

State of Rhode Island

Office of Cannabis Regulation

560 Jefferson Boulevard

Warwick, RI 02886

**Medical Marijuana Licensee Change in Governance/Ownership Structure**

Use this form to request a change in ownership pursuant to 230-RICR-80-5-1.2(I) and/or 230-RICR-80-5-1.3(H). All licensed cultivators and compassion centers must seek pre-approval from the Department of Business Regulation by means of a written request for a variance at least sixty (60) calendar days prior to the proposed effective date of the change.

Completed forms may be emailed to [DBR.MMPCompliance@dbr.ri.gov](mailto:DBR.MMPCompliance@dbr.ri.gov) or mailed to the above address.

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| 1. **Current Licensee Information** | | | | | | | |
| Licensee Name | Click or tap here to enter text. | | | | D/B/A | Click or tap here to enter text. | |
| License Type | Cultivator | | Compassion Center | | MMP License # and Class | Click or tap here to enter text. | |
| Ownership Type | Sole Proprietor | Corporation | | LLC | LP/LLP/LLLP | Non-Profit Corporation | |
| Location Address | Click or tap here to enter text. | | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | | | | City | | State, Zip |

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| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | |  |

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| 1. **New Licensee Information** | | | | | | | |
| Licensee Name | Click or tap here to enter text. | | | | D/B/A | Click or tap here to enter text. | |
| License Type | Cultivator | | Compassion Center | | MMP License # and Class | Click or tap here to enter text. | |
| Ownership Type | Sole Proprietor | Corporation | | LLC | LP/LLP/LLLP | Non-Profit Corporation | |
| Location Address | Click or tap here to enter text. | | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | | | | City | | State, Zip |

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| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | |  |

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| 1. **Addition of Governing Person(s)** | | | |
| Name (Last, MI, First) or Entity Name | | Title | Percentage of Ownership in Licensee |
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| 1. **Removal of Governing Person(s)** | | |
| Name (Last, MI, First) or Entity Name | Title | Percentage of Ownership in Licensee |
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| 1. **Reallocation of Current Interest(s)** | | | |
| Name (Last, MI, First) or Entity Name | Title | Current Interest | Proposed Interest |
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**Attach additional sheets as necessary**

**Please note: an updated Form 2, organization chart, membership/operating agreement, and bylaws are required. Additionally, background check clearance and Key Person/Staff ID card applications must be obtained for any incoming members/governing persons. Updated documentation may be emailed to** [**DBR.MMPCompliance@dbr.ri.gov**](mailto:DBR.MMPCompliance@dbr.ri.gov)**.**

I, the undersigned, declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

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| Print Name |  |  | Title | |  | Date | |
|  |  | |  | | |  | |
| Signature (Licensee) |  |  |  |  | | | |