terest or not, and nanagement agree to the applicant/lic ped in (A)-(E) bein olders").	censee, and (C.) ee, its operations ill investors or otl (E.) all persons of ments, or other a ensee, its operati g hereinafter indi nership, LLC, etc.	all persons or s, the license of the persons or or entities that lagreements the ions, the licensividually referred.	r entities with and/or licensed entities with any hold interest(s) at afford third-party se and/or the ed to as an "Interest		
A) LIST ALL PERSONS AN APPLICANT/LICENSEE partnership; this includentity). To the extent that any Interest that ontibuted in the contibuted in the contibut	(including corpo les parent compa st Holder is an ent	oration stockhold inies if the applic tity (corporation, p	ers; LLC memb ant/licensee is artnership, LLC,	ers; and parti a subsidiary of etc.), list all Int	of another erest Holders in		
that entity until all such Intere-	est Holders are Ide	entified and disclo	sed down to the	individual pers	on level.		
Name CannaLorem, nc.	Title Sole Member		SSMFEIN	DOB	DOB Key Staff App submitted? ⊠Yes □No		
Address (residence if an individual)	City Ewing	State NJ	ZIP 08628	Phone Numb	per		
Business Associated with (Applicant, par entity) CLRI, LLC (Applicant)	ent business or sub-	Own. % Business Ass	ociated with		ctive Own. % in licant		
_{Name} Eliyahu Scheiman	Title CEO/Director/Off	icer/Shareholder	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes ⊟No		
Address (residence if an individual)	City N. Wales	State PA	ZIP 19454	Phone Numb	per		
Business Associated with (Applicant, parent business or sub- portity) CEO, Applicant; CEO/Director/Officer/Shareholder, CannaLorem, Inc. Conn. % Business Associated with CannaLorem, Inc.							
Name Ryan Smith	Title President/Directo	or/Shareholder	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes □No		

Address (residence if an individual)	los.	Tam.	1716	Tou.	
Address (residence il an individual)	City Johns Island	State	ZIP 29455	Рһоле №	Imper
Business Associated with (Applicant, pe entity) President/Director/Shareholde Inc.	rent business or sub-	Own. % Business As CannaLore	ssociated with		iffective Own. % in
Name	Title		SSN/FEIN	DOB	Key Staff App
Jeff	Shareholder/Of	ficer			submitted? ⊠Yes □No
Giovino					
Address (residence if an individual)	Mohnton	State PA	ZIP 19607	Phone Nu	ımber
Business Associated with (Applicant, pa entity) Shareholder, CannaLorem, Inc.		Own. % Business As Canna Lore			ffective Own. % in applicant
Inperium, Inc. (CannaLorem, In					
Name Jennifer Gassen	Title Director/Officer	/Shareholder	SSN/FEIN	DOB	Key Staff App submitted? ⊠Yes ⊟No
Address (residence if an individual)	City	State	ZIP	Phone Nu	
Address hesidelice if all inclinidad	Reading	PA	19606	Filone III	REPORT OF THE PORT
entity) Director/Secretary/Shareholde Inc.; Secretary, Inperium, Inc. (C Shareholder)	-	CannaLore	m, Inc.		\pplicant
Name	Title		SSN/FEIN	DOB	Key Staff App
Inperium, Inc.	Shareholder			l	submitted? ⊠Yes ⊡No
Address (residence if an Individual)	City Reading	State PA	ZIP 19606	Phone Nu	
Business Associated with (Applicant, pa entity) Shareholder, CannaLorem, Inc not-for-profit; it has no shareho	. [Inperium is a	Own % Business A	ssociated with		Effective Own. % in
Name	Title		SSN/FEIN	DOB	Key Staff App
Julio	General Manage	er/Shareholder			submitted? ⊠Yes ⊟No
Lazzarini Address (residence if an individual)	City Warwick	State RI	ZIP 02886	Phone Nu	amber
Business Associated with (Applicant, pa	<u> </u>	Cwp % Business A	ssociated with		Effective Own, % in
General Manager, Applicant; S CannaLorem, Inc., Parent	hareholder,	Calliacon	city inc.		
(B) LIST ALL OFFICERS, I APPLICANT/LICENSEI					
To the extent that any such Holders in that entity until a level					

	T					.,	,
Name Eliyahu Scheiman	Title CEO/Director/Of	Title CEO/Director/Officer/Shareholder		SSN	FEIN	DOB	Key Staff App submitted? ⊠Yes ⊟No
Address (residence if an individual)	City	110017011	State	L	ZIP	Phone Nu	
Address (residence il all ilidividual)	North Wales		PA		19454	Prione Nu	(ean)
Business Associated with (Applicant, pa	rent husiness or sub-	Title (offi	t	manar	ter etc)		
entity)	TOTAL POSITION OF CLUB	,	icer/Direct	•	/		
CEO, Applicant;				01,5.	iai ciioiaci	-	
CEO/Director/Officer/Sharehold	der, CannaLorem,						
Inc.							
Name	Title			SSN	FEIN	DOB	Key Staff App
Ryan Smith							submitted?
	President/Direct	or/Shar	eholder				⊠Yes ⊡No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber
	Johns Island		SC		29455		
Business Associated with (Applicant, pa	rent business or sub-	Title (offi	cer, director, i	manag	jer, etc.)		,
entity)		0	fficer/Direc	tor/	Shareholder	}	
Officer/Director/Shareholder, (•					ļ	
Inc., Parent; Officer/Director In	•						
(CannaLorem, Inc. Shareholder))	<u> </u>					
Name	Title			SSN	FEIN	DOB	Key Staff App
Jeff Giovino	Shareholder/C	Officer					submitted? ⊠Yes ⊡No
			Ia.	L			<u> </u>
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber
	Mohnton		PA		19607	10	
Business Associated with (Applicant, pa	rent business or sub-	1	cer, director, i	manag	er, etc.)		
entity) Shareholder, CannaLorem, Inc.,	Parant Officer	Share	eholder			1	
Inperium, Inc. (CannaLorem, Inc	,					į	
Shareholder)	T	<u> </u>		T			
Name	Title	s of the state of		SSN/FEIN		DOB	Key Staff App submitted?
Jennifer Gassen	Secretary/Direc	tor/Sna	renolaer			1	Submitted / ⊠Yes □No
Address (residence if an individual)	City		State		ZIP	Phone Nu	mber
	Reading		PA		19606	, 1010 710	
Business Associated with (Applicant, pa		Title (effi	<u> L</u>				
entity)	rent business of Sub-		cer, director, i		hareholder		
Secretary/Director/Shareholde	r CannaLorem,	Jeare	cai y, Dii eci	101/3	ital enoinei		
Inc., Parent; Officer, Inperium, I	nc.					ł	
(CannaLorem, Inc. Shareholder)		1					
Name	Title			SSN/	FEIN	DOB	Key Staff App
Julio	General Manag	zer/Sha	reholder		34114		submitted?
Lazzarini	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3,					⊠Yes □No
Address (residence if an individual)	City		State	L	ZIP	Phone Nu	mber
	Warwick		RI		02886	13710 140	
Business Associated with (Applicant, pa	<u> </u>	Title /-#	<u>!</u>	mar-			
l entity)	TOTAL DEGREES OF SUD-		cer, director, e ral Manage				
General Manager, Applicant; Si	nareholder.	Gene	i di iviatiage	-1/311	ai chvidel		
CannaLorem, Inc.,	• •]					
Parent							:
Name	Title	 .	· · · · · · · · · · · · · · · · · · ·	SSN	EEIKI	DOR	Key Staff App
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			COIN	t to II W	K.13	submitted?
	L						⊠Yes □No

Jennifer	Shareholder/Co	mpliano	·e	1	······································		
Lazzarini	Manager	in bilance					
Address (residence if an individual)	City	 -	State	1	ZIP	Phone Nur	mber
	Warwick		RI	1	02886		
Business Associated with (Applicant, p	parent business or sub-	Title (off	icer, director,	or, manager, etc.)			
entity) Compliance Manager, Applica	nti Charahaldar	Share	eholder/Co	omplia	nce Manage	er	
CannaLorem, Inc., Parent	nt, Shareholuer,					İ	
Name	Title			ISSN/F	EIN	DOB	Kar Chaff Bar
Kenneth Brian Stofac	Shareholder/Of	ficer		3314/1	-E44	ООВ	Key Staff App submitted? ⊠Yes □No
Address (residence if an individual)	City Crested Butte		State CO		ZIP 81224	Phone Nur	nber
Business Associated with (Applicant, pentity) Shareholder/COO, CannaLore			l icer, director, er/Shareho		er, etc.)		
(C) LIST ALL PERSONS (RESPECT TO THE AF ITS OPERATIONS, TH OWNERSHIP INTERE To the extent that any such Holders in that entity until a level.	PPLICANT/LICENS IE LICENSE, AND/ ST OR NOT). Interest Holder is	SEE, AN OR LIC an entit	Y OTHER ENSED F	ENTI ACILI Ition, p	TIES DESC TIES (WHE	RIBED IN SI	ECTIONS A OR B, HAVE AN st all Interest
Name	Title		,,, 	SSN/F	EIN	DOB	Key Staff App
Eliyahu Scheiman	CEO (Di	~ (0)			submitted? ⊠Yes ⊟No		
Address (residence if an individual)	CEO/Director/Of	ncer/sn	State		ZIP	Phone Nur	
real ope (real collection if the literal steedil)	North Wales		PA	ľ	19454	Priorie Ival	inser
Business Associated with (Applicant, p entity) CEO, Applicant; CEO/Director/Officer/Shareho Inc.	•	I	erest, etc. Applicant	<u>1.</u>			
Name Julio Lazzarini	Title General Manage	r/Share	holder	SSN/F	EIN	DOB	Key Staff App submitted? ⊠Yes ⊟No
Address (residence if an individual)	City Warwick		State RI		ZIP 02886	Phone Nur	nber
Business Associated with (Applicant, p entity) General Manager, Applicant; S CannaLorem, Inc.		1	erest, etc. Applicant	<u></u> .			
Name Jennifer Lazzarini	Title Shareholder/Co Manager	mplian		SSN/F		DOB	Key Staff App submitted? ⊠Yes ⊟No
Address (residence if an individual)	City Warwick		State RI		ZIP 02886	Phone Nur	nber

Business Associated with (Applicant, parentity) Compliance Manager, Applican CannaLorem, Inc.			erest, etc. pliance Ma	nage	er, Applicant			
Name	Title			SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP Phone		umber	
Business Associated with (Applicant, parentity)	ent business or sub-	Role, inte	erest, etc.					
Name	Title	·		SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone Nu	ımber	
Business Associated with (Applicant, parentity)	ent business or sub-	Role, inte	erest, etc.		<u> </u>			
Name	Title	· · ·		SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	ZIP Pho		Phone Nu	Phone Number ()	
Business Associated with (Applicant, par entity)	ent business or sub-	Role, inte	erest, etc.					
Name	Title			SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	ZIP		Phone Nu	ımber	
Business Associated with (Applicant, par entity)	ent business or sub-	Role, inte	erest, etc.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(D) LIST ALL INVESTORS (D) WITH RESPECT TO THE BORC, ITS OPERATION AN OWNERSHIP INTERTO TO the extent that any such Holders in that entity until all level.	E APPLICANT/LI DNS, THE LICENS REST OR NOT). Interest Holder is	CENSE SE, ANI an entit	E, ANY O'D/OR LICE	THE NSE	R ENTITIES D FACILITI partnership,	DESCRIBE ES (WHETH LLC, etc.), I	ED IN SECTIONS A, IER THEY HAVE ist all Interest	
Name Inperium, Inc.	Title Shareholder			SSN	FEIN	DOB N/A	Key Staff App submitted? ⊠Yes □No	
Address (residence if an individual)	City Reading		State PA		ZIP 19606	Phone N		
Business Associated with (Applicant, parentity) CannaLorem, Inc.	rent business or sub-	Interest Debt	Financing					

Name	Title			SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State	<u> </u>	ZIP		Phone Number	
Business Associated with (Applicant, pa entity)	rent business or sub-	interest	<u> </u>	· , · · · · · · · · · · · · · · · · · ·	1			
Name	Title		 	SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City	······································	State		ZIP	Phone Numbe	r	
Business Associated with (Applicant, pe entity)	rent business or sub-	interest	.1.4					
Name	Title			SSN	FEIN	DOB	Key Staff App submitted? ⊡Yes ⊡No	
Address (residence if an individual)	City		State		ZIP	Phone Numbe		
Business Associated with (Applicant, paentity)	rent business or sub-	Interest						
Name	Title			SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r	
Business Associated with (Applicant, paentity)	rent business or sub-	Interest		re Egilar a lakelar ang ara	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Name	Title			SSN/	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r	
Business Associated with (Applicant, pa entity)	rent business or sub-	Interest		-, <u>-</u>				
Name	Title			SSN	FEIN	DOB	Key Staff App submitted? □Yes □No	
Address (residence if an individual)	City		State		ZIP	Phone Numbe	r	
Business Associated with (Applicant, paentity)	rent business or sub-	Interest						
(E) LIST ALL PERSONS O COMPANIES, MANAGI MANAGEMENT OR OF OPERATIONS, THE LIG	EMENT AGREEM PERATIONAL CO	ENTS, NTROL	OR OTHE	R AG SPEC	REEMENTS	THAT AFFOR	D THIRD-PARTY	
To the extent that any such Inte that entity until all such interest								

Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	e ZIP	Phone Nur	nber
Business Associated with (Applicant, parent business or	sub-entity)	Interest		<u> </u>	
Name	Title	····	SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	
Business Associated with (Applicant, parent business or	sub-entity)	Interest	······································		
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	a ZIP	Phone Nun	nber
Business Associated with (Applicant, parent business or	sub-entity)	Interest		······	
Name	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 business or	sub-entity)	Interest		,,	
Name	Title		SSN/FEIN	DOB	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Num	nber
Business Associated with (Applicant, parent business or	sub-entity)	Interest	 		:
Name	Title		SSN/FEIN	DOS	Key Staff App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber
Business Associated with (Applicant, parent business or	sub-entity)	Interest			48-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
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 business or	sub-entity)	Interest			

Renewal Application for Medical Marijuana Cultivator License

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 Amoun
,			

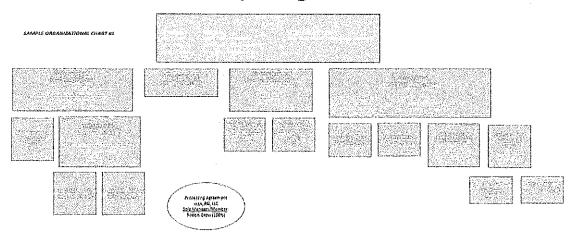
Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

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.

Sample Org Chart:



if any materit is held by a corporation, limited liability company, partnership, trust or other entity, continue to add botes that delineate need level interest polities until the organization that reflects all interests froles down to the individual process level.

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/heensee, all persons and entities that:
 - 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/licensec 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, Thereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct and accurate

Ilivahu Scheiman Printed Name	13 25 20 12	
Authorized Signatory	Date	
Eliyahu Scheiman		
Printed Name		
Print Name of Applicant/Licensee:		
Print Officer Title		

EXHIBIT L

Use for Part A Supplemental:

Name	Title]	SSN/	FEIN]	DOB [App submitted? □Yes □No
Address (residence if an individual)	City	7	State]	ZIP]	Phone I		
Business Associated with (Applicant, parent busines entity)	ss or sub-	Own	. % Busi	ness A	ssociated w	ith		Effecti	ve Own. % in Applicant
Name Jennifer Lazzarini	Title (Shareholde Manager)	r/Con	npliance	SSM	FFIN		DOB		App submitted? ⊠Yes □No
Address (residence if an individual)	City [Warwick		State [RI	}	ZIP [02886		Phone I	Numbe	
Business Associated with (Applicant, parent busines entity) [Compliance Manager, Applicant; Shareholder, Can Inc., Parent]		Own		ness A aLoren	ssociated w	ith		Effecti	ve Own. % in Applicant
Name Kenneth Brian Stofac	Title Sharehold	ler/Of	ficer	SSN/	FEIN		DOB		App submitted? ⊠Yes [□]No
Address (residence if an individual)	City Crested B	utte	State [CO]	ZIP [81224		Phone	Numbe	
Business Associated with (Applicant, parent busine entity) Shareholder/COO, CannaLorem, Inc., Parent	ss or sub-	Own		ness A aLorer	ssociated w	ith		Effect	ve Own. % in Applicant
Name	Title]	SSN/	FEIN]	DOB	,	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	, and a second	State]	ZIP []	Phone (]
Business Associated with (Applicant, parent businesentity)	ss or sub-	Own	. % Busi	ness A	ssociated w	ith		Effecti	ve Own. % in Applicant
Name	Title			SSN	FEIN]	DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City		State []	ZIP		Phone (. ,	1
Business Associated with (Applicant, parent busine entity)		Own	. % Busi	ness A	ssociated w	ith		Effecti	ve Own. % in Applicant
Name [Title			SSN	FEIN]	DOB	1	App submitted? □Yes □No
Address (residence if an individual)	City	- Company	State		ZIP []	Phone (]
Business Associated with (Applicant, parent businesentity)	ss or sub-	Own	. % Busi	ness A	ssociated w	rith		Effecti	ve Own. % in Applicant
Name [Title]	SSN	FEIN]	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	1	State	1	ZIP]	Phone		r

1	Own. % Business Associated with	Effective Own. % in Applicant
entity)		

Use for Part B Supplemental:

Name Theresa C. Wilson	Title Dire	ctor		SSN/F	EIN	DOB	App submitted? ⊠Yes ⊡No	,
Address (residence if an individual)	City Chester Springs		State PA]	ZIP 19425	Phone Nu	ımber	1
Business Associated with (Applicant, parent business entity) [Inperium, Inc.]		Title [(officer Direct		or, manager, etc.)		
Name Dr. Vincent J. LaSorsa	Title Dire	ctor		SSN/F	EIN	DOB	App submitted? ⊠Yes □No	
Address (residence if an individual)	City Reading		State P/		ZIP 19606	Phone Nu	umber	1
Business Associated with (Applicant, parent business entity) [Inperium, Inc.	or sub-	Title [(officer Direc		or, manager, etc.)		
Name Dave Grief	Title Directo	r	3	SSN/F	EIN	DOB	App submitted? ⊠Yes ⊡No	
Add <u>ress (residence</u> if an individual)	City Fleetwood		State [PA]	ZIP 19522	Phone Nu	ımber]
Business Associated with (Applicant, parent business entity) Inperium, Inc.	· · · · · · · · · · · · · · · · · · ·			, direc	or, manager, etc.)		· · · · · · · · · · · · · · · · · · ·
Name Michael Herr	Title Direc	tor		SSN/F	EIN	DOB	App submitted? ⊠Yes □No	
Address (residence if an individual)	City { Wyomissir	10	State { PA	}	ZIP 19610	Phone Nu	ımber]
Business Associated with (Applicant, parent business entity) Inperium, Inc.		Title	(officer Directo		or, manager, etc.)		
Name Cynthia Pachuta	Title Dir	ecto		SSN/F	EIN	DOB	App submitted? [⊠]Yes [□]No	
Address (residence if an individual)	City Myrtle Beach		State SC		ZIP 29577	Phone Nu	umber]
Business Associated with (Applicant, parent business entity) [Inperium, Inc.	 		(officer Directo	•	or, manager, etc.			·
Name Tim Profit	Title Direc	tor		SSN/F	EIN	DOB	App submitted? ⊠Yes □No	-,
Address (residence if an individual)	City Sinking Spring		State [PA		ZIP 19608	Phone No	umber	J
Business Associated with (Applicant, parent business entity) Inperium, Inc.	or sub-		irector		tor, manager, etc.)		
Name Gary Twardowski	Title	Dired		SSN/F	FIN	DOB	App submitted? ⊠Yes □No	
Address (residence if an individual)	City Millsboro		State L D		ZIP 19966	Phone No	umber	1

Business Associated with (Applicant, parent business or sub- entity) [Inperium, Inc.	Title (officer, o	lirector, manage r		
Name Frederick J. Lokuta, Jr.]	Title Director	SSN/FEIN	DOB	App submitted? ⊠Yes □No
Address (residence if an individual)	City [Avoca	State PA	ZIP [18641	Phone Number
Business Associated with (Applicant, parent business or sub- entity) [Inperium, Inc.	Title (officer, o	lirector, manage r	er, etc.)	
Business Associated with (Applicant, parent business or sub- entity)	Title (officer, o	lirector, manage	er, etc.)	
Name Dr. Lisa Marie McCauley	Title Director	SSN/FEIN	DOB	App submitted? ⊠Yes ⊡No
Address (residence if an individual)	City [Northampton	State [PA]	ZIP [18067	Phone Number
Business Associated with (Applicant, parent business or sub- entity) Inperium, Inc.	Title (officer, c	lirector, manage r		
Business Associated with (Applicant, parent business or sub- entity)	Title (officer, o	lirector, manage	er, etc.)	
Name [John Loyack]	Title Director	SSN/FEIN	DOB	App submitted? ⊠Yes □No
Address (residence if an individual)	City Reading	State [PA]	ZIP [19605	Phone Number
Business Associated with (Applicant, parent business or sub- entity) Inperium, Inc.	Title (officer, o	lirector, manage r	er, etc.)	
Name Jonathan Peter Swatsburg	Title Director	SSN/FEIN	DOB	App submitted? ⊠Yes □No
Address (residence if an individual)	City Biylerville	State [PA]	ZIP [17307	Phone Number
Business Associated with (Applicant, parent business or sub- entity) Inperium, Inc.	Title (officer, o	lirector, manage tor	er, etc.)	

Use for Part C Supplemental:

Name	Title		SSN/F	EIN		DOB []	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State]	ZIP []	Phone ()
Business Associated with (Applicant, parent business entity)	or sub-	Role, inter	est, etc.		, , , , , , , , ,]		
Name	Title]	SSN/F	EIN	Periodiculary	DOB]	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State		ZIP]	Phone	Numbe	r l
Business Associated with (Applicant, parent business	or sub-	Role, inter	est, etc.					

Address (residence if an individual)	City	State	ZIP	Phone Number]
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc). C.]	-
Name	Title	ssn/	FEIN	DOB	App submitted? [□]Yes □]No
Address (residence if an individual)	City	State	ZIP	Phone Number]
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc).).	J	
Name	Title	SSN/	FEIN]	DOB [App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZIP	Phone Number]
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc	3.		
Name [Title	ssn/	FEIN	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZiP	Phone Number	}
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc	j.		
Name	Title	SSN/	FEIN	DOB]	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Number	· ·
Business Associated with (Applicant, parent business entity)	or sub-	Role, interest, etc	> .]	
Use for Part D □ or E □ Supplement	ental (Sp	ecify by Che	ecking the Box)	
Name [Title	SSN/	FEIN	DOB]	App submitted? □Yes □No
Address (residence if an individual)	City	State [ZIP	Phone Number	, command
Business Associated with (Applicant, parent business entity)	or sub-	Interest]	
Name	Title	SSN/	FÉIN	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZIP	Phone Number]
Business Associated with (Applicant, parent business entity)	or sub-	Interest]	

SSN/FEIN

App submitted? □Yes □No

DOB

Title

Name

Name	Title	1 5	SN/FEIN	1	DOB	App submitted? □Yes □No
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Address (residence if an individual)	City	State	ZIP	,	Phone Number	
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Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name [Title]	SN/FEIN	}	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZIP]	Phone Number]
Business Associated with (Applicant, parent business entity)	or sub-	Interest]	
Name [Title] [SN/FEIN]	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZIP]	Phone Number	, manage of the contract of th
Business Associated with (Applicant, parent business entity)	or sub-	Interest]	
Name [Title] [SN/FEIN	-	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP		Phone Number]
Business Associated with (Applicant, parent business entity)	or sub-	nterest				
Name [Title] s	SN/FEIN		DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP [Phone Number]
Business Associated with (Applicant, parent business entity)	or sub-	Interest]	

Part II Supplemental:

Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount
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EXHIBIT M

Use for Part A Supplemental:

Name	Title]	SSN/	FEIN]	DOB]	App submitted? □Yes □No
Address (residence if an individual)	City	State]	ZIP	Phone t]
Business Associated with (Applicant, parent business entity)	or sub-	Own. % E	lusines	Associated with]	Effecti	ve Own. % in Applicant
Name	Title]	SSN/	EIN	DOB]	App submitted? □Yes □No
Address (residence if an Individual)	City	State]	ZIP	Phone 1	Number	
Business Associated with (Applicant, parent business entity)	or sub-	Own. % B	usiness	Associated with]	Effecti	ve Own. % In Applicant
Name [Title		SSN/	FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	State		ZIP	Phone N	Number]
Business Associated with (Applicant, parent business entity)	or sub-	Own. % B	usiness	Associated with]	Effecti	ve Own. % in Applicant
Name	Title		SSN/I	FEIN	DOB	- Comment	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State		ZIP	Phone N	vumber]
Business Associated with (Applicant, parent business entity)	or sub-	Own. % B	usiness	Associated with]	Effecti	ve Own. % in Applicant
Name	Title		SSN/I	FEIN	DOB [g-innernage of the state of the	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Own. % B	usiness	Associated with]	Effective	ve Own. % in Applicant
Name	Title]	SSN/I	EIN	DOB]	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State		ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Own. % B	usiness	Associated with		Effecti	ve Own. % in Applicant
Name	Title		SSN/I	FEIN	DOB		App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State]	ZIP	Phone N	lumber	
Business Associated with (Applicant, parent business entity)	or sub-	Own, % B	usiness	Associated with		Effecti	ve Own. % in Applicant

Use for Part B Supplemental:

Name Joseph F, Leone, Jr.	Title Treasure			SSN/FEIN			DOB		App submitted? ⊠Yes □No		
Address (residence if an individual)	City [Mohrsvill	ville [PA		ZIP 19541			Phone Numbe				
Business Associated with (Applicant, parent business entity) Inperium, Inc.	or sub-	Title (r, direct	or, manager,	etc.)					
Name Christopher Valente	Title [Director			SSN/FI	EIN		DOB		App subm ⊠Yes	itted? [□]No	
Address (residence if an individual)	City [VVyomiss		State PA		ZIP 19610		Phone	Number]
Business Associated with (Applicant, parent business entity) inperium, Inc.	or sub-	Title (Dire		r, direct	or, manager,	etc.)			_		
Name [Title			SSN/FI	EIN J		DOB [App subm ☐Yes	itted? [□]No	
Address (residence if an individual)	City	ļ	State		ZIP]	Phone I]	
Business Associated with (Applicant, parent business entity)	or sub-	Title (office	r, direct	or, manager,	etc.)]				
Name [Title	,]	SSN/F	EIN]		DOB	J	App subm [□]Yes	itted? [□]No	
Address (residence if an Individual)	City	ļ	State		ZIP		Phone (]	
Business Associated with (Applicant, parent business entity)	or sub-	Title (office	r, direct	or, manager,	etc.)	j				
Name (Title]	SSN/FI	EIN]		DOB]	App subm □Yes	itted? [□]No	
Address (residence if an individual)	City		State		ZIP		Phone (Processing of the Control of the Con	
Business Associated with (Applicant, parent business entity)	or sub-	Title (office	r, direct	or, manager,	etc.)	A comment				
Name	Title]	S\$N/FI	EIN]		DOB]	App subm □Yes	itted? [□]No	
Address (residence if an individual)	City		State] [ZIP]	Phone (]	
Business Associated with (Applicant, parent business entity)	or sub-	Title (office	r, direct	or, manager,	etc.)]				
Name [Title]	SSN/FI	EIN]		DOB []	App subm [□]Yes	itted? [□]No	
Address (residence if an individual)	City]	State		ZIP	1	Phone (1	

	Title (officer, director, manager, etc.)	
entity)		

Use for Part C Supplemental:

<u> </u>							
Name	Title]	SSN/FEIN		DOB	App submitte	ed? ⊐jNo
Address (residence if an individual)	City	State	ZIP]		Phone N	imber]	
Business Associated with (Applicant, parent business entity)	or sub-	Role, Intere	est, etc.]		
Name [Title]	SSN/FEIN]	DOB	App submitte	ed? ⊐jNo
Address (residence if an individual)	City	State [ŽIP]	Phone N	imber	
Business Associated with (Applicant, parent business entity)	or sub-	Role, intere	est, etc.				
Name	Title]	SSN/FEIN]	DOB	App submitte] [□]Yes [id? □No
Address (residence if an individual)	City	State	ZIP]	Phone N	ımber]	
Business Associated with (Applicant, parent business entity)	or sub-	Role, intere	est, etc.]		
Name	Title		SSN/FEIN		DOB	App submitte ☐Yes [ed? ⊒jNo
Address (residence if an individual)	City	State	ZIP]	Phone N	ımber]	
Business Associated with (Applicant, parent business entity)	or sub-	Role, intere	est, etc.]		
Name	Title	7	SSN/FEIN]	DOB	App submitte □Yes [id? ∐No
Address (residence if an individual)	City	State	ZIP		Phone N	ımber]	
Business Associated with (Applicant, parent business entity)	or sub-	Role, intere	est, etc.		J		
Name (Title		SSN/FEIN		DOB	App submitte [□]Yes [ed? ⊐]No
Address (residence if an individual)	City	State	ZIP		Phone N	ımber]	
Business Associated with (Applicant, parent business entity)	or sub-	Role, intere	est, etc.				
Name	Title]	SSN/FEIN]	DOB	App submitte	od? ⊒No
Address (residence if an individual)	City	State	ZIP		Phone N	ımber	

Business Associated with (Applicant, parent business or sub-	Role, interest, etc.	
entity)		•

Use for Part D \square or E \square Supplemental (Specify by Checking the Box)

Name [Title		SSN/FEII	V I	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZII []	Phone Numbe)]
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name	Title]	SSN/FEII	1	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZII)	Phone Numbe	1 1
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name [Title]	SSN/FEII]	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State] . []	Phone Numbe	er]
Business Associated with (Applicant, parent business entity)	or sub-	Interest	· · · · ·			
Name [Title]	SSN/FEII]	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZII		Phone Numbe	er]
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name	Title]	SSN/FEII]	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZH 		Phone Numbe	er }
Business Associated with (Applicant, parent business entity)	or sub-	Interest				
Name	Title		SSN/FEII)	DOB	App submitted? [□]Yes [□]No
Address (residence if an individual)	City	State	ZII - -)	Phone Numbe	er]
Business Associated with (Applicant, parent business or sub- entity)						
Name [Title]	SSN/FEII	N]	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZII]	Phone Number	er]

Business Associated with (Applicant, parent business or sub-	Interest	
entity)		

Part II Supplemental:

Name	Date of Birth	SSN/FEIN	Interest/Dollar Amount
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FORM 2*
Disclosure of Owners and Other Interest Holders
Part III – Ownership & Compensation

Owners by Effective Percentage of Ownership*	Effective Percentage of Ownership	Capital Contributions, if any
Inperium, Inc.**		
Ryan Smith		
Eliyahu Scheiman		
Jeff Giovino		
Brian Stofac		
Jennifer Gassen	_	
Julio Lazzarini		
Jennifer Lazzarini		

^{*} CLRI, LLC is wholly-owned by CannaLorem, Inc. The following are the shareholders of CannaLorem, Inc.

^{**}Inperium, Inc. is a not-for-profit corporation and does not have any shareholders.

Directors, Officers, and Key Persons							
Name	***2022	2021 Comp	2020 Comp	2019 Comp	2018 Comp	2017 Comp	2016 Comp
	Comp		_		-		

Julio Lazzarini		
Jennifer Lazzarini		
Eliyahu Scheiman		

^{***}CLRI, LLC acquired Class A Cultivation License No. MMP CV 0109 via asset purchase agreement on March 31, 2022. Therefore, compensation information is being provided as of 2022.

FORM 2 Disclosure of Owners and Other Interest Holders **EXHIBIT I** Part III - Organizational Chart APPLICANT CERI, LLC (A wholly owned subsidiary of Cannalorem, Inc.) Officers: Eliyahu Scheiman, Chief Executive Officer. Other Key Persons: Julio Lazzarini, General Manager; Jennifer Lazzarini, Compliance Manager