

FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant: Ocean State Controlled Botanicals, LLC d/b/a/ Newport Cannabis Company

Section I: Owners and Other Interest Holders					
<p>List (A.) all persons and/or entities with any ownership interest with respect to the Applicant, and (B.) all officers, directors, members, managers or agents of the Applicant, and (C.) all persons or entities with managing or operational control with respect to the Applicant, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, and (E.) 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, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an "Interest Holder" and collectively referred to as "Interest Holders").</p> <p>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. Attach a separate sheet(s) if necessary.</p>					
<p>A. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders, LLC members, and partners if a partnership; this includes parent companies if applicant is a subsidiary of another entity).</p> <p>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.</p>					
Name of person or entity		SSN/FEIN		DOB	Email Address
Frederick Horatio Octavius Prince		[REDACTED]		[REDACTED]	[REDACTED]
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
[REDACTED]	Washington	DC	20007	[REDACTED]	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc)		Ownership interest in Applicant .	
Ocean State Controlled Botanicals, LLC		[REDACTED]		[REDACTED]	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc)		Ownership interest in Applicant .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc)		Ownership interest in Applicant .	

Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc)		Ownership interest in <u>Applicant</u> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc)		Ownership interest in <u>Applicant</u> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc)		Ownership interest in <u>Applicant</u> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc)		Ownership interest in <u>Applicant</u> .	

B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT 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

Name of person or entity		SSN/FEIN		DOB	Email
Frederick Horatio Octavius Prince		[REDACTED]		[REDACTED]	[REDACTED]
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
[REDACTED]	Washington	DC	20007	[REDACTED]	

Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Owner/ CEO		List your title or role, if any, with respect to the Applicant Owner/CEO	
Name of person or entity Richard Alexander LePere		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Washington	State DC	ZIP 20016	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. COO		List your title or role, if any, with respect to the Applicant COO	
Name of person or entity Kevin Rouleau		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Charlestown	State RI	ZIP 02813	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Director of Operations & Facilities		List your title or role, if any, with respect to the Applicant Director of Operations & Facilities	
Name of person or entity James Moran		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Jamestown	State RI	ZIP 02835	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Director of Sales & Marketing		List your title or role, if any, with respect to the Applicant Director of Sales & Marketing	
Name of person or entity Hannah Fraise		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Warwick	State RI	ZIP 02889	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Post Production Manager		List your title or role, if any, with respect to the Applicant Post Production Manager	
Name of person or entity Samantha Ricker		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Cranston	State RI	ZIP 02910	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Harvest Manager		List your title or role, if any, with respect to the Applicant Harvest Manager	
Name of person or entity Gabe Ibarra		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Warwick	State RI	ZIP 02888	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Cultivation Manager		List your title or role, if any, with respect to the Applicant Cultivation Manager	
Name of person or entity Ryan Papineau		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]

Address (residence if person; business address if entity) [REDACTED]		City North Smithfield	State RI	ZIP 02896	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Extraction Manager			List your title or role, if any, with respect to the Applicant Extraction Manager
Name of person or entity Karissa Giglietti		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]		City Warwick	State RI	ZIP 02886	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Director of HR & Administration			List your title or role, if any, with respect to the Applicant Director of HR & Administration
Name of person or entity Matt Etchells		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]		City Cranston	State RI	ZIP 02910	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Infusion Manager			List your title or role, if any, with respect to the Applicant Infusion Manager
Name of person or entity Carter Brague		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]		City Newport	State RI	ZIP 02840	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Retail General Manager			List your title or role, if any, with respect to the Applicant Retail General Manager
Name of person or entity Corey Cassell		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]		City West Warwick	State RI	ZIP 02893	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Controlled Botanicals, LLC		List your title or role, with respect to the entity listed in the preceding box. Facilities Manager			List your title or role, if any, with respect to the Applicant Facilities Manager
<p>C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE APPLICANT, 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).</p> <p>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.</p>					
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number

Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List the title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List the title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List the title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List the title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List the title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List the title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List the title or role, if any, with respect to the entity listed in the preceding box.			
D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO THE APPLICANT, 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.

Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in the <u>Applicant</u> , if different
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in the <u>Applicant</u> , if different
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in the <u>Applicant</u> , if different
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in the <u>Applicant</u> , if different
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in the <u>Applicant</u> , if different
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in the <u>Applicant</u> , if different
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in the <u>Applicant</u> , if different

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, 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.

Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		

Section 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 the Applicant, 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 of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Interest, including dollar value
Greenwood Credit Union						Commercial LOC

Section III: List any persons (including, but not limited to, individuals, firms, partnerships, corporations, limited liability companies, trusts) that have entered into any contingent agreement to become an Interest Holder in the Applicant, i.e. an agreement that is not yet effective. This includes, but is not limited to, any agreement that is contingent upon licensure, Commission approval, or any other condition, as well as any agreement that has an effective date after the expected date of licensure. 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.

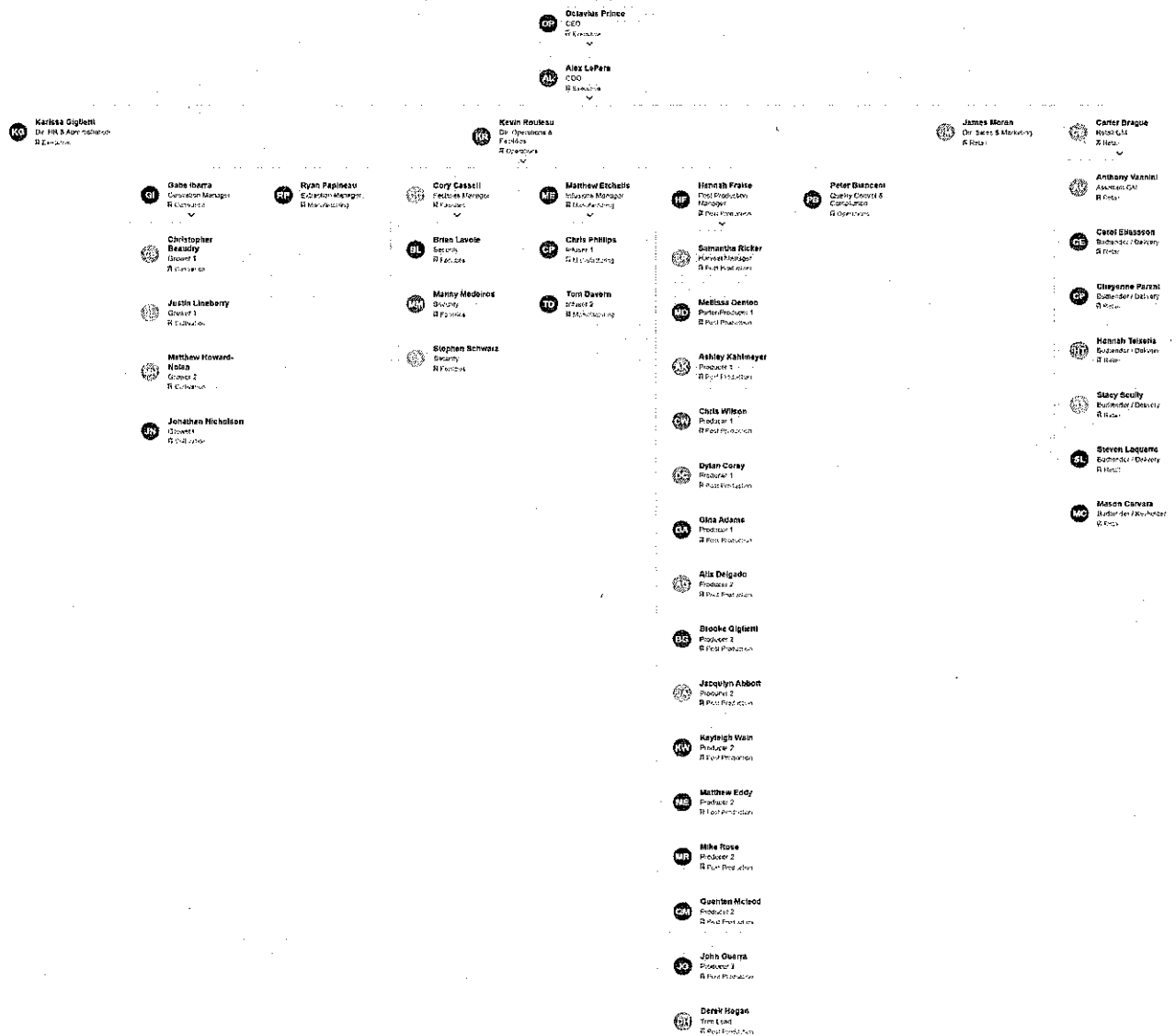
Name of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Describe the Interest

Section IV:

- A. Attach all organizational, governance documents, corporate bylaws, contractual agreements or similar that evidence the relationship between the Interest Holders listed above and the Applicant.
- B. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.
- C. Attach a list of all Interest Holders identified in Section I(A) and I(D) of Form 2 that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to Applicant, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.
- D. Attach a list of all Interest Holders identified in Section I(A), I(B), I(C) and I(E) of Form 2 and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest

Holders with respect to Applicant, 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 signatory of the Applicant, in their capacity as such, for and on behalf of the Applicant, after due inquiry, hereby certifies to the Cannabis Control Commission (the "Commission") that they have disclosed to the Commission in this Form 2:

(A) With respect to Applicant, all persons and entities that:

- (i) Are owners, members, officers, directors, managers, or agents of the Applicant; and
- (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
- (iii) Are investors or have any other financial interest therein; and
- (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, 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 hereby acknowledges and agrees that the Applicant has a continuing obligation to disclose any proposed changes and shall provide written notice to the Commission at least sixty (60) days prior to 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.

Frederick Octavius Prince

Signature of Authorized Signatory

6/13/2025

Date

Frederick Octavius Prince

Printed Name

Print Title :Owner / CEO

Print Name of the Applicant: Frederick Octavius Prince