

FORM 2

Disclosure of Owners and Other Interest Holders

Name of Applicant/Licensee: Thomas C. Slater Center

Part I: Owners and Other Interest Holders

A. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the applicant/licensee is a subsidiary of another entity).

To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

First Name Gerald	Last Name McGraw Jr	Title President & CEO
City Cranston	State Rhode Island	Zip 02905
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		
First Name Sanford	Last Name Resnick	Title Board Member
City Warwick	State Rhode Island	Zip 02886
Business Associated with (Applicant, parent business or sub-entity) The TH		
First Name Joseph	Last Name Maraia	Title Board Member
City West Warwick	State Rhode Island	Zip 02893
Business Associated with (Applicant, parent business or sub-entity) Thomas C. Slater Compassion Center, Inc.		

B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.

To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

First Name Gerald	Last Name McGraw Jr	Title President & CEO
City Cranston	State Rhode Island	Zip 02905
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		
First Name Raymond	Last Name White	Title COO
City Cranston	State Rhode Island	Zip 02921
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		

C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).

To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

First Name Wilfred	Last Name Hill	Title Director of Security & Personnel
City Warwick	State Rhode Island	Zip 02818
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership
First Name Sean	Last Name Crowley	Title Director of Facilities
City New Bedford	State Massachusetts	Zip 02745
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership
First Name Laura	Last Name Kirk	Title Director of Dispensary Operations
City North Attleboro	State Massachusetts	Zip 02763
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control
First Name Elizabeth	Last Name McGraw	Title Dispensary Sales Manager
City Cranston	State Rhode Island	Zip 02905
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership
First Name Shaun	Last Name Aponik	Title Director of Laboratory Operations
City Exeter	State Rhode Island	Zip 02822
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership
First Name Maria	Last Name Bucci	Title Director of Patient Services

City Cranston	State Rhode Island	Zip 02921
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Manager, No Operational Control or Ownership
First Name Justin	Last Name Williams	Title Director of Processing Operations
City Warwick	State Rhode Island	Zip 02889
Business Associated with (Applicant, parent business or sub-entity) Thomas C. Slater Compassion Center, Inc.		Role, interest, etc. Employee

D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).

To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

E. LIST ALL PERSONS OR ENTITIES THAT 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 LICENSE AND/OR THE LICENSED FACILITIES.

To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

First Name Gerald	Last Name McGraw Jr	Title President & CEO
City Cranston	State Rhode Island	Zip 02905
Business Associated with (Applicant, parent business or sub-entity) The Thomas C. Slater Compassion Center, Inc.		
First Name Sanford	Last Name Resnick	Title Board Member
City Warwick	State Rhode Island	Zip 02886
Business Associated with (Applicant, parent business or sub-entity) The TH		

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

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.

Raymond S. White

5/6/2025

Authorized Signatory

Date

Raymond White

Printed Name

Print Name of Applicant/Licensee: Thomas C. Slater Center

Print Officer Title: Chief Operating Officer