



AUR Form 1 – General Contact Information, Taxpayer Identification and Affirmations

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	5300 Post Road Cannabis LLC You must attach the following documents to this Form: <ul style="list-style-type: none"> Articles of Incorporation filed with RI Secretary of State (SOS) Certificate of Good Standing from the RI SOS Evidence of filing a Fictitious Business Name Statement with the SOS, if applicable
	APPLICATION ZONE#	Zone 5 (Note separate applications and application fees are required to apply in multiple zones)
2	BUSINESS STREET ADDRESS	536 Atwells Avenue
3	CITY, STATE, ZIP	Providence, RI 02909
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	5300 Post Road
5	CITY, STATE, ZIP	Charlestown, RI 02813
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	05/96

7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	1120						
8	FEIN: (Federal Employer Identification Number)	[REDACTED]						
9	TELEPHONE NUMBER	<table border="0"> <tr> <td>AREA CODE</td> <td>NUMBER</td> <td>EXTENSION</td> </tr> <tr> <td>(401)</td> <td>239-7768</td> <td>Ext. _____</td> </tr> </table>	AREA CODE	NUMBER	EXTENSION	(401)	239-7768	Ext. _____
AREA CODE	NUMBER	EXTENSION						
(401)	239-7768	Ext. _____						
11	TOLL FREE NUMBER (if not applicable, put "N/A")	<table border="0"> <tr> <td>AREA CODE</td> <td>NUMBER</td> <td>EXTENSION</td> </tr> <tr> <td>(_____)</td> <td>- _____</td> <td>Ext. _____</td> </tr> </table>	AREA CODE	NUMBER	EXTENSION	(_____)	- _____	Ext. _____
AREA CODE	NUMBER	EXTENSION						
(_____)	- _____	Ext. _____						
12	COMPLIANCE OFFICER Identification and Contact Information	<p>The Applicant must appoint a Compliance Officer to whom information, notices, and documents will be sent. The Commission reserves the right to contact and/or send notices and other correspondence to the Applicant by email and/or post mail. It is the Applicant's responsibility to ensure that the Compliance Officer information is correct and up to date at all times following application and throughout licensure.</p>						
	Name:	Erin Kilroy Berard						
	Title:	Owner						
	Mailing Address:	[REDACTED]						
	Email Address:	erinkilroy@gmail.com						
	Phone Number	<table border="0"> <tr> <td><u>401-239-7768</u></td> <td>Ext. _____</td> </tr> <tr> <td>AREA CODE</td> <td>NUMBER EXTENSION</td> </tr> </table>	<u>401-239-7768</u>	Ext. _____	AREA CODE	NUMBER EXTENSION		
<u>401-239-7768</u>	Ext. _____							
AREA CODE	NUMBER EXTENSION							



AFFIRMATIONS

Applicant hereby understands and affirms the following:

1. The burden of proving an Applicant's qualifications rests on the party applying for the license.
2. The Cannabis Control Commission may deny any Application that contains a material misstatement, omission, misrepresentation, or untruth.
3. An Application shall be complete in every material detail.
4. The Cannabis Control Commission may rescind its approval of an Adult-Use Cannabis Retail License if Applicant has not completed the pre-requisites for issuance of the license as described in the Regulations within nine (9) months of their approval.
5. Regarding the location of the licensed premises, Applicant commits to the following:
 - a. The premises is in full compliance with local zoning laws and the Applicant is in receipt of all required zoning approvals.
 - b. The operations of Applicant shall conform to local zoning requirements.
6. Applicant commits to not acquiring cannabis from anyone other than a licensed cultivator or licensed manufacturer in accordance with the Act and the Regulations.
7. Applicant commits to the limitations set forth in the Act and the Regulations and understands that they are limited to possessing cannabis only as permitted in the Act and the Regulations.
8. Applicant understands that the licensed premises may not be within 500 feet of the property line of a preexisting public or private school.
9. Applicant hereby acknowledges it shall enter into, maintain, and abide by the terms of a labor peace agreement, and shall submit to the Commission an attestation by a bona fide labor organization stating that the Applicant meets the requirements of Section 21-28.11-12.2 of the Cannabis Act.
10. Applicant understands that an Adult-Use Cannabis Retail licensee and any interest holders/key persons thereof may not have any material financial interest or control in Licensed Testing Facility or a Licensed Compassion Center and vice versa.
11. Applicant understands that an Adult-Use Cannabis Retail licensee and any interest holders/key persons thereof may not have any material financial interest or control in another Applicant in the same zone and vice versa.
12. Applicant understands that a person shall not be a majority owner in more than one (1) cannabis cultivator, cannabis product manufacturer, cannabis retailer, or compassion center. A person may invest in multiple licensed cannabis establishments provided that the investment does not qualify the person as a controlling person in more than one (1) cannabis establishment.



STATE OF RHODE ISLAND

TAXPAYER STATUS

All persons and entities applying for or renewing any license, registration, permit, or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by R.I. Gen. Laws Ch. 5-76, except as noted below.

PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE

☒ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

☐ I am currently pursuing administrative review of taxes owed to the state.

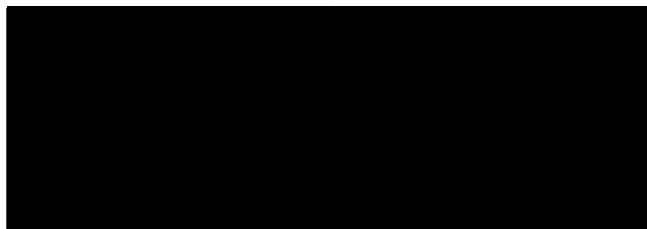
☐ I am in federal bankruptcy. (Case # _____)

☐ I am in state receivership. (Case # _____)

☐ I have been discharged from Bankruptcy. (Case # _____)

Enn K. Berard

Name of Taxpayer/Entity
Number



Enn K. Berard

Enn K. Berard 12/17/2025



SIGNATURE FOR AUR FORM 1

The undersigned attests that the Applicant understands and will adhere to all requirements of the Act and the Regulations, including but not limited to those listed above, and that the undersigned has the authority to bind the Applicant to all such requirements.

The undersigned Authorized Signatory of the Applicant hereby acknowledges and agrees that the Applicant has a continuing obligation to disclose any changes to the entirety of this Application for an Adult-Use Cannabis Retail License and shall provide written notice to the Commission within sixty (60) days of any change to the information provided herein, including all Forms, Annexes, Exhibits, Documents and Deliverables submitted in connection with or as part of the application process; each such notice shall include an updated Form, Annex, Exhibit, Document or Deliverable, as the case may be.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith are complete, true, correct and accurate.

AUTHORIZED SIGNATORY SIGNATURE

SIGNATURE:

Print Name: Erin Kilroy Berard

Print Title: Owner

DATE:

12/22/2025



Rhode Island Department of State

Gregg M. Amore

Secretary of State

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Entity Summary

ID Number: 001799900

[Request certificate](#)

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Summary for: 5300 Post Road Cannabis LLC

The exact name of the Domestic Limited Liability Company: 5300 Post Road Cannabis LLC		
Entity type: Domestic Limited Liability Company		
Identification Number: 001799900		
Date of Organization in Rhode Island: 11-24-2025		Effective Date: 11-24-2025
The location of the Principal Office: Address: 536 ATWELLS AVENUE City or Town, State, Zip, Country: PROVIDENCE, RI 02909 USA		
The mailing address or specified office: Address: City or Town, State, Zip, Country:		
Agent Resigned: N		Address Maintained: Y
The name and address of the Resident Agent: Name: LISA S. HOLLEY, ESQ. Address: 536 ATWELLS AVENUE City or Town, State, Zip, Country: PROVIDENCE, RI 02909 USA		
The limited liability company is to be managed by its Members		
The name and business address of each Manager:		
Title	Individual name	Address
Purpose: <div></div>		
North American Industry Classification System Code(NAICS): <div></div>		
View filings for this business entity:		
<div>ALL FILINGS Annual Report Annual Report - Amended Annual Report - Reinstatement Annual Reports - Prior to 2006</div>		
Click here to access 2006 and 2007 annual reports filed prior to July 25, 2007. The corporate ID is required.		
View filings		

[New search](#)



**State of Rhode Island
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Articles of Organization**

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: 5300 Post Road Cannabis LLC

ARTICLE II

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: 536 ATWELLS AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02909

The name of the resident agent at such address is: LISA S. HOLLEY, ESQ.

ARTICLE III

Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:

Check one box only

☒ disregarded as an entity separate from its member ☐ a partnership ☐ a corporation

ARTICLE IV

The address of its principal office of the limited liability company if it is determined at the time of organization:

No. and Street: 536 ATWELLS AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

ARTICLE V

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other

provision which may be included in an operating agreement:

ARTICLE VII

The limited liability company is to be managed by its X Members* or Managers
(check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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ARTICLE VIII

The date these Articles of Organization are to become effective, not prior to, nor more than 90 days after the filing of these Articles of Organization.

Later Effective Date: 11/24/2025

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 25 Day of November, 2025 at 10:04:32 AM by the Authorized Person.

LISA S. HOLLEY, ESQ.

Address of Authorized Signer:

LISA HOLLEY LAW
536 ATWELLS AVENUE
PROVIDENCE, RI 02909

Form No. 400
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 24, 2025 04:44 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State





State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

5300 Post Road Cannabis LLC

is a Rhode Island Limited Liability Company organized on **November 24, 2025**.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.



SIGNED and SEALED on

December 21, 2025

Secretary of State

Certificate Number: 25120118950

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: lsmith

We have yet to file for a Fictitious Business Name.

Should we be chosen for CCC Licensure, we will do so then.



AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: 5300 Post Road Cannabis LLC

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to applicant, and (B.) all officers, directors, members, managers or agents of applicant, and (C.) all persons or entities with managing or operational control with respect to 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 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 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 Erin Kilroy Berard	SSN/EIN [REDACTED]	DOB [REDACTED]	Email Address Erinkilroy@gmail.com
[REDACTED]		Phone Number 401-239-7768	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title 5300 Post Road Cannabis	Ownership interest in entity listed in preceding box (E. [REDACTED])		Ownership interest in applicant [REDACTED]
Name of person or entity Patrick Kilroy	SSN/EIN [REDACTED]	DOB [REDACTED]	Email Address Patrickkilroy33@gmail.com
[REDACTED]		Phone Number 401-965-3094	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title 5300 Post Road Cannabis	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 Craig Kilroy	SSN/EIN [REDACTED]	DOB [REDACTED]	Email Address craigkilroynpt@gmail.com
[REDACTED]		Phone Number 401-662-7397	



Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title 5300 Post Road Cannabis		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 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 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 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 applicant .	
Name of person or entity		SSN/FEIN		DOB	
Email Address					
Address (residence if person; business address if entity) City		State		ZIP	
Phone Number					
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF 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 Erin Kilroy Berard		SSN/FEIN		DOB	
Email					
Address (residence if person; business address if entity) City Same as Above		State		ZIP	
Phone Number					
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the Applicant	
Name of person or entity Patrick Kilroy		SSN/FEIN		DOB	
Email					



Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title 5300 Post Road Cannabis LLC		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) 9.9%		Ownership interest in applicant 9.9%
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 applicant
Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
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Name of person or entity		SSN/FEIN	DOB	Email Address
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Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
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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 applicant

B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF 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 Erin Kilroy Berard		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 your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the Applicant
Name of person or entity Patrick Kilroy		SSN/FEIN	DOB	Email



Address (residence if person; business address if entity) Same as above		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.			List your title or role, if any, with respect to the Applicant
Name of person or entity Craig Kilroy		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity) Same as Above		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.			List your title or role, if any, with respect to the Applicant
Name of person or entity		SSN/FEIN		DOB	Email
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Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.			List your title or role, if any, with respect to the Applicant
C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO 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>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), 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 Erin Kilroy Berard		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity) Same as Above		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity Patrick Kilroy		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity) Same as Above		City	State	ZIP	Phone Number



Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity Craig Kilroy		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity) Same as Above	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your 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	
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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 your 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 your 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 your 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 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).					
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Address (residence if person; business address if entity) Same as Above	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 Applicant, if different	
Name of person or entity Patrick Kilroy		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity) Same as Above	City	State	ZIP	Phone Number	



Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Craig Kilroy		Describe the financial interest in entity listed in preceding box		Describe the financial interest in <u>Applicant</u> , if different	
Name of person or entity Same as Above		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	
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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	
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	

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 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 n/a		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 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 of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Interest, including dollar value
n/a						

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
n/a						

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.

**OPERATING AGREEMENT
OF
5300 Post Road Cannabis, LLC**

This Operating Agreement (this “Agreement”) is made as of the 24th day of November, by and between 5300 Post Road Cannabis, LLC, a Rhode Island limited liability company (the “Company”), and Erin Kilroy Berard, Craig Kilroy and Patrick Kilroy (the “Members”).

IN CONSIDERATION of the mutual covenants contained herein, the parties agree as follows:

1. **Formation**

The Company is organized pursuant to the provisions of the Rhode Island Limited Liability Company Act, R.I. Gen Laws § 7-16-1 *et seq.* (RILLCA). The rights and liabilities of the Members shall be as provided therein, except as herein otherwise expressly stated.

2. **Purpose**

The purpose of the Company is to engage in any lawful business for which a limited liability company may be formed under the laws of the State of Rhode Island, and to do all things the Members in their sole discretion, deems necessary or convenient for the accomplishment of the foregoing.

3. **Term; Dissolution**

The term of the Company shall commence on the date set forth in its Articles of Organization in the Office of the Secretary of State for the State of Rhode Island and shall continue in existence unless terminated by law.

4. **Distributions**

Distributions of the Company funds shall be made at such times as shall be determined by the Board of Directors in their sole discretion.

5. **Management**

The business and affairs of the Company shall be managed by the Board of Directors. The Board of Directors may in their sole discretion, elect or appoint officers for the Company.

6. **Members**

The Members of the Company, as of November 24th, 2025 are as follows:

Member	Percentage Interest
Erin Kilroy Berard	
Patrick Kilroy	
Craig Kilroy	
Total:	100 %

7. Certain Definitions

As used in this Agreement, the following terms shall have the meanings specified or referred to below:

(a) **“Majority Member Consent”** means the affirmative written discretionary approval by Board Members together holding at least a majority (i.e., more than one-half (50%)) of Voting Interests at the time of determination.

(b) **“Special Member Consent or Super Majority Vote”** means the affirmative written discretionary approval by Board Members together holding at least eighty percent (80%) of Voting Interests issued at the time of determination.

(c) **“Indemnified Person”** means any Member, any Manager or officer of the Company, if any, past or present;

(d) **“Loss”** means any amount which an Indemnified Person is legally obligated to pay for any claim for Covered Acts and shall include, without being limited to, damages, settlements, fines, penalties or, with respect to employee benefits plans, excise taxes;

(e) **“Expenses”** means any expenses incurred in connection with the defense against any claim for Covered Acts, including, without being limited to, legal, accounting or investigative fees and expenses or bonds necessary to pursue an appeal of an adverse judgment; and

(f) **“Covered Act”** means any act or omission by the Indemnified Person in the Indemnified Person’s official capacity with the Company and while serving as such or while serving at the request of the Company as a member of the governing body, manager, officer, employee or agent of another limited liability company, corporation, partnership, joint venture, trust, other entity or enterprise, including, but not limited to any entities and enterprises which are subsidiaries or affiliates of the Company, or employee benefit plan.

(f) **“Proceeding”** means any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative.

8. **Members and Interests**

(a) **Establishment of Board of Directors.** There shall be established a Board of Directors.

(b) **Officers.** The Board Members may from time to time elect or appoint such other officers, by Member Consent, including one or more vice presidents, assistant officers and agents and delegate and assign to them such authorities and duties, as it may deem necessary.

(c) **Election and Term.** The Officers of the Company shall be elected or appointed by the Board Members. Each Officer of the Company shall hold office until his or her successor shall have been duly elected or appointed or until his or her prior death, resignation or removal. Any Officer or Agent may be removed at any time by the Board Members, but such removal shall be without prejudice to the contract rights, if any, of the person so removed. Election or appointment of an officer or agent shall not of itself create contract rights.

(d) **Ownership Interests.** The Ownership Interests of 5300 Post Road Cannabis's members ("Members") shall be stated as Percentage Interests.

9. **Accounting and Records**

(a) **Books and Records.** 5300 Post Road Cannabis shall keep books and records of the operation that are appropriate and adequate for 5300 Post Road Cannabis's business and for the carrying out of this Agreement. Each Member shall have access to all such books and records at all times (subject to applicable confidentiality and other restrictive covenants). At a minimum, the following must be maintained at 5300 Post Road Cannabis's principal office: (i) a copy of the Articles and any amendments thereto; (ii) the Operating Agreement and any amendments thereto (iii) this Agreement (including the Schedule of Members) and any amendments thereto; (iv) financial statements for the three (3) most recent fiscal years; (v) federal, state, and local income tax returns for the three most recent fiscal years; (vi) minutes of any meetings of Members; (vii) consents to actions by Members; and (viii) all other information required by Section 7-16-22 of the RILLCA.

(b) **Fiscal Year.** The fiscal year of 5300 Post Road Cannabis, LLC shall be the calendar year.

(c) **Tax Returns.** 5300 Post Road Cannabis shall cause all required federal, state, and local income tax returns to be prepared and timely filed with the appropriate authorities. Within ninety (90) days after the end of each fiscal year, each Member must be furnished a statement suitable for use in the preparation of such Member's federal, state, and local income tax returns, showing the amounts of any distributions, contributions, gains, losses, profits, or credits allocated to the Member during such fiscal year.

10. Allocation of Profits and Losses

(a) **Determination.** The net profit or net loss of 5300 Post Road Cannabis for each fiscal year is to be determined as of the end of such fiscal year in accordance with the principles of accounting employed in the preparation of the federal income tax information return filed by 5300 Post Road Cannabis for that fiscal year, but without any special provisions for tax-exempt or partially tax-exempt income. For purposes of allocating profits and losses among members, all items of income, gain, loss, or deduction required to be separately stated under IRC Section 703(a)(1) are to be included in the net profit or net loss of 5300 Post Road Cannabis.

(b) **Allocation of Net Profits and Net Losses.** Except as otherwise provided in Section 6.3 below regarding tax allocations, the net profit or net loss of 5300 Post Road Cannabis for any fiscal year is to be allocated among the Members in proportion to their Percentage Interests.

(c) **Retained Earnings.** The Board of Directors shall decide if any earnings are to be retained.

11. Transfers of Ownership Interests No Member may transfer any portion of their Ownership Interest without Membership Consent, except in the case where a Member becomes deceased, said Ownership Interest shall transfer by Majority Member Consent (“Mandatory Repurchase”).

(a) Upon the transfer of a Membership Interest, Profit, Loss, Income, and Tax Items attributable to the transferred Membership Interest, shall, for federal income tax purposes, be allocated to the owners of such Membership Interest on the basis of the Tax Items for each month that such Person was the owner of such Membership Interest, determined on an interim closing of the books method.

12. Indemnification and Liability Limitation

(a) **Limitation of Liability.** Subject to Section 14 (b) below, Members shall not be liable to 5300 Post Road Cannabis or the other Members for monetary damages for conduct as Members except to the extent that the RILLCA, as it now exists or may hereafter be amended, prohibits elimination or limitation of member liability. No repeal or amendment of this Section or of a provision of the RILLCA shall adversely affect any right or protection of a Member for actions or omissions prior to the repeal or amendment.

(b) **Indemnification.** To the fullest extent permitted under the RILLCA, 5300 Post Road Cannabis shall indemnify, defend, and hold each Member (irrespective of the capacity in which he or she acts) harmless from and against any loss, damage, claim, or expense

(including attorneys' fees) whatsoever incurred by such Member relating to or arising out of any act or omission or alleged acts or omissions (whether or not constituting negligence or gross negligence) performed or omitted to be performed by him or her or any other Person on behalf of 5300 Post Road Cannabis; provided, however, that any indemnity under this Section shall be provided out of and to the extent of company assets only, and no Member shall not have any personal liability on account thereof. The indemnification provided by this Section shall not be deemed exclusive of any other rights to which a Member may be entitled under any agreement, or otherwise, shall continue after he or she has ceased to be a Member or officer of 5300 Post Road Cannabis, and shall inure to the benefit of his or her estate, heirs, or other successors and his or her executors, administrators, or personal representatives.

(c) **Advancement of Expenses.** In connection with the indemnity provided in this Section above, 5300 Post Road Cannabis may advance expenses incurred by a covered Member so long as such Member agrees to reimburse 5300 Post Road Cannabis if there is a finding or ruling that such Member is not entitled to indemnification under this Section.

(d) **Exceptions.** The indemnification and limitation of liability provisions of this Section shall not apply to the extent prohibited by the RILLCA or to the extent of a Member's (i) breach of this Agreement or other obligation to 5300 Post Road Cannabis, (ii) intentional misconduct, (iii) a knowing violation of applicable law, (iv) breach of the duty of loyalty, or (v) acts or omissions not in good faith.

14. Miscellaneous Provisions

(a) **Notices.** All notices required or permitted hereunder shall be in writing and shall be deemed effectively given: (i) upon personal delivery to the Party being notified; (ii) five (5) days after having been sent by registered or certified U.S. first-class postal mail, return receipt requested, postage prepaid; or (iii) one (1) business day after deposit with a nationally recognized overnight courier, specifying next day delivery (with written verification of delivery). Notice addresses for the Parties are:

If to 5300 Post Road Cannabis:

5300 Post Road Cannabis, LLC
Attention: Erin Kilroy Berard
536 Atwells Avenue
Providence, RI 02909

with a copy to (such copy necessary but not alone sufficient to effect notice):

Lisa S. Holley, Esq.
Lisa Holley Law
536 Atwells Avenue
Providence, RI 0290

If to a Member:

Erin Kilroy Berard
62 Berkeley Avenue
Middletown, RI 02842

Craig Kilroy
73 Green End Avenue
Middletown, RI 02842

Patrick Kilroy
62 Bridge Street
Newport, RI 02840

A Party may update its, his, or her address upon prior written notice of at least ten (10) days to all other Parties by notice delivered in accordance with this Section 12.2.

(b) **Successors and Assigns.** The terms and conditions of this Agreement shall inure to the benefit of and be binding upon the respective heirs, personal representatives, successors, and assigns of the Parties; provided, however, that no Party may assign this Agreement, nor may a Party delegate any of its, his, or her obligations hereunder, without the prior written consent of the other Parties in accordance with Section 11. Nothing in this Agreement, however, express or implied, is intended or expected to confer upon any party other than the Parties or their respective successors and assigns any rights, remedies, obligations, or liabilities under or by reason of this Agreement, except as expressly provided in this Agreement.

(c) **No Third-Party Beneficiaries.** Nothing in this Agreement, express or implied, is intended to or shall be construed to give any creditor of 5300 Post Road Cannabis or any creditor of any Member or another Person other than the Parties, any legal or equitable right, remedy, or claim under or in respect of this Agreement or any covenant, condition, or provision contained herein, and such provisions are and shall be held to be for the sole and exclusive benefit of the Parties. No third-party beneficiaries are intended or expected.

(d) **Severability.** Any provision set forth in this Agreement that is prohibited, limited, or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition, limitation, or unenforceability without invalidating the remaining provisions hereof, and any such prohibition, limitation, or unenforceability in any jurisdiction shall not invalidate or render unenforceable such provision in any other jurisdiction.

(e) **Governing Law.** This Agreement (including any claim or controversy arising out of or relating to this Agreement) shall be governed by and construed in accordance with the laws of the state of Rhode Island, without regard to conflict of law principles (whether of

Rhode Island or any other jurisdiction) that would result in the application of any law other than the laws of the state of Rhode Island.

(f) **Dispute Resolution.** The Parties acknowledge and agree that they will first attempt to resolve any dispute resulting from or arising out of this Agreement through friendly consultation between one another. If friendly consultation fails to resolve the dispute, the Parties agree to submit the dispute to mediation conducted in accordance with the commercial mediation procedures of the American Arbitration Association. The parties agree to share equally in the costs of the mediation. If mediation fails to resolve the dispute, the Parties hereby agree that, unless all Parties agree otherwise, any dispute, claim, or controversy arising out of or relating to this Agreement will be resolved through mandatory binding arbitration administered by the American Arbitration Association (AAA) in accordance with its Commercial Arbitration Rules, and the judgment of its arbitrator(s) may be entered by any court of competent jurisdiction. The Parties further agree that the U.S. Federal Arbitration Act governs the interpretation and enforcement of this provision. EACH PARTY HEREBY IRREVOCABLY WAIVES, TO THE EXTENT PERMITTED BY LAW, ALL RIGHTS TO TRIAL BY JURY AND ALL RIGHTS TO BRING OR PARTICIPATE IN A CLASS ACTION OR MULTI-PARTY ACTION IN ANY ACTION, PROCEEDING, OR COUNTER-CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT. ALL CLAIMS AND DISPUTES ARISING OUT OF THIS AGREEMENT MUST BE ARBITRATED OR LITIGATED ON AN INDIVIDUAL BASIS AND NOT ON A CLASS BASIS. ANY DISPUTE, CLAIM, OR CAUSE OF ACTION ARISING OUT OF OR RELATING TO THIS AGREEMENT MUST BE COMMENCED WITHIN ONE YEAR AFTER THE CAUSE ACCRUES; OTHERWISE, SUCH CAUSE OF ACTION WILL BE PERMANENTLY BARRED. This provision will survive the termination of this Agreement.

(g) **Manner of Execution.** This Agreement may be executed in counterparts and if so, executed each counterpart shall be deemed an original and all of them together shall be deemed to constitute one and the same agreement.

{Signatures on the following page}

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

THE COMPANY:

5300 Post Road Cannabis RI, LLC

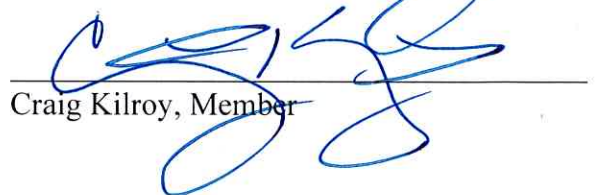
By:



Erin Kilroy Berard, Member



Patrick Kilroy, Member



Craig Kilroy, Member

5300 Post Road, LLC

Directors

Erin Kilroy Berard
Patrick Kilroy
Craig Kilroy

Officers

Erin Kilroy Berard
(Pres./CEO)

Shareholder 1

Erin Kilroy Berard
[REDACTED]

Shareholder 2

Patrick Kilroy
[REDACTED]

Shareholder 3

Craig Kilroy
[REDACTED]

Owners by Effective % of Ownership	Effective % of Ownership	Capital Contribution
Erin Kilroy Berard		
Patrick Kilroy		
Craig Kilroy		

Third Party Mgt/Op Agreements			
Entity	2025 Comp	2026 Comp	2027 Comp
N/A			

Directors, Officers, Key Persons			
Name	2025 Comp	2026 Comp	2027 Comp
Erin Kilroy Berard, President/CEO	\$ -	\$ -	\$ -
Patrick Kilroy	\$ -	\$ -	\$ -
Craig Kilroy	\$ -	\$ -	\$ -



CERTIFICATION AS TO AUR FORM 2

The undersigned duly authorized signatory of Applicant, in his/her capacity as such, for and on behalf of 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 Applicant, all persons and entities that:

- (i) Are owners, members, officers, directors, managers, or agents of Applicant; and
- (ii) Have/will have managing or operational control with respect to 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 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 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

12/22/2025

Date

Erin Kilroy Berard

Printed Name

Print Title: Owner

Print Name of Applicant:

5300 Post Road Cannabis



AUR Form 3 – Owners and Interest Holders Certification Statement Form

On behalf of Applicant, and with respect to Applicant and each of the Interest Holders/Key Persons described in Form 2, the undersigned certifies as follows:

<p>1. Has Applicant or any Interest Holder thereof or any cannabis business entity or its equivalent in which such persons hold or have held an interest or a cannabis license, registration or authorization in another state or jurisdiction, ever been disciplined (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization) by any state or jurisdiction? If “Yes” provide a brief explanation, copies of all documentation and name/address/phone number/contact person for the licensing/registration/ authorization authority.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>2. Has Applicant and/or any Owner or Interest Holder ever been denied a professional license, privilege of taking an examination, or had a professional license or permit revoked or suspended by a licensing authority in Rhode Island or any other state or jurisdiction (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization)? If “Yes” provide a brief explanation, copies of all documentation and name/address/ phone number/contact person for the licensing/registration/authorization authority.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3. Is any Owner or Interest Holder employed by the State of Rhode Island? If “Yes” please describe below.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Click or tap here to enter text.</p>		



4. Does Applicant, or any Owner or Interest Holder have any “material financial interest or control” (as defined in 560-RICR-10-10-1.2(A)(13)) in another Rhode Island cannabis establishment, or any ownership or interest in a Cannabis Testing Facility or vice versa. If “Yes” describe below:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Patrick Kilroy and Craig Kilroy have an ownership interest in Coastal Farms Cultivation, which, if chosen for this retail cannabis license, will divest sufficient percentage in Coastal’s license to be complaint with the CCC Regulations on ownership interest in multiple licenses.		
5. Applicant acknowledges that it fully understands that:		
a. Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <i>et seq.</i>);	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. The manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges;	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. Any activity regarding cannabis that does not comply with Rhode Island law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Applicant must comply with all requirements pertaining to national criminal background checks prior to licensure and continuously report any changes to previously report results.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Applicant acknowledges that Application Fees are non-refundable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Applicant acknowledges that in filing an Application for a license, the following:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
a. The Cannabis Control Commission is vested with certain authority and discretion under the Act and Regulations with respect to review and approval of an Adult-Use Cannabis Retail License; and		
b. The Cannabis Control Commission’s decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 <i>et seq.</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>



The undersigned hereby acknowledges and agrees that Applicant has a continuing obligation to disclose any changes and shall provide written notice to the Commission within sixty (60) days of any change of the information provided and the certifications made in this AUR Form 3 and that each such notice shall include an updated AUR Form 3.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this AUR Form 3 are complete, true, correct, and accurate.

Signature of Authorized Signatory

12/22/2025

Date

Erin Kilroy Berard

Printed Name:

Print Title: Owner

Print Name of Applicant: 5200 Post Road
Cannabis LLC



AUR Form 4 – Business License Identification Form

Applicant hereby state(s) as follows:

With respect to Applicant and any Owner or Interest Holders described in Form 2, Section I, such persons are currently or have been previously licensed, registered or authorized to produce or otherwise deal in the manufacture or distribution of cannabis in any form, in the below states or jurisdictions and corresponding agency or authority.

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
Rhode Island CCC	Cultivation-Coastal Farms	Patrick Kilroy	CV0068
Rhode Island CCC	Cultivation-Coastal Farms	Craig Kilroy	CV0068

Applicant disclosed and provided any and all denial, suspension, revocation, fines, or other sanction of the license, registration or authorization listed above as instructed in AUR FORM 3.

Applicant hereby authorizes: (1) the Cannabis Control Commission to contact the agencies indicated above for information regarding Applicant and the licenses/registrations listed above; and (2) such other state agencies to provide any and all information requested by the Commission regarding the licenses/registrations. If requested by the Commission, Applicant will provide any additional authorization required by any of the state agencies to provide information requested by the Commission.

The undersigned hereby acknowledges and agrees that Applicant has a continuing obligation to disclose any changes and shall provide written notice to the Commission within sixty (60) days of any change of the information provided and the statements made in this AUR Form 4 and that each such notice shall include an updated AUR Form 4.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this AUR Form 4 are complete, true, correct, and accurate.


Signature of Authorized Signatory

12/22/2025
Date

Erin Kilroy Berard

Printed Name:

Print Title: Owner

Print Name of Applicant: 5300 Post Road Cannabis LLC