

CC FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant: Green Wave CC, Inc.

Section I: Owners and Other Interest Holders					
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").					
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.					
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).					
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.					
Name of person or entity Green Wave CC, Inc.		SSN/FEIN [REDACTED]		DOB N/A	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Applicant		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in Applicant [REDACTED]	
Name of person or entity		SSN/FEIN		DOB	Email Address
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 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 the Applicant	
Name of person or entity		SSN/FEIN		DOB	Email Address
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 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 the Applicant	
Name of person or entity		SSN/FEIN		DOB	Email Address

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 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 the <u>Applicant</u> .	
Name of person or entity	SSN/FEIN	DOB	Email Address	
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 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 the <u>Applicant</u> .	
Name of person or entity	SSN/FEIN	DOB	Email Address	
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 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 the <u>Applicant</u> .	
Name of person or entity	SSN/FEIN	DOB	Email Address	
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 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 the <u>Applicant</u> .	
Name of person or entity	SSN/FEIN	DOB	Email Address	
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 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 the <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 Christopher D. Sands	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]	City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.	List your title or role, with respect to the entity listed in the preceding box. Director/President		List your title or role, if any, with respect to the <u>Applicant</u> Director/President	
Name of person or entity Richard Comolli	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]	City Charlestown	State RI	ZIP 02813	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.	List your title or role, with respect to the entity listed in the preceding box. Director		List your title or role, if any, with respect to the <u>Applicant</u> Director	
Name of person or entity Dr. Michael Perry	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]	

Address (residence if person; business address if entity) [REDACTED]		City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List your title or role, with respect to the entity listed in the preceding box. Director			List your title or role, if any, with respect to the <u>Applicant</u> Director
Name of person or entity Christopher Spagnole		SSN/FEIN [REDACTED]		DOB [REDACTED]	[REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Johnston	State RI	ZIP 02919	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List your title or role, with respect to the entity listed in the preceding box. Treasurer			List your title or role, if any, with respect to the <u>Applicant</u> Treasurer
Name of person or entity Susan Gertsacov		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City East Greenwich	State RI	ZIP 02818	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List your title or role, with respect to the entity listed in the preceding box. Secretary			List your title or role, if any, with respect to the <u>applicant</u> , <u>Secretary</u>
<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 Green Wave CC, Inc.		SSN/FEIN [REDACTED]		DOB N/A	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Owner			
Name of person or entity Christopher D. Sands		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Director/President			
Name of person or entity Richard Comolli		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Charlestown	State RI	ZIP 02813	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Director			

Name of person or entity Dr. Michael Ferry		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Wakefield	State RI	ZIP 02879
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Director		
Name of person or entity Christopher Spagnole		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Johnston	State RI	ZIP 02919
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Treasurer		
Name of person or entity Susan Gertsacov		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City East Greenwich	State RI	ZIP 02818
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Secretary		
<p>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).</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 David Comolli		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Hutchinson Island	State Florida	ZIP 34949
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		Describe the financial interest in entity listed in preceding box Through Promissory notes where funds were loaned to Green Wave CC, Inc.		Describe the financial interest in the Applicant, if different Same
Name of person or entity Donna Comolli		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Hutchinson Island	State Florida	ZIP 34949
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		Describe the financial interest in entity listed in preceding box Through Promissory notes where funds are loaned to Green Wave CC, Inc.		Describe the financial interest in the Applicant, if different Same

Name of person or entity 187 Danielson Pike LLC		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity) [REDACTED]		City Woonsocket	State RI	ZIP 02895	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		Describe the financial interest in entity listed in preceding box Property owner of lease provided to Green Wave CC, Inc.			Describe the financial interest in the Applicant, if different Same
Name of person or entity GW Holdings LLC		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		Describe the financial interest in entity listed in preceding box Through Promissory note where funds are loaned to Green Wave CC, Inc.			Describe the financial interest in the Applicant, if different Same
Name of person or entity Derek Ross		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Tomhegan	State Maine	ZIP 04478	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) GW Holdings LLC		Describe the financial interest in entity listed in preceding box Member			Describe the financial interest in the Applicant, if different Through Promissory note where funds are loaned by GW Holdings LLC to Green Wave CC, Inc.
Name of person or entity John Kenyon		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Saunderstown	State RI	ZIP 02874	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) GW Holdings LLC		Describe the financial interest in entity listed in preceding box Member			Describe the financial interest in Applicant, if different Through Promissory note where funds are loaned by GW Holdings LLC to Green Wave CC, Inc.
<p>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.</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)			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	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	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	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	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	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	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		

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

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
Christopher Sands	W. 02879					% ownership interest after conversion to a for profit entity.
Richard Comolli	, Charlestown, RI 02813					% ownership interest after conversion to a for profit entity.
Marc Gertsacov	ich, RI 02818					% ownership interest after conversion to a for profit entity.
Christopher Spagnole						% ownership interest after conversion to a for profit entity.

Section IV:

- A. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.
- B. 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.
- C. 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 CC 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 it/he/she has disclosed to the Commission in this Form 2:

- (A) With respect to the 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, 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.
- (C) Any changes between the version of this Form 2 and the one submitted as part of the original Application.

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.



Signature of Authorized Signatory

12/8/2025

Date

Christopher Sands

Printed Name
Print Title: President
Print Name of Applicant: Green Wave CC, Inc.

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).

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 Kayla Lazzareschi		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Warwick	State RI	ZIP 02886	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Executive Administrator			
Name of person or entity Allison Gauthier		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Warwick	State RI	ZIP 02888	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Director Of Retail Operations			
Name of person or entity Liam Treacy		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City West Warwick	State RI	ZIP 02893	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Director Of Operations Development			
Name of person or entity Leah Ringuette		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Cumberland	State RI	ZIP 02864	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Green Wave CC, Inc.		List the title or role, if any, with respect to the entity listed in the preceding box. Inventory Manager			
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	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.			

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 Zachary Allen		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Greene	State RI	ZIP 02827	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) GW Holdings LLC		Describe the financial interest in entity listed in preceding box Member		Describe the financial interest in the <u>Applicant</u> , if different Through Promissory note where funds are loaned by GW Holdings LLC to Green Wave CC, Inc.
Name of person or entity Robert T. Grillo		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City North Kingstown	State RI	ZIP 02852	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) GW Holdings LLC		Describe the financial interest in entity listed in preceding box Member		Describe the financial interest in the <u>Applicant</u> , if different Through Promissory note where funds are loaned by GW Holdings LLC to Green Wave CC, Inc.
Name of person or entity Duncan Harris		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Ferrisburgh	State VT	ZIP 05456	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) GW Holdings LLC		Describe the financial interest in entity listed in preceding box Member		Describe the financial interest in the <u>Applicant</u> , if different Through Promissory note where funds are loaned by GW Holdings LLC to Green Wave CC, Inc.
Name of person or entity Blair Fish		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) GW Holdings LLC		Describe the financial interest in entity listed in preceding box Member		Describe the financial interest in the <u>Applicant</u> , if different Through Promissory note where funds are loaned by GW Holdings LLC to Green Wave CC, Inc.
Name of person or entity Brett Fish		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email [REDACTED]

Address (residence if person; business address if entity) [REDACTED]	City Wakefield	State RI	ZIP 02879	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) GW Holdings LLC	Describe the financial interest in entity listed in preceding box Member		Describe the financial interest in the <u>Applicant</u> , if different Through Promissory note where funds are loaned by GW Holdings LLC to Green Wave CC, Inc.	
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 <u>Applicant</u> , if different	

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
Raymond Lamont, Jr.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] % ownership interest in Green Wave CC LLC after conversion to a for profit entity
Gregory Roebuck	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] % ownership interest in Green Wave CC LLC after conversion to a for profit entity
GW Holdings LLC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] % ownership interest in Green Wave CC LLC after conversion to a for profit entity
Derek Ross	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] % effective ownership interest in Green Wave CC LLC after conversion to a for profit entity through GW Holdings LLC.

Name of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Describe the Interest
John Kenyon	[REDACTED] Saunderstown, RI 02874	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] effective ownership interest in Green Wave CC LLC after conversion to a for profit entity through GW Holdings LLC.
Zachary Allen	[REDACTED], Greene, RI 02827	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] % effective ownership interest in Green Wave

						CC LLC after conversion to a for profit entity through GW Holdings LLC
Robert T. Grillo	██████████ North Kingstown, RI 02852	██████████	██████████	████████████████████	██████████ ██████████	██████████% effective ownership interest in Green Wave CC LLC after conversion to a for profit entity through GW Holdings LLC
Duncan Harris	██████████ Ferrisburgh, VT 05456	██████████	██████████	████████████████████	██████████	██████████% effective ownership interest in Green Wave CC LLC after conversion to a for profit entity through GW Holdings LLC

Name of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Describe the Interest
Blair Fish	██████████ ██████████ Wakefield, RI 02879	██████████	██████████	████████████████████	██████████	██████████% effective ownership interest in Green Wave CC LLC after conversion to a for profit entity through GW Holdings LLC
Brett Fish	██████████ Wakefield, RI 02879	██████████	██████████	████████████████████	██████████	██████████% effective ownership interest in Green Wave CC LLC after conversion to a for profit entity through GW Holdings LLC.

Section IV:

B. 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.

- Green Wave CC, Inc.
Rhode Island Non-profit corporation. There are no owners of a non-profit entity.

- David Comolli and Donna Comolli
Owners of two promissory notes in the amounts of \$ [REDACTED] and [REDACTED].

- GW Holdings LLC
Holder of promissory note in the amount of [REDACTED]
Derek Ross [REDACTED]% owner of GW Holdings LLC.
John Kenyon [REDACTED]% owner of GW Holdings LLC.
Zachary Allen [REDACTED]% owner of GW Holdings LLC.
Robert T. Grillo [REDACTED]% owner of GW Holdings LLC.
Duncan Harris [REDACTED]% owner of GW Holdings LLC.
Blair Fish [REDACTED]% owner of GW Holdings LLC.
Brett Fish [REDACTED]% owner of GW Holdings LLC.

- Robert Paolissi.
Landlord for property located at 187 Danielson Pike, Foster, RI.

Section IV:

C. 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.

- Green Wave CC, Inc. No compensation/remuneration paid for the last five years.
- Christopher Sands. No compensation/remuneration paid for the last five years.
- Richard Comolli. No compensation/remuneration paid for the last five years.
- Dr. Michael Ferry. No compensation/remuneration paid for the last five years.
- Christopher Spagnole. No compensation/remuneration paid for the last five years.
- Susan Gerstacov. No compensation/remuneration paid for the last five years.
- Raymond Lamont, Jr. No compensation/remuneration paid for the last five years.

Green Wave CC, Inc. Organizational Chart

10/22/2025

Organizational Chart

Green Wave CC, Inc.

License Holder
Christopher Sands-
Director/President
Richard Comolli-Director
Dr. Michael Ferry-Director
Christopher Spagnole-Treasurer
Susan Gertsacov-Secretary
Raymond Lamont Jr.-Chief Of
Security

GW Holdings LLC
Lender

David
Comolli
Lender

Donna
Comolli
Lender

187
Danielson
Pike LLC
Landlord

Zachary
Allen
Member

Derek
Ross
Member

Brett
Fish
Member

Blair Fish
Member

John
Kenyon
Member

Robert
Grillo
Member