

Rhode Island Cannabis Control Commission

Adult-Use Retailer License Application (AUR)

Version B Submission - Forms File (AUR Forms 1-4)

| | |
|-----------------------------------|--|
| Applicant (Legal Name) | Dying With Laughter, Inc. |
| Application Zone | Zone 5 |
| Business Address | 212 Main St, Wakefield, RI 02879 |
| Proposed Licensed Premises | 9 Prosser Trl, Charlestown, RI 02813 |
| Authorized Signatory | Ricardo McLean, CEO & President |
| Submission | AUR Forms 1-4 and supporting documentation |
| Submission Date | December 20, 2025 |

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Key Interest Holders (per AUR Form 2)

Ricardo McLean — CEO & President (Authorized Signatory)

Christopher Celani — Interest Holder (disclosed in AUR Form 2)

Brando Le — Interest Holder (disclosed in AUR Form 2)

James Jarmoszko — Interest Holder (disclosed in AUR Form 2)

Davian Francis — Interest Holder (disclosed in AUR Form 2)

Note: This cover page is provided for reviewer navigation. Please refer to AUR Form 2 for the full disclosure tables and certifications.

CONFIDENTIAL - SUBMITTED FOR REGULATORY REVIEW

'Not Applicable - No DBA Used' - (TBD)
Social Equity Cert. #: 2393487

Dying With Laughter, Inc.
212 Main St
Wakefield, RI 02879
Attn: Ricardo McLean, CEO & President
Phone: 401-447-6824 | Email: Ricardo.Bestbuds@gmail.com

December 20, 2025

Rhode Island Cannabis Control Commission
560 Jefferson Boulevard
Warwick, RI 02886

Re: Dying With Laughter, Inc. - Adult-Use Retailer License Application (AUR) - Version B Submission (Zone 5)


Dear Commissioners:

On behalf of Dying With Laughter, Inc. ("DWL"), please accept this Version B AUR Forms submission in support of DWL's application for an Adult-Use Retailer license in Application Zone 5. DWL's proposed licensed premises is located at 9 Prosser Trl, Charlestown, Rhode Island 02813.

This Forms file contains AUR Forms 1 through 4, executed certifications, and supporting documentation required for the Forms package, organized for reviewer navigation consistent with the Commission's submission instructions.

If the Commission requires any supplemental materials, clarification, or updated disclosures, DWL will respond promptly upon request.

Respectfully submitted,

Ricardo McLean 
CEO & President
Dying With Laughter, Inc.

Enclosure: AUR Forms 1-4 (Version B) and supporting documentation (compiled in PDF format).

AUR FORM 1

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

| | | |
|---|--|---|
| 1 | APPLICANT NAME (legal name, and any d/b/a name(s), if applicable) | Dying With Laughter, Inc 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 | [REDACTED] |
| 3 | CITY, STATE, ZIP | [REDACTED] |
| 4 | STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS | [REDACTED] |
| 5 | CITY, STATE, ZIP | [REDACTED] |
| 6 | PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS | [REDACTED] |

| | | | | | | | | | | | |
|--|--|--|------------------|---------------|------------------|--|--|--|----------------|--|--|
| 7 | SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS | <div style="background-color: black; width: 100px; height: 1.2em; margin: 0 auto;"></div> | | | | | | | | | |
| 8 | FEIN: <small>(Federal Employer Identification Number)</small> | <div style="background-color: black; width: 100px; height: 1.2em; margin: 0 auto;"></div> | | | | | | | | | |
| 9 | TELEPHONE NUMBER | <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 50%;">NUMBER</td> <td style="width: 25%;">EXTENSION</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> </td> </tr> <tr> <td colspan="3">Ext. <u>NA</u></td> </tr> </table> | AREA CODE | NUMBER | EXTENSION | <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | Ext. <u>NA</u> | | |
| AREA CODE | NUMBER | EXTENSION | | | | | | | | | |
| <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | | | | | | | | | |
| Ext. <u>NA</u> | | | | | | | | | | | |
| 11 | TOLL FREE NUMBER <small>(if not applicable, put "N/A")</small> | <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 50%;">NUMBER</td> <td style="width: 25%;">EXTENSION</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> </td> </tr> <tr> <td colspan="3">Ext. <u>NA</u></td> </tr> </table> | AREA CODE | NUMBER | EXTENSION | <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | Ext. <u>NA</u> | | |
| AREA CODE | NUMBER | EXTENSION | | | | | | | | | |
| <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | | | | | | | | | |
| Ext. <u>NA</u> | | | | | | | | | | | |
| 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: | Ricardo Mclean | | | | | | | | | |
| | Title: | CEO, Chariman | | | | | | | | | |
| | Mailing Address: | <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | | | | | | | |
| | Email Address: | <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | | | | | | | |
| | Phone Number | <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 50%;">NUMBER</td> <td style="width: 25%;">EXTENSION</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> </td> </tr> <tr> <td colspan="3">Ext. <u>NA</u></td> </tr> </table> | AREA CODE | NUMBER | EXTENSION | <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | Ext. <u>NA</u> | | |
| AREA CODE | NUMBER | EXTENSION | | | | | | | | | |
| <div style="background-color: black; width: 100%; height: 1.2em; margin: 0 auto;"></div> | | | | | | | | | | | |
| Ext. <u>NA</u> | | | | | | | | | | | |

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 # _____)

Dying With Laughter, Inc
Name of Taxpayer/Entity
Number

[REDACTED]
Social Security or Federal Tax Identification

AUR FORM 1 — SUPPORTING DOCUMENTS

Bundle Separator (example — edit as needed)

| | |
|----------------------------------|---|
| Applicant / Entity | Dying With Laughter, Inc. |
| Application | CCC Adult-Use Cannabis Retail (AUR) — Version B |
| Bundle Name | AUR Form 1 Attachments / Supporting Documents |
| Form / Exhibit Supported | AUR Form 1 |
| Purpose / Description | Includes the Letter of Good Standing submitted with AUR Form 1 to support applicant entity status disclosures. |
| Relevant Interest Holders | <ul style="list-style-type: none">• Ricardo Mclean• Brando Le• James Jarmoszko• Davian Francis |

Included Documents (edit):

[1] Letter of Good Standing]

**CONFIDENTIAL — Rhode Island Cannabis Control Commission (CCC) Adult-Use Retail (AUR)
Application Supporting Documents.**

This cover sheet is intentionally placed immediately before the referenced supporting document or bundle.



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
25 SEP 5 AM 11:47:24

Articles of Incorporation

DOMESTIC Business Corporation



The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

Dying With Laughter, INC

☐ Check if this is a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.

2. The total number of shares which the corporation has the authority to issue is:

(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$

| Total Authorized Shares (Number of Shares) | Class of Stock | Par Value Per Share |
|---|----------------|---------------------|
| 17,000 | Common | |
| | | |
| | | |

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.

State any provisions here (optional):

Check the box to indicate an attachment ☐

N/A

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name Castrovillari Law Office's

Street Address (NOT a P.O. Box) 212 Main St, Suite #4

City/Town Wakefield

State RHODE ISLAND

Zip Code 02879

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 05 2025

BY SPSR4

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

See Attached Exhibit A.

Check the box to indicate an attachment ☒

6. The name and address of each incorporator is:

| | | |
|--|----------------------------------|-------------------|
| Name Francis P. Castrovillari, Esq. | Address 212 Main St, Suite #4 | |
| City/Town Wakefield | State Rhode Island | Zip Code 02879 |
| Name | Address | |
| City/Town | State | Zip Code |
| Name | Address | |
| City/Town | State | Zip Code |

7. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

8. Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.


| | |
|--|------------------|
| Type or Print Name of Incorporator 212 Main St, Suite #4 | Date 9/5/25 |
| Signature of Incorporator  | |
| Type or Print Name of Incorporator FRANCIS P CASTROVILLARI | Date 9/5/2025 |
| Signature of Incorporator | |
| Type or Print Name of Incorporator | Date |
| Signature of Incorporator | |

EXHIBIT A

5. Additional provisions, if any, not inconsistent with R.I.G.L. 7-1.2, which the incorporators elect to have set forth in these Articles of Incorporation, for the regulation of the internal affairs of the corporation:

I Except as otherwise provided by the Rhode Island Business Corporation Act, as has been or may hereafter be amended (the "Act"), any action required or permitted to be taken at a meeting of shareholders by the Act, by these articles of incorporation or by-laws of the corporation may be taken without a meeting upon the written consent of less than all of the shareholders entitled to vote thereon if the shareholders who so consent would be entitled to cast at least the minimum number of votes which would be required to take such action at a meeting at which all shareholders entitled to vote thereon are present. Prompt notice of the action shall be given to all shareholders who would have been entitled to vote upon the action if the meeting were held

II. (A) A Director of the corporation shall not be personally liable to the corporation or its shareholders for monetary damages for breach of the Director's duty as a Director, except for (i) liability for any breach of the Director's duty of loyalty to the corporation or its shareholders, (ii) liability for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) liability imposed pursuant to the provisions of Section 811 of the Act, or (iv) liability for any transaction (other than transactions approved in accordance with Section 807 of the Act) from which the Director derived an improper personal benefit. If the Act is amended to authorize corporate action further eliminating or limiting the personal liability of Directors, then the liability of a Director of the corporation shall be eliminated or limited to the fullest extent so permitted. Any repeal or modification of this provision by the corporation shall not adversely affect any right or protection of a Director of the corporation existing prior to such repeal or modification.

(B) The Directors of the corporation may include provisions in the corporation's by-laws, or may authorize agreements to be entered into with each Director, officer, employee or other agent of the corporation (an "Indemnified Person"), for the purpose of indemnifying an Indemnified Person in the manner and to the extent permitted by the Act

In addition to the authority conferred upon the Directors of the corporation by the foregoing paragraph, the Directors of the corporation may include provisions in the corporation's by-laws, or may authorize agreements to be entered into with each Indemnified Person, for the purpose of indemnifying such person in the manner and to the extent provided herein

(i) The by-law provisions or agreements authorized hereby may provide that the corporation shall, subject to the provisions of this Article, pay, on behalf of an Indemnified Person any Loss or Expenses arising from any claim or claims which are made against the Indemnified Person (whether individually or jointly with other Indemnified Persons) by reason of any Covered Act of the Indemnified Person.

(ii) For the purposes of this Article, when used herein

(1) "Directors" means any or all of the directors of the corporation or those one or more shareholders or other persons who are exercising any powers normally vested in the board of directors;

(2) "Loss" means any amount which an Indemnified Person is legally obligated to pay as a result of any claim made against the Indemnified Person for Covered Acts and shall include, without being limited to, judgments for, and awards of, damages, amounts paid in settlement of any claim, any fines or penalties or, with respect to employee benefit plans, any excise taxes or penalties;

(3) "Expenses" means any reasonable expenses incurred by the Indemnified Person for Covered Acts including, without being limited to, legal, accounting or investigative fees and expenses, including the expense of bonds necessary to pursue an appeal of an adverse judgment; and

(4) "Covered Act" means any act or omission of an Indemnified Person in the Indemnified Person's official capacity with the Corporation and while serving as such or while serving at the request of the Corporation as a member of the governing body, officer, employee or agent of another corporation, including, but not limited to corporations which are subsidiaries or affiliates of the Corporation, partnership, joint venture, trust, other enterprise or employee benefit plan.

(iii) The by-law provisions or agreements authorized hereby may cover Loss or Expenses arising from any claims made against a retired Indemnified Person, the estate, heirs or legal representative of a deceased Indemnified Person or the legal representative of an incompetent, insolvent or bankrupt Indemnified Person, where the Indemnified Person was an Indemnified Person at the time the Covered Act upon which such claims are based occurred.

(iv) Any by-law provisions or agreements authorized hereby may provide for the advancement of Expenses to an Indemnified Person prior to the final disposition of any action, suit or proceeding, or any appeal therefrom, involving such Indemnified Person and based on the alleged commission by such Indemnified Person of a Covered Act, subject to an undertaking by or on behalf of such Indemnified Person to repay the same to the corporation if the Covered Act involves a claim for which indemnification is not permitted under clause (v), below, and the final disposition of such action, suit, proceeding or appeal results in an adjudication adverse to such Indemnified Person.

(v) The by-law provisions or agreements authorized hereby may not indemnify an Indemnified Person from and against any Loss, and the Corporation shall not reimburse for any Expenses, in connection with any claim or claims made against an Indemnified Person which the corporation has determined to have resulted from: (1) any breach of the Indemnified Person's duty of loyalty to the corporation or its shareholders, (2) acts or omissions not in good faith or which involve intentional misconduct or knowing violation of law; (3) action contravening Section 811 of the Act; or (4) a transaction (other than a transaction approved in accordance with Section 807 of the Act) from which the person seeking indemnification derived an improper personal benefit.



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:

September 05, 2025 11:47 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

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

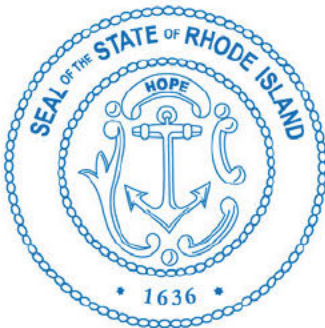
CERTIFICATE OF GOOD STANDING

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

Dying With Laughter, INC

is a Rhode Island Business Corporation organized on **September 05, 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 corporation is active and in good standing with this office.

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



SIGNED and SEALED on
September 19, 2025

Secretary of State

Certificate Number: 25090093310

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

Processed by: Idelfarno

AUR FORM 2

AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Dying With Laughter, Inc

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 Ricardo Mclean | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | Email Address [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] | 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 Dying With Laughter, Inc | | Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED] | | Ownership interest in <u>applicant</u> Shareholder | |
| Name of person or entity NA | | SSN/FEIN NA | | DOB NA | Email Address |
| Address (residence if person; business address if entity) NA | City NA | State NA | ZIP NA | Phone Number NA | |
| Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title NA | | Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) NA | | Ownership interest in <u>applicant</u> NA | |



**Cannabis
Control
Commission**
STATE OF RHODE ISLAND

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

| | | | | | |
|---|--|--|---------------------|---|----------------------------|
| NA | | | | | |
| 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 Ricardo Mclean | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] | Phone Number [REDACTED] |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, Inc | | List your title or role, with respect to the entity listed in the preceding box. CEO, President | | List your title or role, if any, with respect to the Applicant CEO, President | |
| Name of person or entity Christopher Celani | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] | Phone Number [REDACTED] |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, 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 Applicant Director | |
| Name of person or entity James Jarmoszko | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] | Phone Number [REDACTED] |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, 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 Applicant Director | |
| Name of person or entity Davian Francis | | SSN/FEIN [REDACTED] | | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] | Phone Number [REDACTED] |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, Inc | | List your title or role, with respect to the entity listed in the preceding box. Officer | | List your title or role, if any, with respect to the Applicant Officer | |
| Name of person or entity NA | | SSN/FEIN NA | | DOB NA | Email NA |

| | | | | |
|---|------------|--|-----------|---|
| Address (residence if person; business address if entity) NA | City NA | State NA | ZIP NA | Phone Number NA |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) NA | | List your title or role, with respect to the entity listed in the preceding box. NA | | List your title or role, if any, with respect to the Applicant NA |

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).

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 Ricardo Mclean | SSN/FEIN [REDACTED] | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, Inc | | List your title or role, if any, with respect to the entity listed in the preceding box. CEO, President | |
| Name of person or entity Christopher Celani | SSN/FEIN [REDACTED] | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, Inc | | List your title or role, if any, with respect to the entity listed in the preceding box. Director | |
| Name of person or entity James Jarmoszko | SSN/FEIN [REDACTED] | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, Inc | | List your title or role, if any, with respect to the entity listed in the preceding box. Director | |
| Name of person or entity Davian Francis | SSN/FEIN [REDACTED] | DOB [REDACTED] | Email [REDACTED] |
| Address (residence if person; business address if entity) [REDACTED] | City [REDACTED] | State [REDACTED] | ZIP [REDACTED] |

| | | | | | |
|---|------------|---|-----------|--|-------------|
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Dying With Laughter, Inc | | List your title or role, if any, with respect to the entity listed in the preceding box. Officer | | | |
| Name of person or entity NA | | SSN/FEIN NA | | DOB NA | Email NA |
| Address (residence if person; business address if entity) NA | City NA | State NA | ZIP NA | Phone Number NA | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) NA | | List your title or role, if any, with respect to the entity listed in the preceding box. NA | | | |
| Name of person or entity NA | | SSN/FEIN NA | | DOB NA | Email NA |
| Address (residence if person; business address if entity) NA | City NA | State NA | ZIP NA | Phone Number NA | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) NA | | List your title or role, if any, with respect to the entity listed in the preceding box. NA | | | |
| <p>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).</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 NA | | SSN/FEIN NA | | DOB NA | Email NA |
| Address (residence if person; business address if entity) NA | City NA | State NA | ZIP NA | Phone Number NA | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) NA | | Describe the financial interest in entity listed in preceding box NA | | Describe the financial interest in <u>Applicant</u> , if different NA | |
| Name of person or entity NA | | SSN/FEIN NA | | DOB NA | Email NA |
| Address (residence if person; business address if entity) NA | City NA | State NA | ZIP NA | Phone Number NA | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) NA | | Describe the financial interest in entity listed in preceding box NA | | Describe the financial interest in <u>Applicant</u> , if different NA | |
| Name of person or entity NA | | SSN/FEIN NA | | DOB NA | Email NA |
| Address (residence if person; business address if entity) NA | City NA | State NA | ZIP NA | Phone Number NA | |

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

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

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

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 |
|--------------------------|---------|---------------|----------|---------------|--------------|----------------------------------|
| Brando Le | | | | | | |
| Christopher Celani | | | | | | |
| NA | | | | | | |
| NA | NA | NA | NA | NA | NA | NA |

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 |
|--------------------------|---------|---------------|----------|---------------|--------------|-----------------------|
| Brando Le | | | | | | |
| Christopher Celani | | | | | | |
| NA | NA | NA | NA | NA | NA | NA |

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.

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

12/20/2025

Date

Ricardo Mclean

Printed Name

Print Title: CEO, President

Print Name of Applicant: Dying With Laughter, Inc

AUR FORM 2 — SUPPORTING DOCUMENTS

Bundle Separator (example — edit as needed)

| | |
|----------------------------------|---|
| Applicant / Entity | Dying With Laughter, Inc. |
| Application | CCC Adult-Use Cannabis Retail (AUR) — Version B |
| Bundle Name | AUR Form 2 Attachments / Supporting Documents |
| Form / Exhibit Supported | AUR Form 2 |
| Purpose / Description | Includes bylaws, agreements, social equity interest holder submission, key holder licenses, organizational charts, and key holder charts supporting AUR Form 2. |
| Relevant Interest Holders | <ul style="list-style-type: none">• Ricardo Mclean• Brando Le• James Jarmoszko• Davian Francis |

Included Documents (edit):

[1] Bylaws]

[2] Agreements]

[3] Social Equity Interest Holder Submission]

[4] Key Holder Licenses]

[5] Organizational Charts]

[6] Key Holder Charts]

**CONFIDENTIAL — Rhode Island Cannabis Control Commission (CCC) Adult-Use Retail (AUR)
Application Supporting Documents.**

This cover sheet is intentionally placed immediately before the referenced supporting document or bundle.



Social Equity Applicant Interest Holder Change Request

Currently Certified Social Equity Applicant: Dying With Laughter, Inc

Social Equity Applicant Status Certification Number: 2393487

The above-listed Certified Social Equity Applicant is:

☐ An individual applicant seeking to organize as an entity

Name of proposed new entity: _____

☒ An entity applicant seeking to change information submitted in their SEASC application.

Please list all owners of the Applicant who qualify for Social Equity Applicant status, their individual Social Equity Applicant Status Certification Numbers, the criteria they qualify under, and their percentage of ownership and control of the applicant entity:

| Qualifying Owner Name | Social Equity Applicant Status Certification Number | Qualifying Criterion | Percent of Ownership and Control of Applicant Entity |
|-----------------------|---|----------------------|--|
| Ricardo Mclean | | | |
| | | | |
| | | | |

Please identify which one (1) of the above-listed qualifying owners will be the contact person for the entity for the purposes of verifying social equity status: Ricardo Mclean

This identified contact person's Social Equity Applicant Status Certification Number will be the *only* number that can be used to verify the Social Equity Applicant Status in the State Licensing Portal following the approval of this Change Request.

This Change Request must be submitted in person or by certified mail to 560 Jefferson Boulevard, Warwick, RI 02886, Attn: Cannabis Office – Social Equity Applicant Interest Holder Change Request. Submissions must be delivered in person or post-marked by 4:00 PM EST on December 1st

2025. Applicants are reminded that failure to submit a Change Request by this deadline may lead to delays in processing or rejection of the Change Request.

Attestation

Applicant attests that this Change Request has been completed in its entirety and that all relevant attachments have been submitted as directed in Section IV on page 9 of this Change Request form.

Applicant acknowledges that it has sole responsibility for ensuring that the above-listed individuals will own and control at least 51% of the applying entity at the time of application for a Social Equity Adult-Use Retail License. Applicant further acknowledges that should the Cannabis Control Commission determine that the above individuals do not, in fact, own and control at least 51% of the applying entity, the above-listed entity may not apply as a Social Equity Applicant. Applicant additionally acknowledges that all of the above individuals must have qualified for Social Equity Applicant Status under the same qualification criterion and, if they have not, the applicant entity will not be considered a Social Equity Applicant.

Applicant acknowledges that should the Cannabis Control Commission determine that the above individuals do not own and control at least 51% of the applying entity, it will be ineligible to apply for the Adult-Use Retail Cannabis Establishment licenses reserved for Social Equity Applicants. The applicant may still apply for a General or Workers' Cooperative Adult-Use Retail Cannabis Establishment provided applicant pays all application fees in the manner prescribed by the Cannabis Control Commission.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Social Equity Applicant Interest Holder Change Request are complete, true, correct, and accurate.



Signature of Authorized Signatory

11/25/25
Click here to enter a date.

Date

Printed Name: Ricardo Mdean
Printed Name: _____
Print Title: CEO

[REQUIRED FORM BEGINS ON FOLLOWING PAGE]

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 See Attachment I(A)-1 | | 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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. | | | | | |
| <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 | |
| See Attachment I(B)-1 | | | | 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 | | SSN/FEIN | | DOB | |
| 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 | | SSN/FEIN | | DOB | |
| 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 | | 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 | | 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 |
| <p>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> <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 |
| See Attachment I(C)-1 | | | | | |
| 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. | | | |
| 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. | | | |
| <p>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).</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 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 financial interest in entity listed in preceding box | | Describe the financial interest in <u>Applicant</u> , if different | |
| 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 financial interest in entity listed in preceding box | | Describe the financial interest in <u>Applicant</u> , if different | |
| 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 financial interest in entity listed in preceding box | | Describe the financial interest in <u>Applicant</u> , if different | |
| 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 financial interest in entity listed in preceding box | | Describe the financial interest in <u>Applicant</u> , if different | |

| | | | | | |
|---|--|---|-------|--|--------------|
| 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 financial interest in entity listed in preceding box | | Describe the financial interest in <u>Applicant</u> , if different | |
| 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 financial interest in entity listed in preceding box | | Describe the financial interest in <u>Applicant</u> , if different | |
| <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 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, <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 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 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 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 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 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 | | |

Section II: Who, besides the owners and other Interest Holders listed in this form (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 |
|--------------------------|---------|---------------|----------|---------------|--------------|----------------------------------|
| see attachment II-1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 |
|--------------------------|---------|---------------|----------|---------------|--------------|-----------------------|
| see attachment III-1 | | | | | | |
| | | | | | | |
| | | | | | | |

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 entity.
- B. Attach an organizational chart that clearly depicts all Interest Holders identified in this form and their relationship to the applicant entity.

Applicant Entity Name: Dying With Laughter, Inc.

Social Equity Applicant Status Certification #: #2393487

Attachment I(A)-1 – Additional Owners and Ownership Interests

This attachment supplements Section I(A) of the Social Equity Applicant Interest Holder Change Request and lists all persons and entities with any 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 (Applicant, parent company, subsidiary) | Owners hip interest in entity listed in preceding box (e.g., % ownership, # shares) | Ownership interest in Applicant |
|---|--------------------------|------------|-----|---------------|---|------|-------|-----|--------------|---|---|---------------------------------|
| 1 | Ricardo Mclean | [REDACTED] | | | | | | | | Dying With Laughter, Inc. | [REDACTED] | Shareholder |

Applicant Entity Name: Dying With Laughter, Inc.

Social Equity Applicant Status Certification #: #2393487

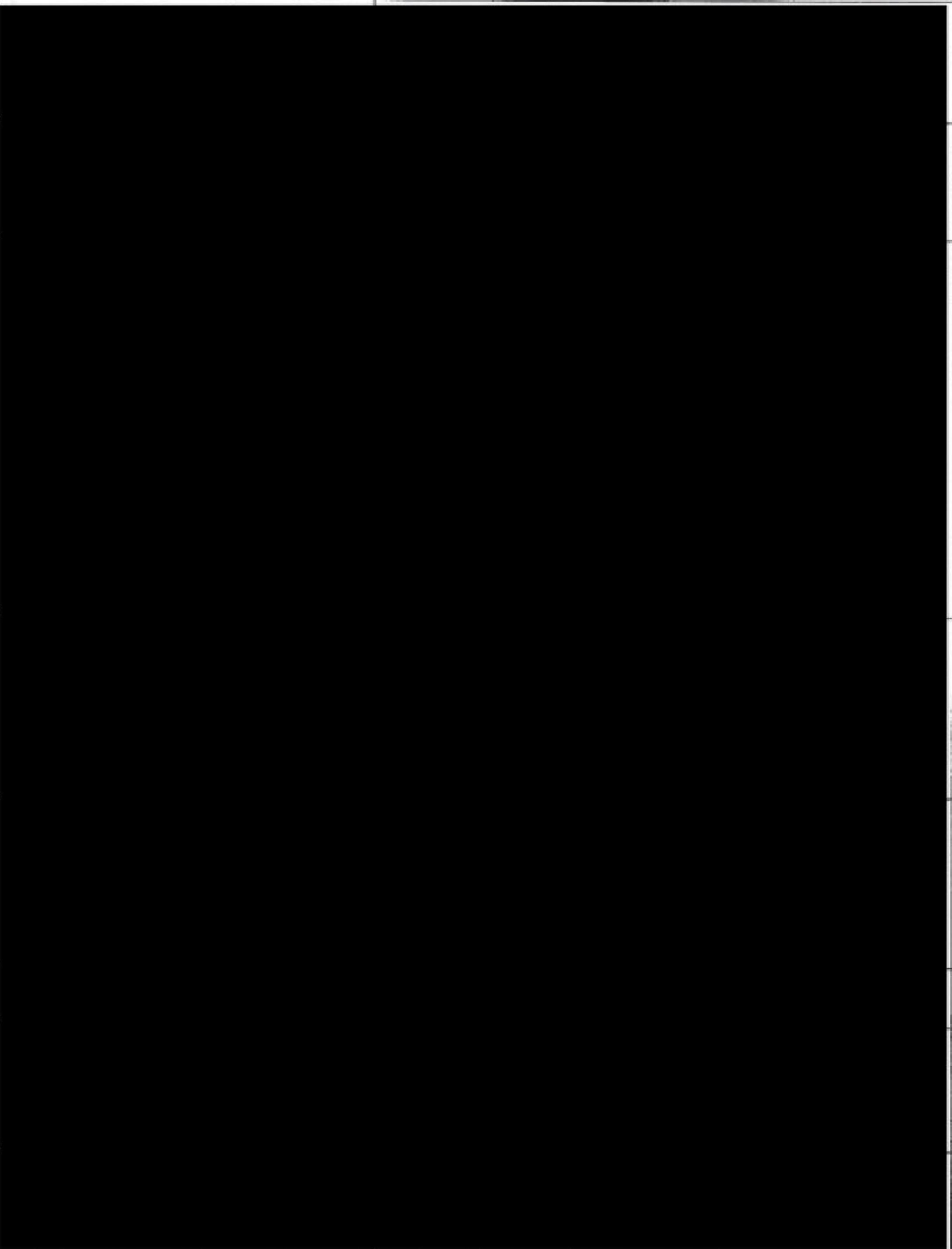
Attachment I(B)-1 – Additional Officers, Directors, Managers, Members, and Agents

This attachment supplements Section I(B) of the Social Equity Applicant Interest Holder Change Request and lists additional officers, directors, managers, members, and agents.

| # | 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 (Applicant, parent company, subsidiary) | Title/role with respect to the entity listed in the preceding box | Title/role, if any, with respect to the Applicant |
|---|--------------------------|----------|-----|-------|---|------|-------|-----|--------------|---|---|---|
| 1 | Ricardo Mclean | | | | | | | | | Dying With Laughter, Inc. | CEO, President | CEO, President |
| 2 | Christopher Celani | | | | | | | | | Dying With Laughter, Inc. | Director | Director |
| 3 | James Jarmoszko | | | | | | | | | Dying With Laughter, Inc. | Director | Director |
| 4 | Davian Francis | | | | | | | | | Dying With Laughter, Inc. | Officer | Officer |

aging

| | |
|---|---|
| cription anaging or rational rol with pect to ilicant / ensed ilities | ary utive ority overall ageme ad rational rol as f utive er and ident e icant, ding sight of censed abis l ations. |
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|---|------------------------|---|--|--|--|--|--|--|--|--|--|-------------------------------------|----------|--|
| 2 | Christoph er Celani |  | | | | | | | | | | Dying With Laughter , Inc. | Director | Participates in governance and high- level operational decision- making as a Director of the Applicant, including oversight of policies, budgets, and strategic direction for the licensed cannabis retail operations. |
| 3 | James Jarmoszko | | | | | | | | | | | Dying With Laughter , Inc. | Director | Participates in governance and high- level operational decision- making as a Director of the Applicant, including review and approval of major business decisions, policies, and oversight of the cannabis retail operations. |
| | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|---------------------|--|--|--|--|--|--|--|--|--|--|---------------------------|---------|--|
| | Davian Francis 4 |  | | | | | | | | | | Dying With Laughter, Inc. | Officer | Supports ongoing management and operational activities as an Officer of the Applicant, including oversight of day-to-day administrative and operational functions for the licensed cannabis retail operations. |
| | | | | | | | | | | | | | | |

Applicant Entity Name: Dying With Laughter, Inc.

Social Equity Applicant Status Certification #: #2393487

Attachment II-1 – Additional Persons/Entities Providing or Receiving Financial or Proprietary Interests

This attachment supplements Section II of the Social Equity Applicant Interest Holder Change Request and identifies persons or entities (other than those already disclosed as Interest Holders) who will loan, give, or provide money, property, equipment, inventory, furniture, licensing or other proprietary rights to the Applicant, or who will receive money, profits, proprietary rights, or other interests from the Applicant.

| # | Name of person or entity | Address | Date of birth | SSN/FEIN | Email address | Phone number | Description of interest (loan, property, equipment, proprietary right, profit share, etc.) | Dollar value of interest (if applicable) |
|---|--------------------------|------------|---------------|----------|---------------|--------------|---|--|
| 1 | Christopher Celani | [REDACTED] | | | | | Pre-license capital contributor pursuant to a future equity agreement. Provides pre-licensing capital to fund start-up and application expenses in exchange for a contingent equity interest upon licensure and CCC approval. | [REDACTED] |
| | | | | | | | | |

| | | | | | | | | |
|---|-----------|------------|--|--|--|--|--|------------|
| 2 | Brando Le | [REDACTED] | | | | | Capital investor ("super-angel") providing pre-license and build-out capital to fund application, start-up, and development costs, in exchange for a contingent equity interest effective upon licensure and Cannabis Control Commission approval, pursuant to applicable financing/equity agreements. | [REDACTED] |
|---|-----------|------------|--|--|--|--|--|------------|

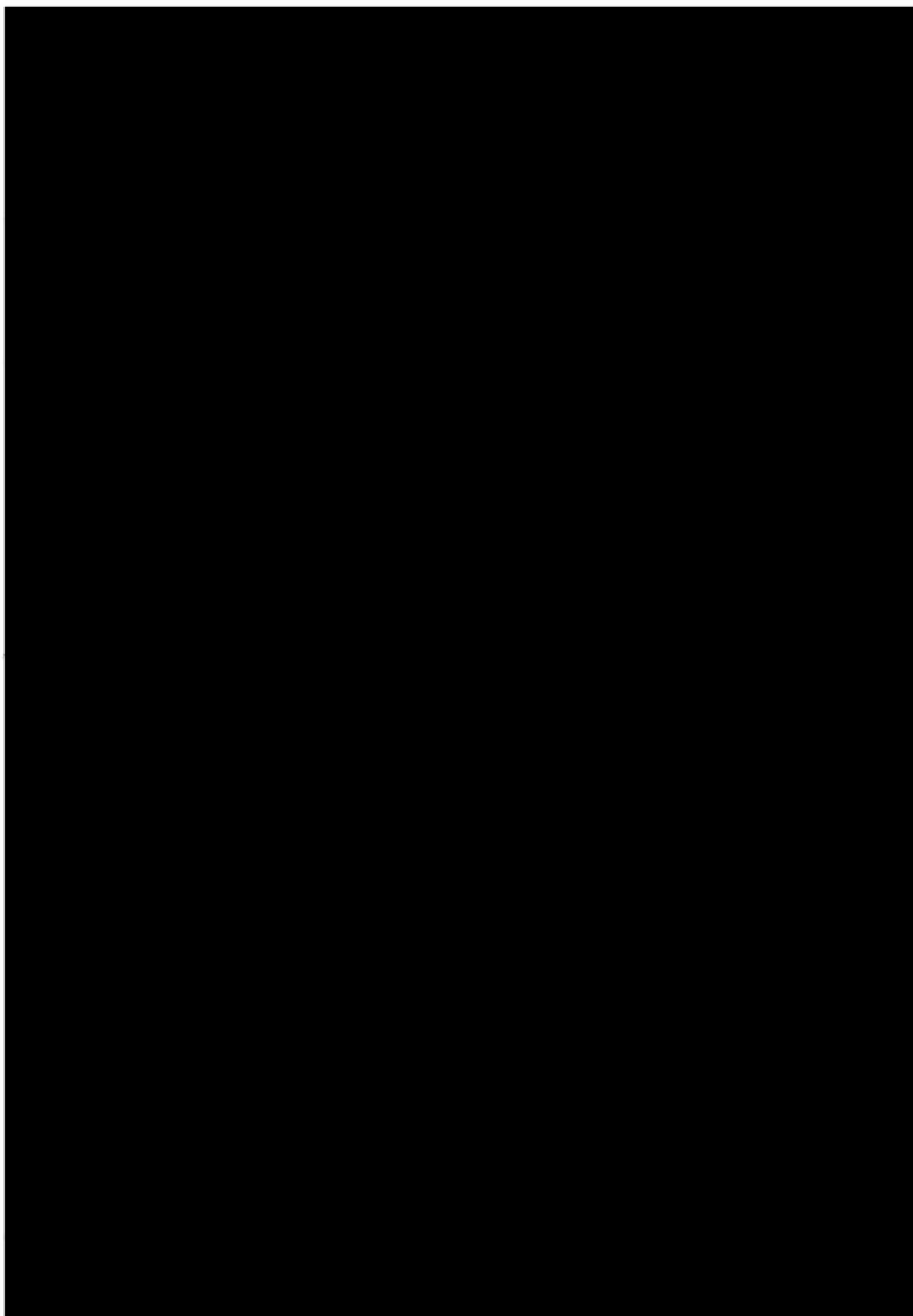
Applicant Entity Name: Dying With Laughter, Inc.

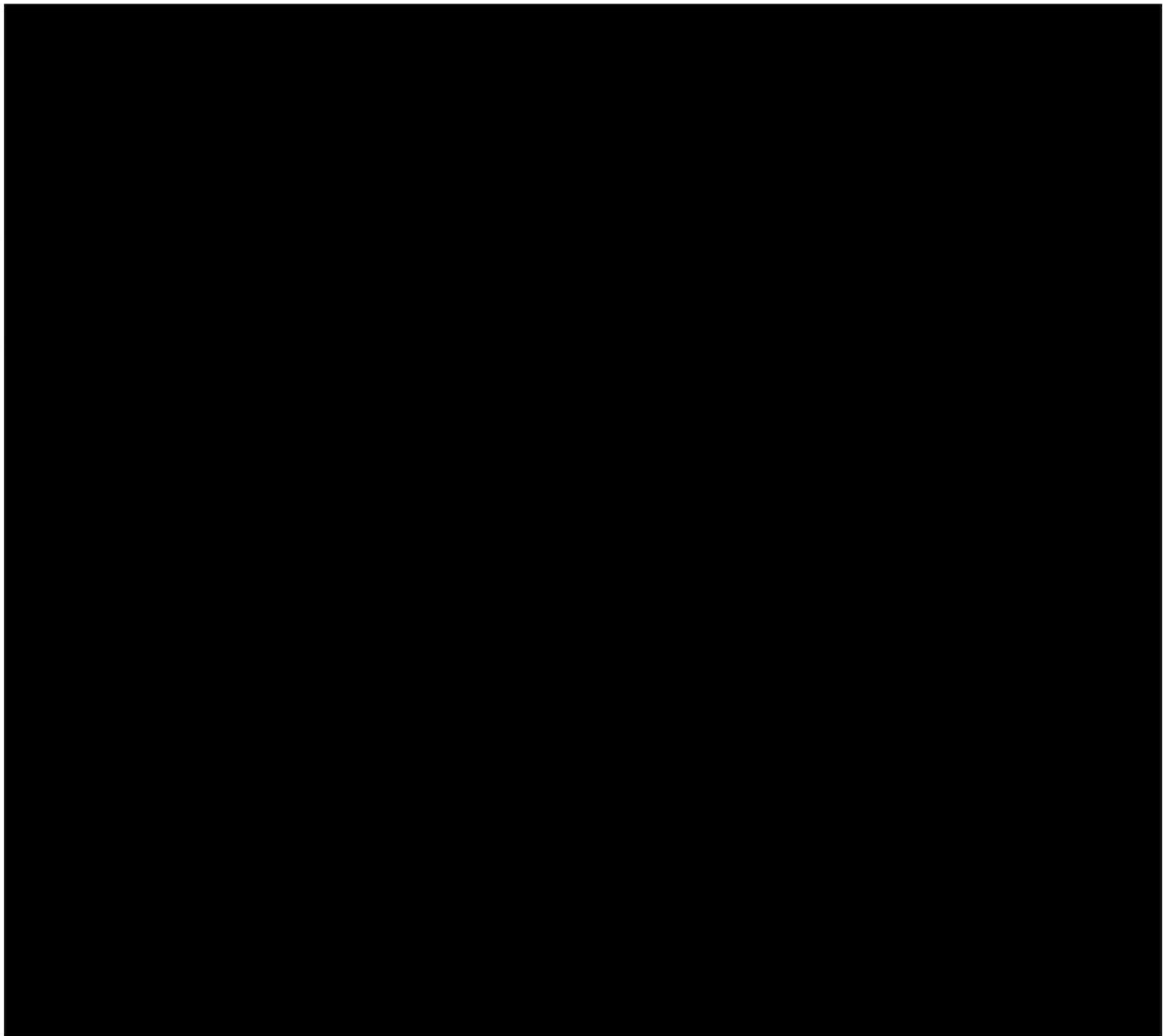
Social Equity Applicant Status Certification #: #2393487

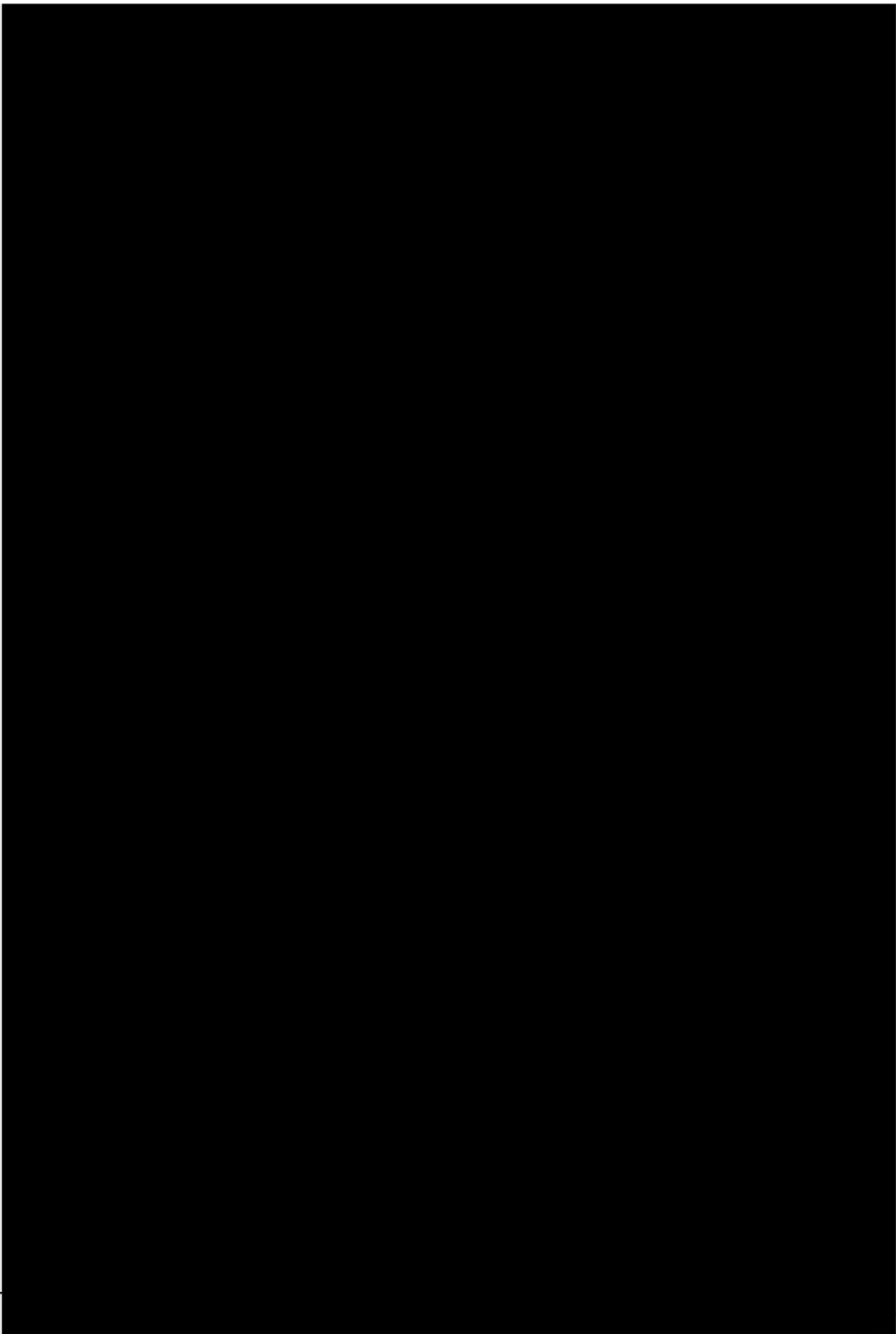
Attachment III-1 – Contingent Agreements to Become Interest Holders

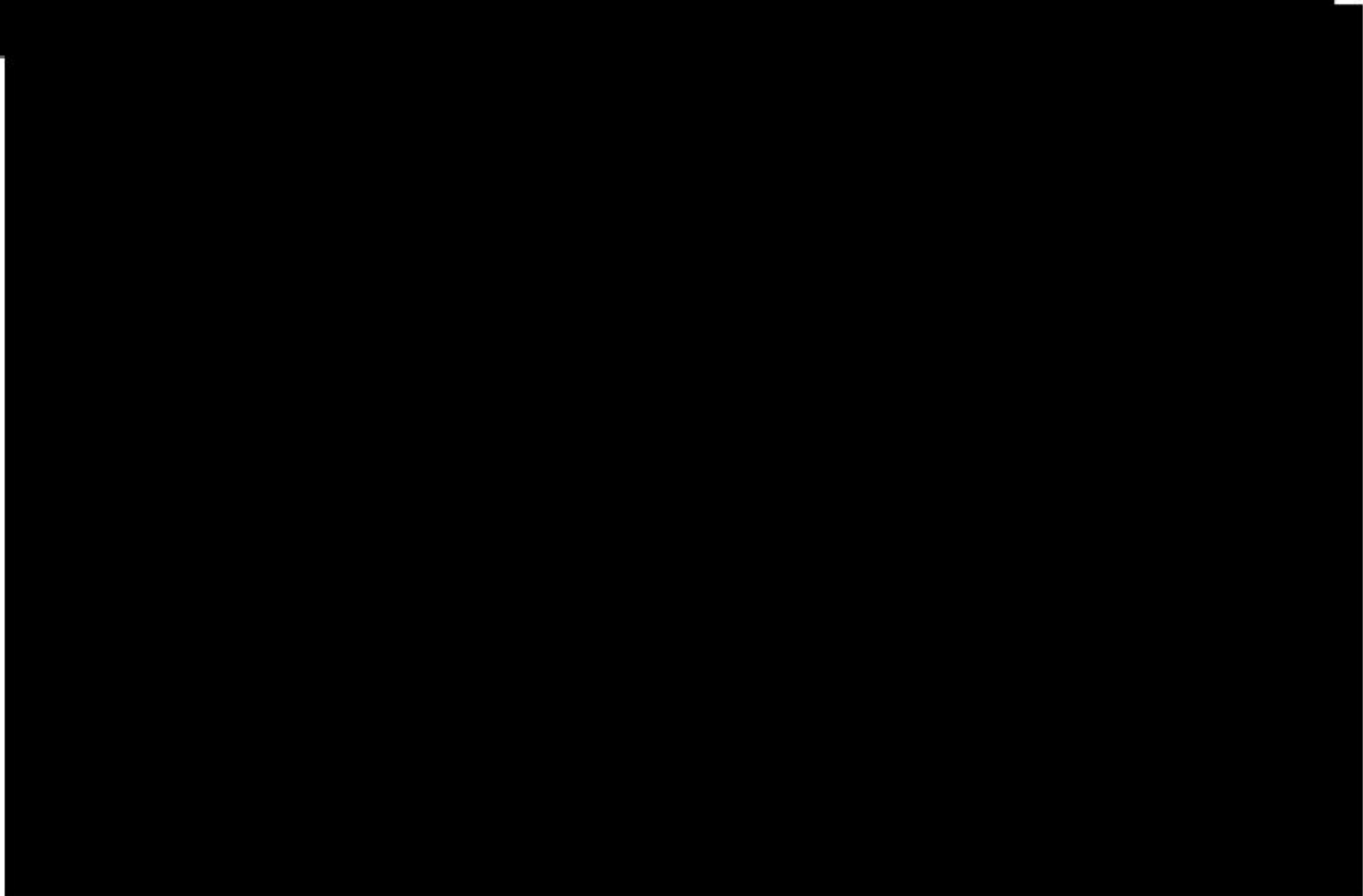
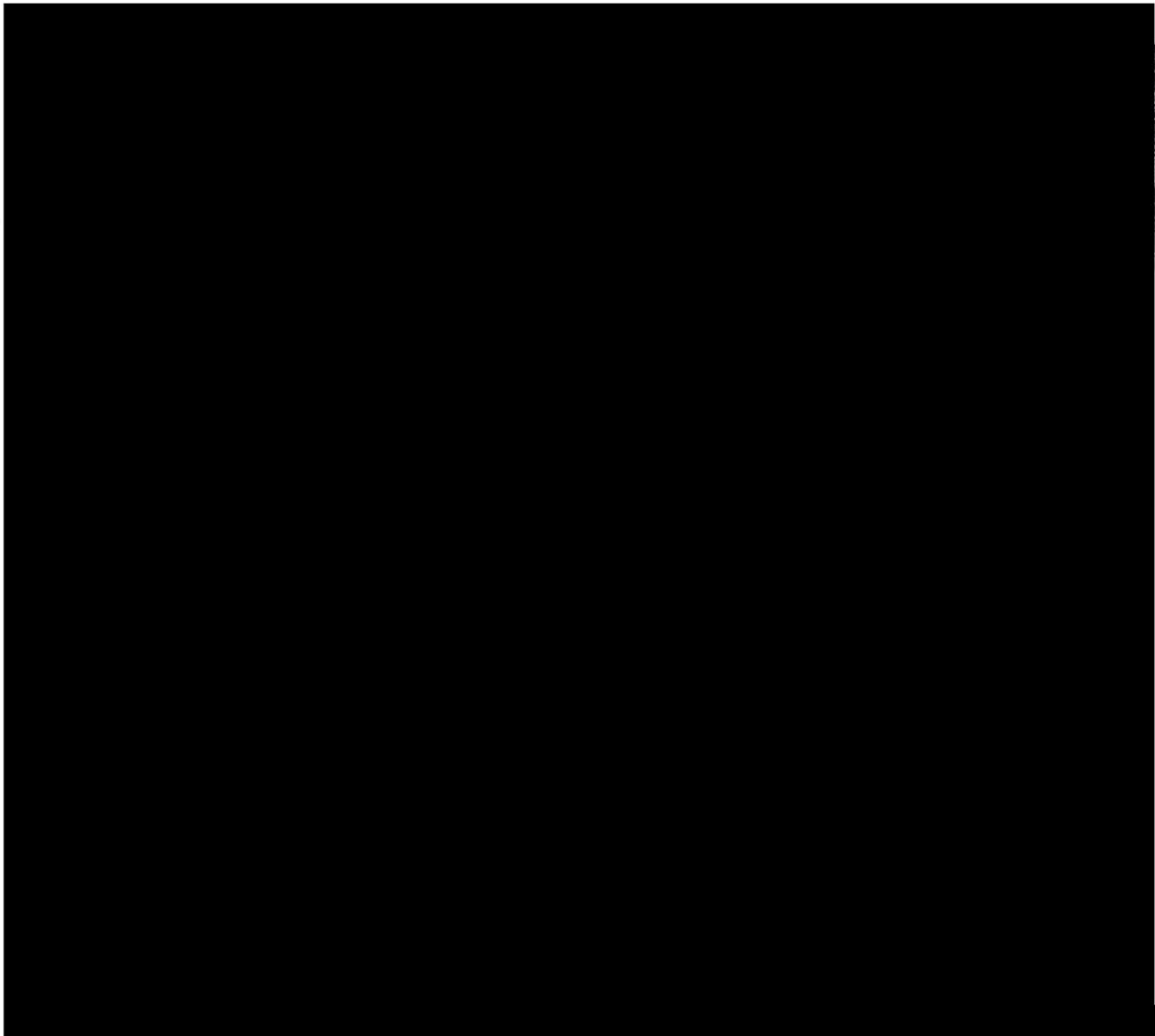
This attachment supplements Section III of the Social Equity Applicant Interest Holder Change Request and identifies persons or entities that have a contingent agreement to become Interest Holders in the Applicant, contingent upon licensure and/or Cannabis Control Commission approval.

| # | Name of person or entity | Address | Date of birth | SSN/FEIN | Email address | Phone number | Description of contingent interest (conditions, % ownership, role, effective date, etc.) |
|---|--------------------------|---------|---------------|----------|---------------|--------------|---|
| 1 | <div></div> | | | | | | Capital investor with a contingent equity interest in the Applicant. Equity and rights become effective only upon issuance of final license and approval by the Cannabis Control Commission, pursuant to the applicable equity/financing agreements. |
| 2 | | | | | | | Pre-license capital contributor with a future equity interest in the Applicant. Equity and rights are contingent upon licensure and Cannabis Control Commission approval, pursuant to a future equity agreement and related pre-license capital arrangements. |

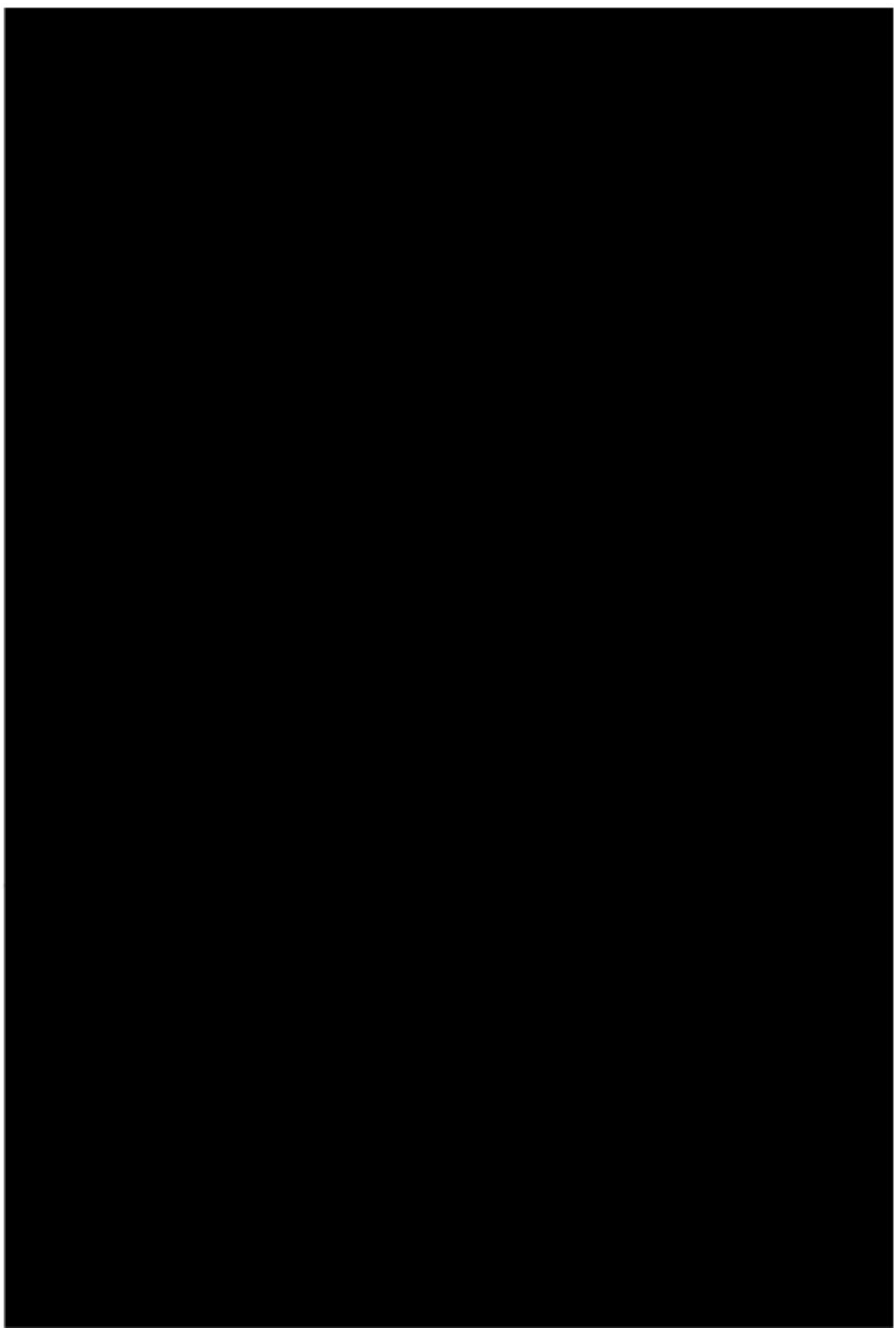


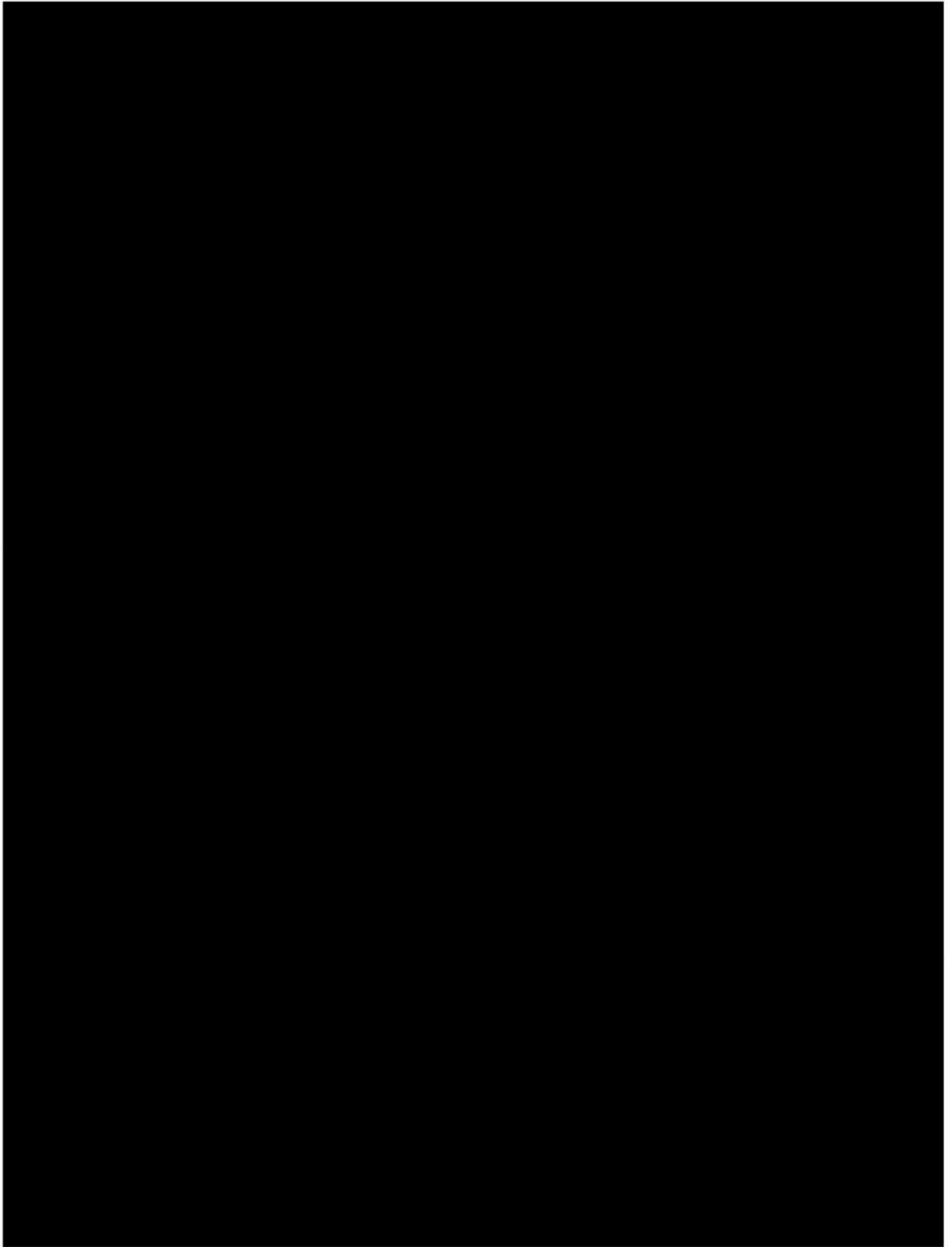


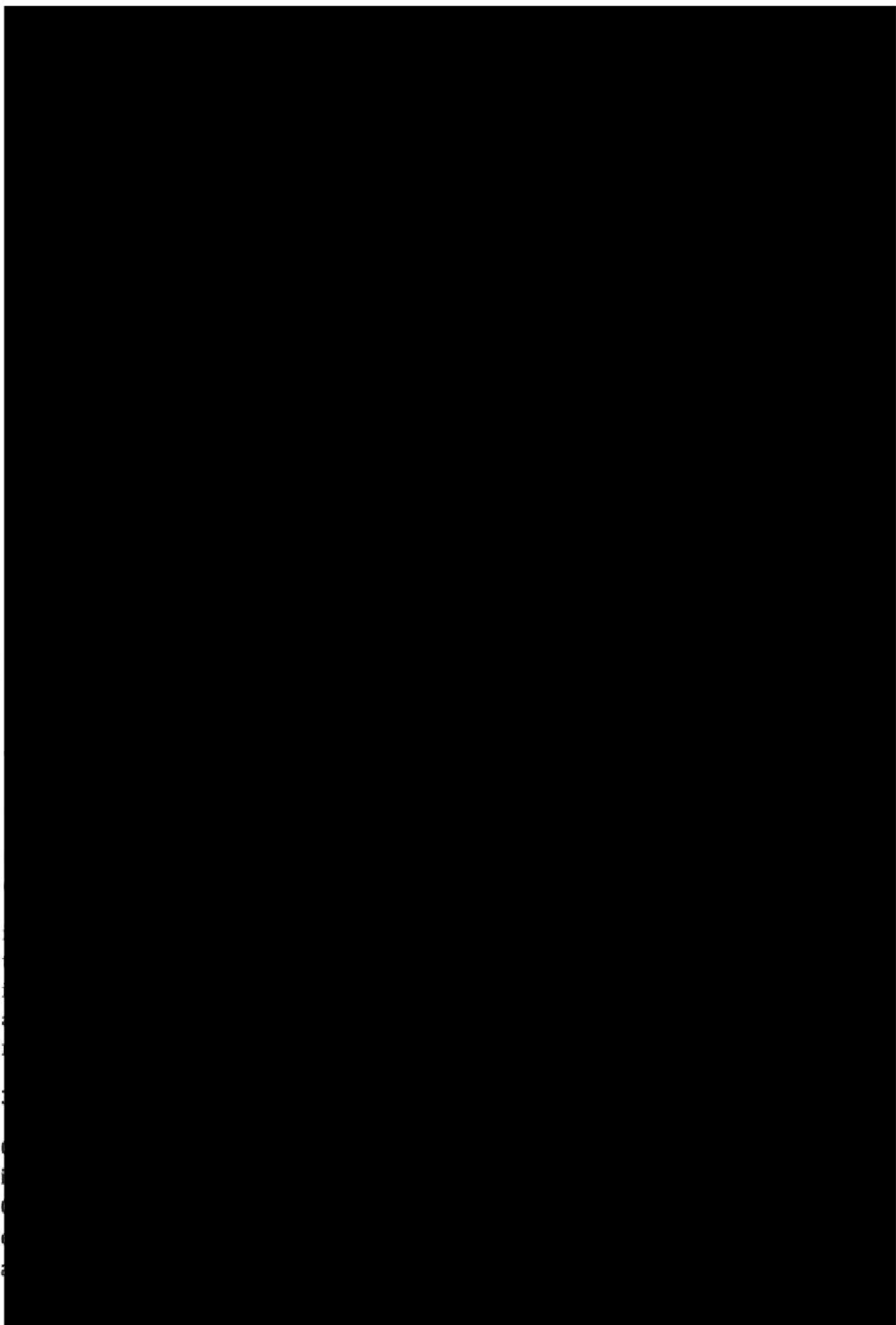


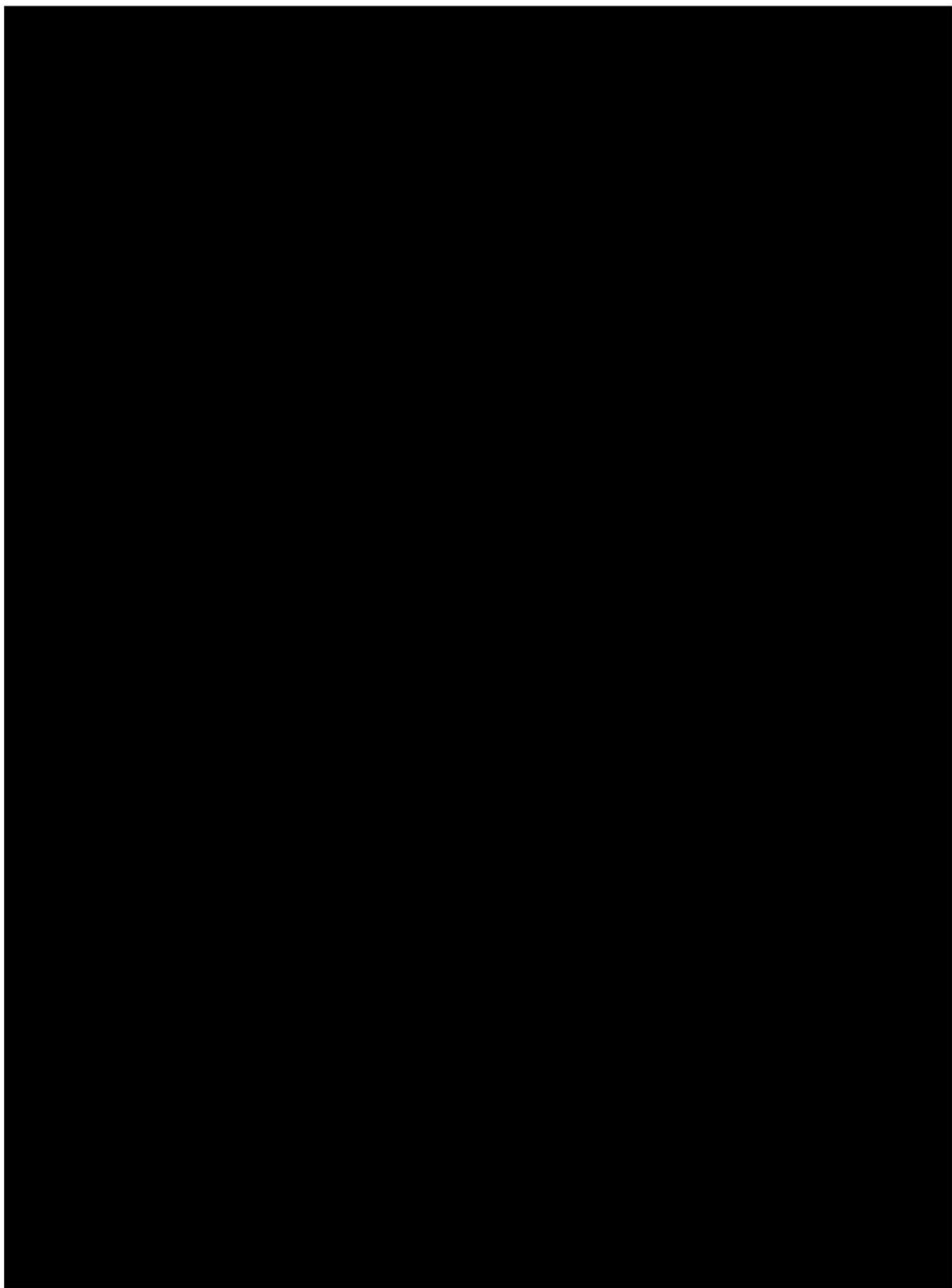




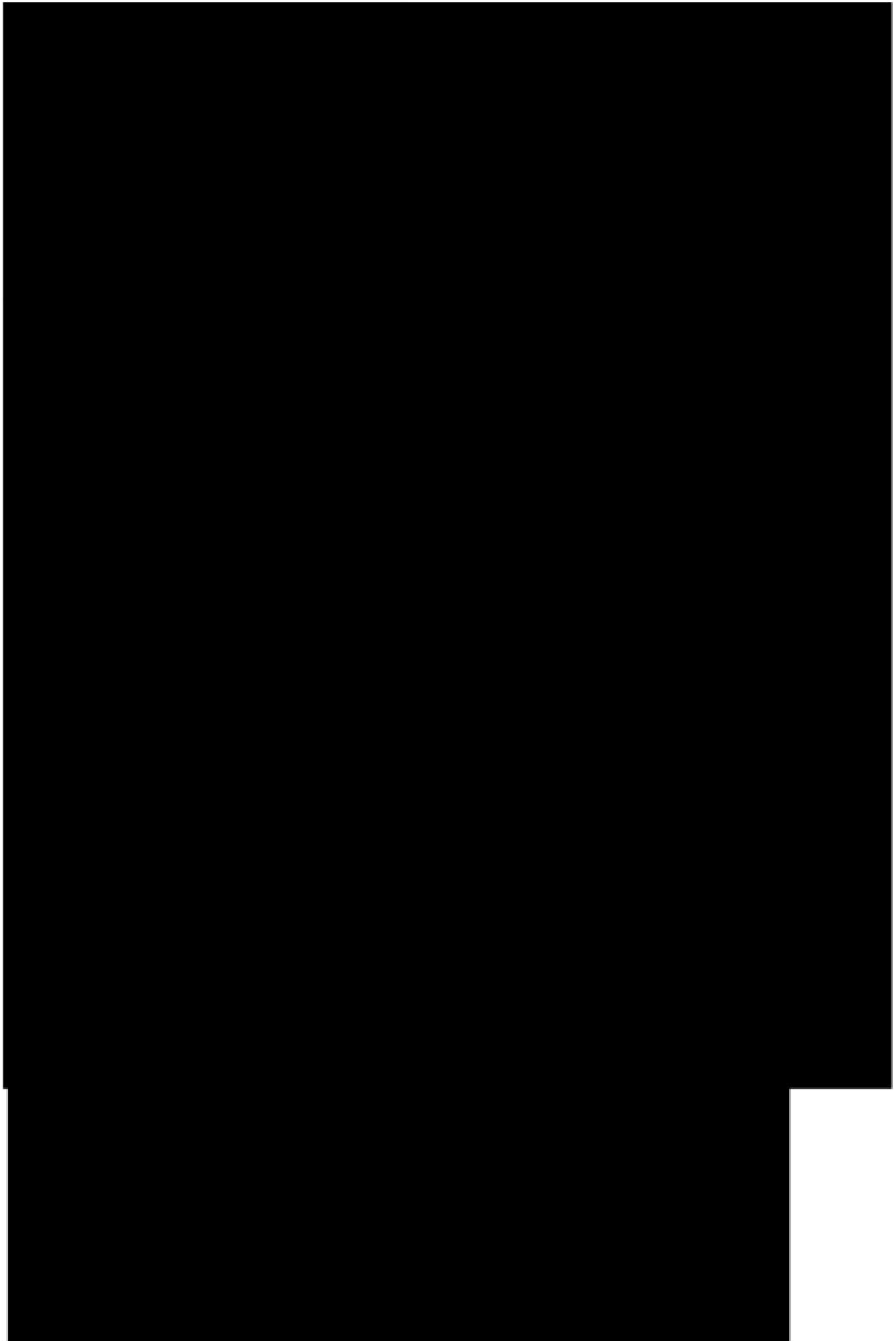


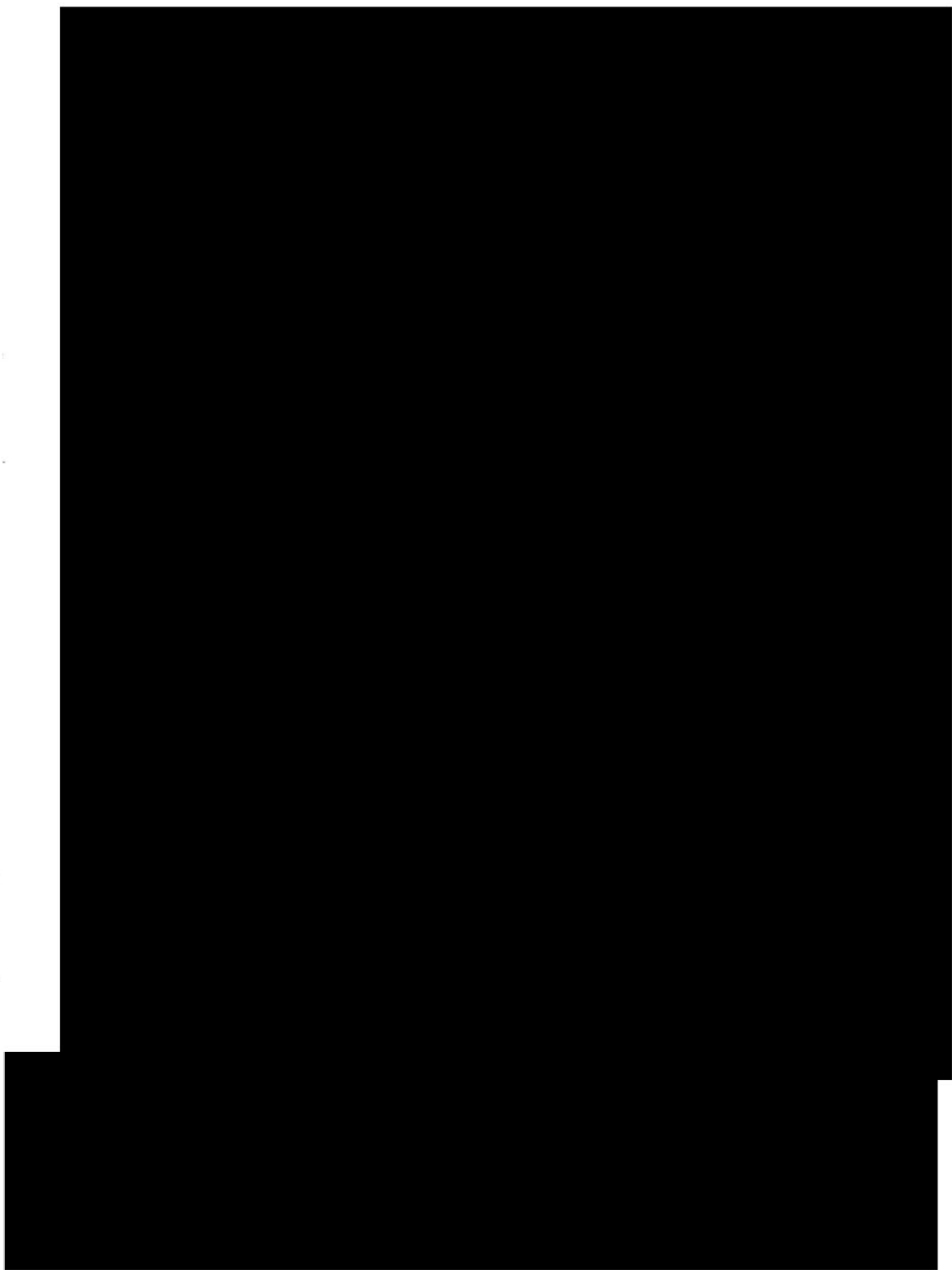


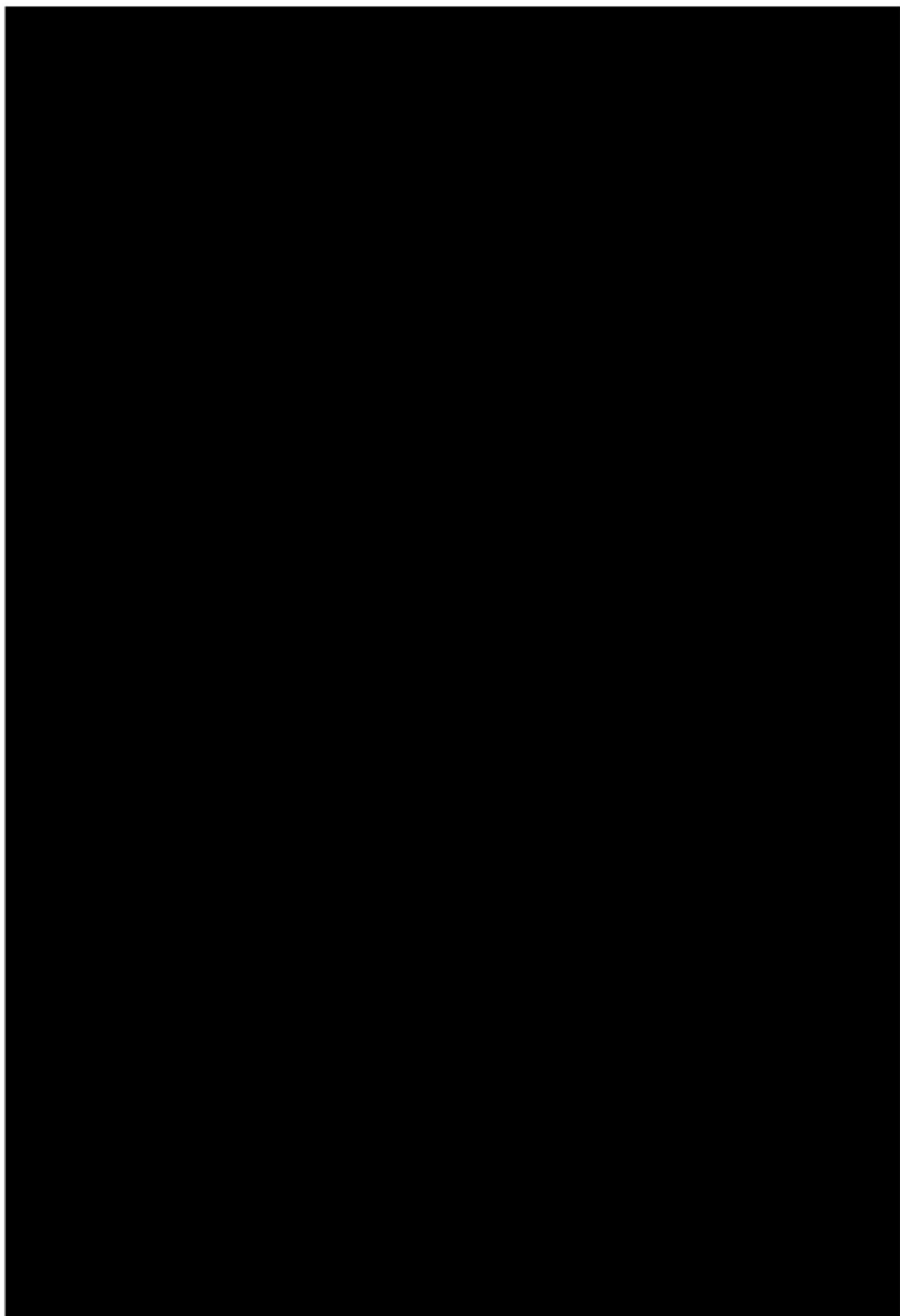


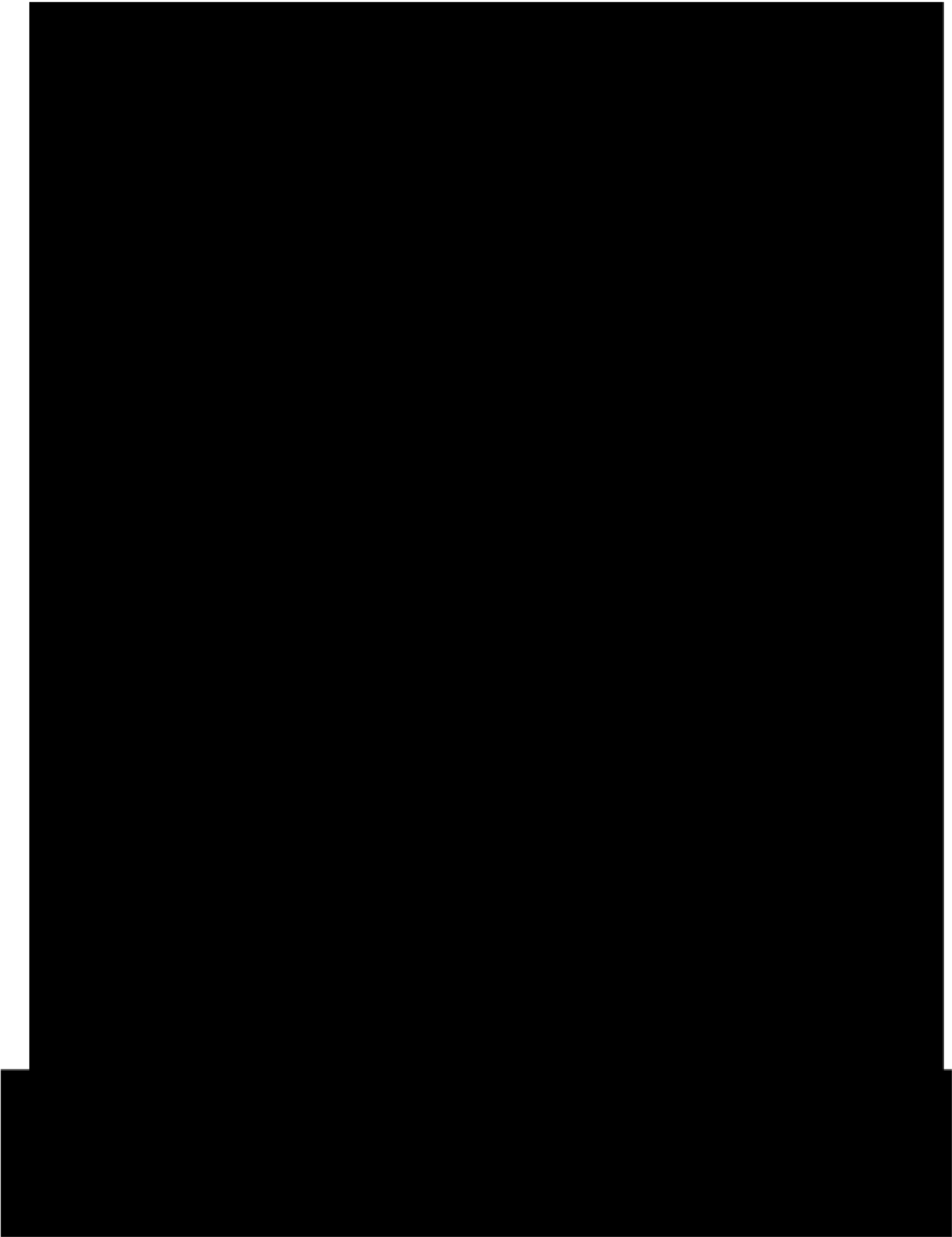


The first part of the paper discusses the importance of the research and the objectives of the study. The second part describes the methodology used in the study, including the data collection and analysis techniques. The third part presents the results of the study, and the fourth part discusses the conclusions and implications of the findings.

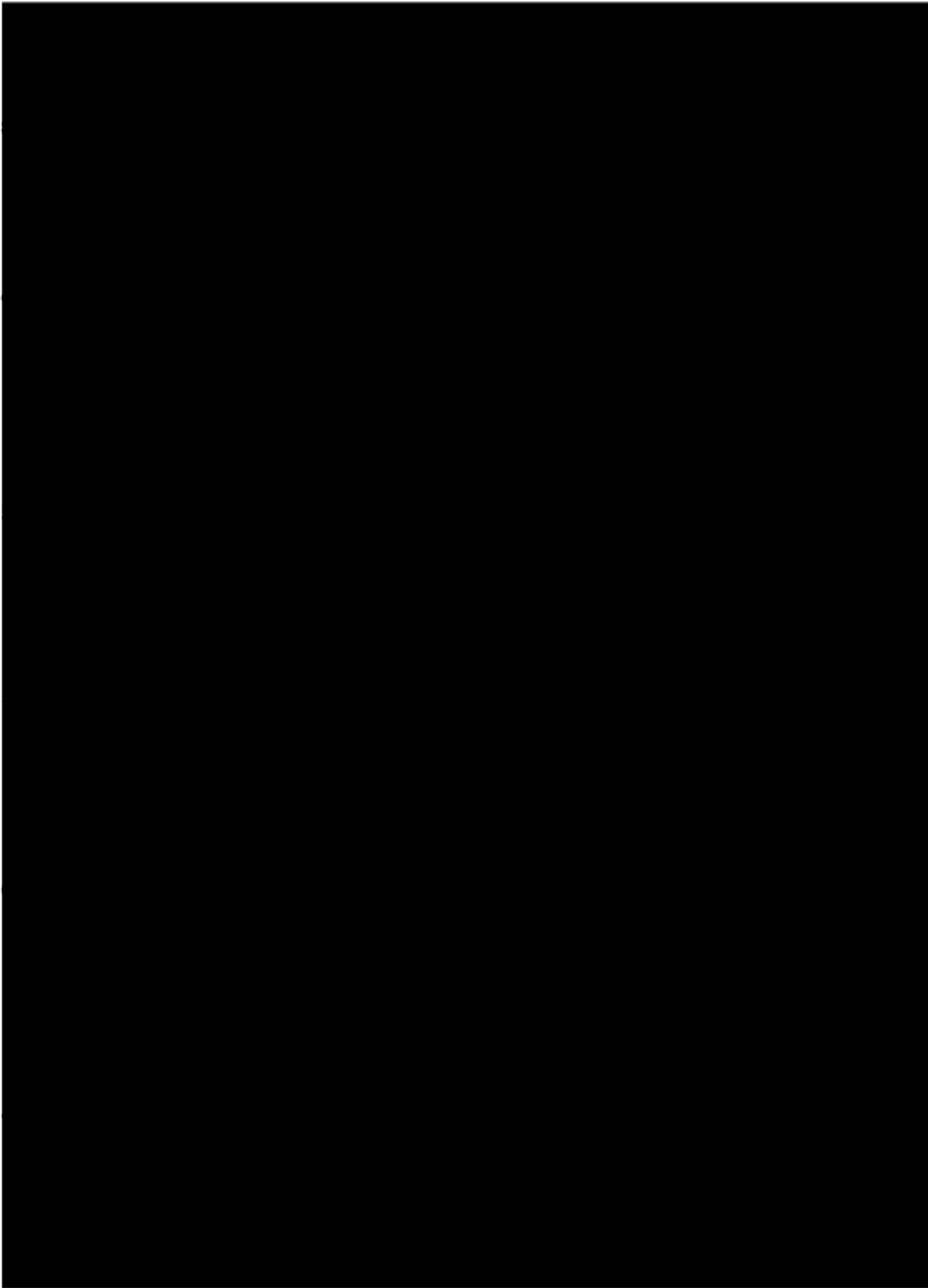


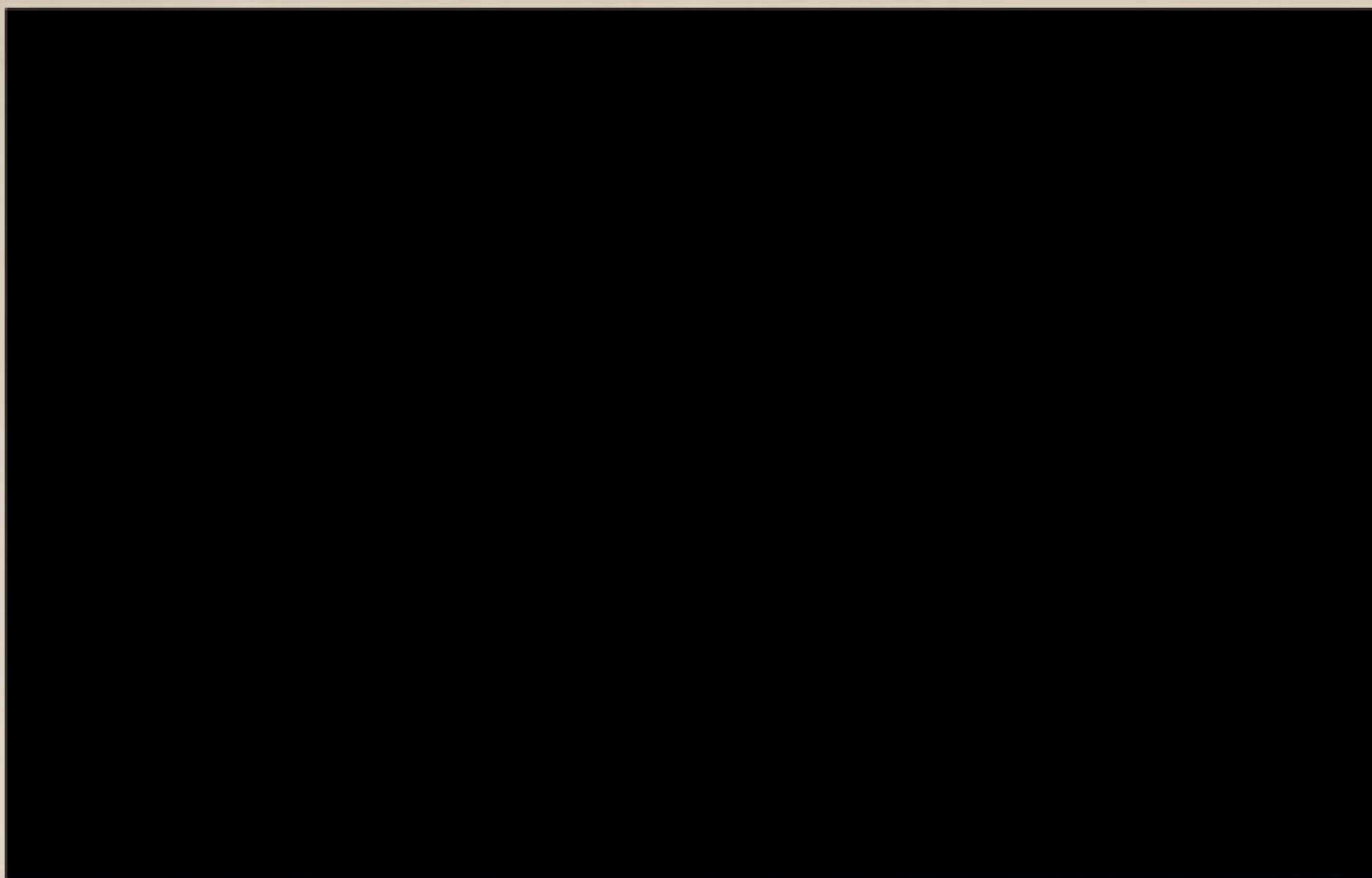


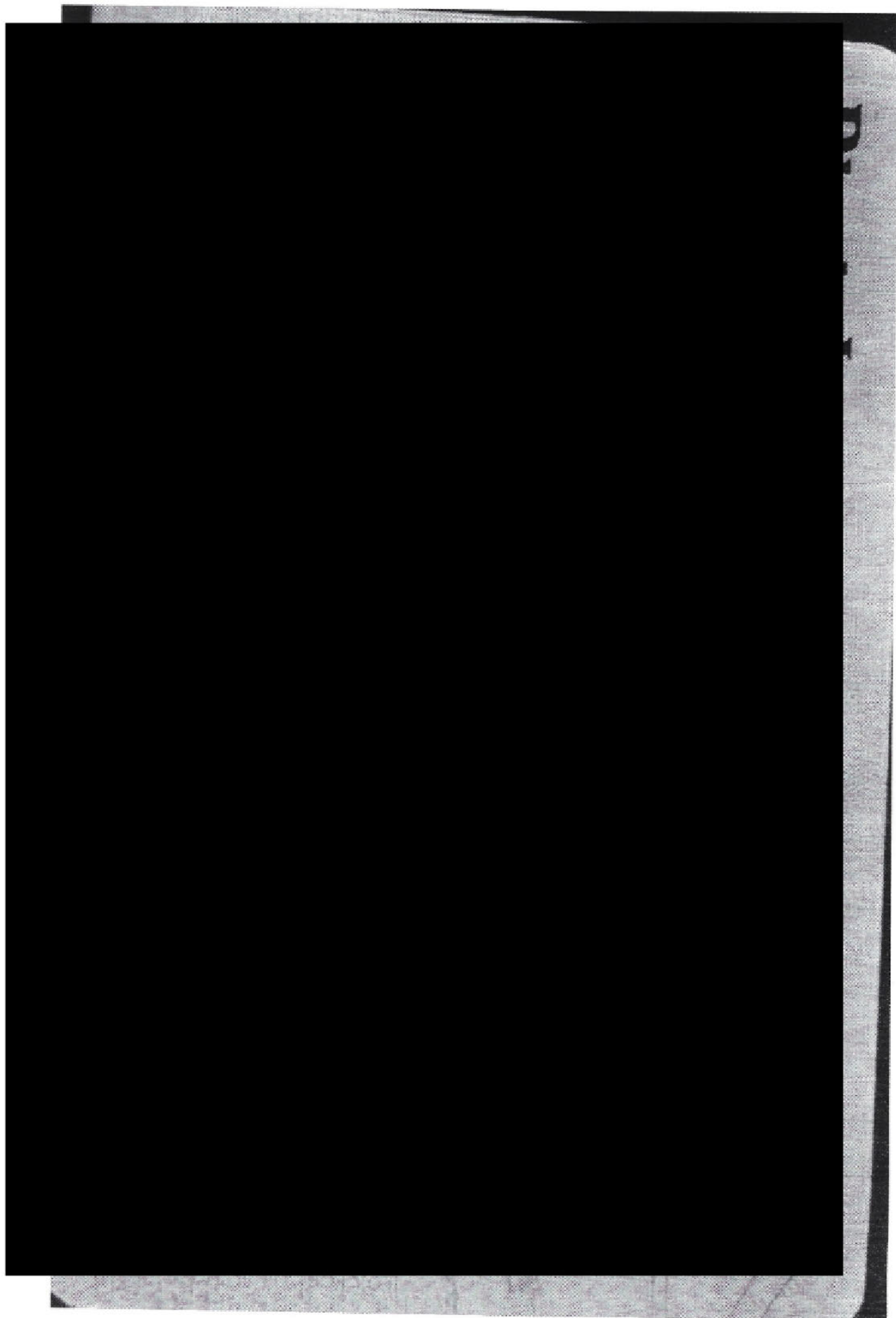




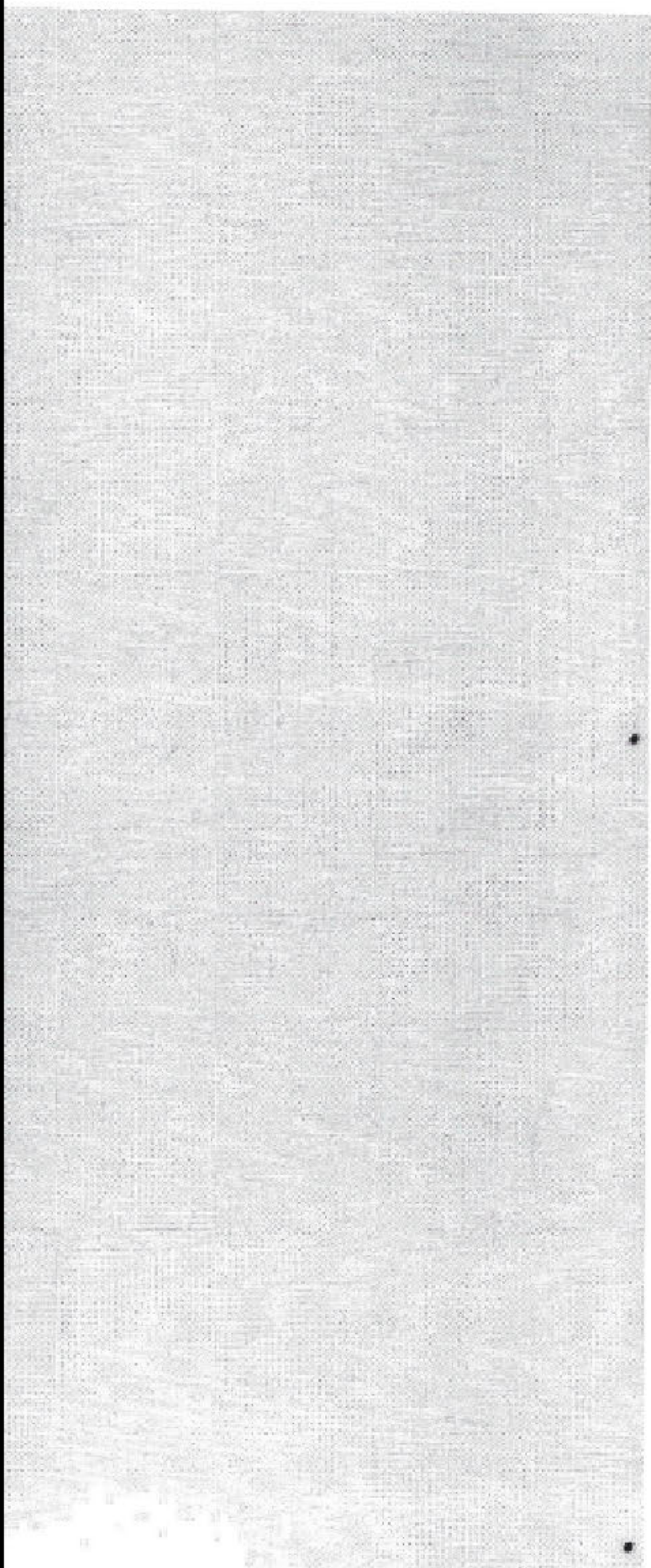
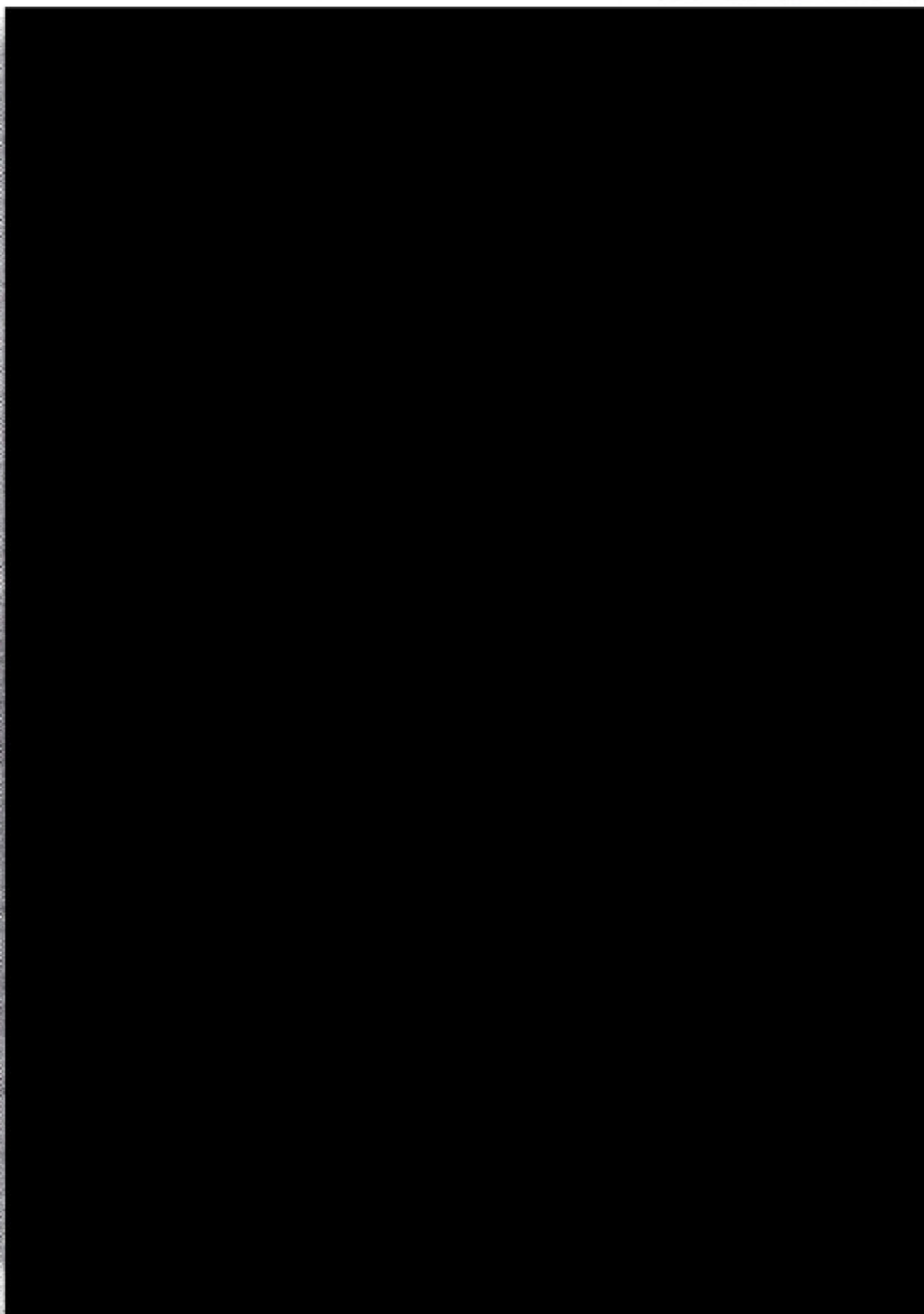


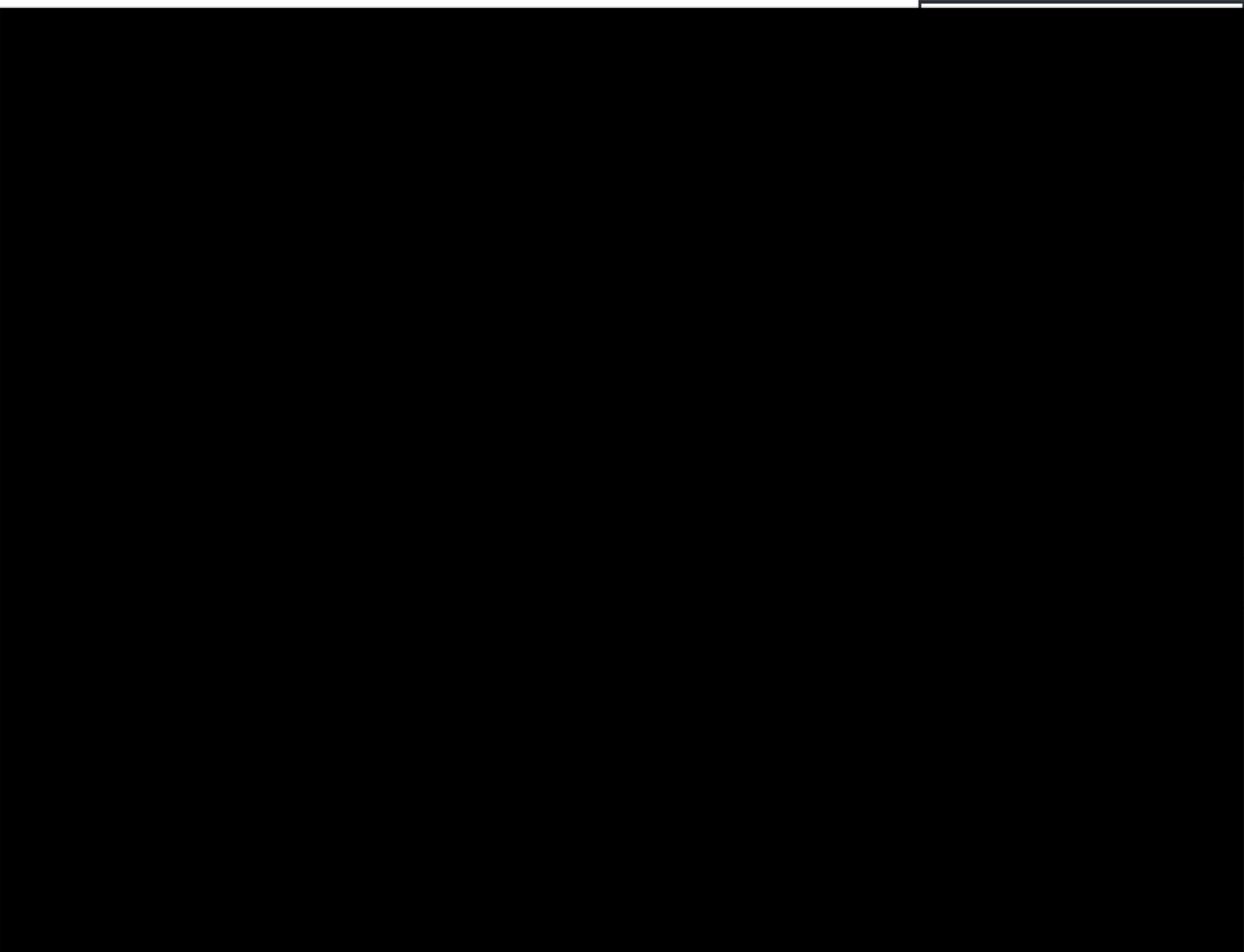












AUR FORM 3

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:

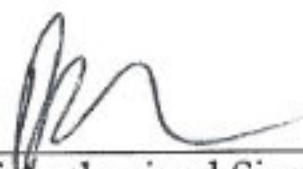
| | | |
|--|--|---|
| <p>1. Has Applicant or any Interest Holder thereof or any cannabis business entity or its equivalent in which such persons hold or have held an interest or a cannabis license, registration or authorization in another state or jurisdiction, ever been disciplined (discipline includes 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>Canna Pharm LLC – DBR No. 19MM014: Visitor Log Compliance CCC25-0022 – Credentialing and utilization of Metrc _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Yes <input checked="" type="checkbox"/></p> | <p>No <input 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>_____NA_____</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>NA</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"/> |
| Christopher Celani has 13.0% equity in Canna Pharm LLC a RI Cultivation Center | | |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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

12/20/2025

Date

Ricardo Mclean

Printed Name:
Print Title: CEO, President
Print Name of Applicant: Dying With Laughter, Inc

AUR FORM 3 — SUPPORTING DOCUMENTS

Bundle Separator (example — edit as needed)

| | |
|----------------------------------|---|
| Applicant / Entity | Dying With Laughter, Inc. |
| Application | CCC Adult-Use Cannabis Retail (AUR) — Version B |
| Bundle Name | AUR Form 3 Attachments / Supporting Documents |
| Form / Exhibit Supported | AUR Form 3 |
| Purpose / Description | Includes Canna Pharm consent agreements submitted with AUR Form 3 to support required disclosures and attestations. |
| Relevant Interest Holders | <ul style="list-style-type: none">• Ricardo Mclean• Brando Le• James Jarmoszko• Davian Francis |

Included Documents (edit):

[1] Canna Pharm Consent Agreements]

**CONFIDENTIAL — Rhode Island Cannabis Control Commission (CCC) Adult-Use Retail (AUR)
Application Supporting Documents.**

This cover sheet is intentionally placed immediately before the referenced supporting document or bundle.

**STATE OF RHODE ISLAND
CANNABIS OFFICE
560 JEFFERSON BOULEVARD, SUITE 204
WARWICK, RHODE ISLAND**

IN THE MATTER OF:

**CANNA PHARM RI, LLC
Respondent.**

25-0022
DBR No.: ~~2406R006~~

CONSENT AGREEMENT

1. On or about December 12, 2019, the Department of Business Regulation (the "Department")¹ issued to Respondent Medical Marijuana Cultivator License Number MMP CV 0083 (the "Medical Marijuana Cultivator License") for the cultivation and wholesale of medical marijuana at a licensed cultivation facility located in West Warwick, Rhode Island.
2. Thereafter, Respondent's Medical Marijuana Cultivator License was renewed annually in 2020, 2021, 2022, and most recently on December 12, 2023.
3. Respondent applied for and the Department issued a Hybrid Cannabis Cultivator License (the "Hybrid License") on November 1, 2022.
4. Beginning in September 2022, the Department issued guidance regarding the requirement that licensees need to be credentialed in and utilize Metrc, the Department's cannabis seed-to-sale track and trace system (the "System"),² in order to cultivate, maintain, and transfer cannabis and cannabis products and to make sales compliantly.
5. All licensees were notified by the Department and by Metrc, through a series of e-mailed bulletins, that they were required to be credentialed in and utilize the Metrc System for inventory by no later than December 1, 2022, in order to continue compliant cultivation,

¹ Effective May 1, 2025, all powers, duties and responsibilities with respect to the regulation, administration and enforcement of the Edward I. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws § 21-28.6-1 *et seq.*, and the Rhode Island Cannabis Act, § 21-28.11-1 *et seq.*, transferred from the Department of Business Regulation and the Office of Cannabis Regulation ("OCR") to the Cannabis Control Commission ("CCC") and the Cannabis Office. R.I. Gen. Laws § 21-28.11-10.1(g) and (h).

² Licensed cultivators are required to utilize the state approved cannabis seed-to-sale track and trace system.

maintenance, transfer, and sale of cannabis and cannabis products.

6. All licensees were required to transfer all plant and product inventory information from their previously approved inventory tracking system into the Metrc System by no later than December 1, 2022.
7. Thereafter, the Department afforded an additional grace period for licensees to complete their Metrc System registration and implementation with a final December 15, 2022 deadline to enter all cannabis plant and product inventory into the Metrc System.
8. In their use of the System, licensees are required to utilize and maintain Metrc-issued RFID plant and product tags on *all* cannabis plants and products from and after December 15, 2022, in order to ensure tracking and accurate and compliant records of plant and product inventory.
9. The Department previously issued a post-inspection deficiency notice to Respondent on August 9, 2024 (the "Deficiency Notice"). The Deficiency Notice identified the following areas of noncompliant activity:
 - a. Respondent's failure to record cannabis plant clones in Metrc prior to the source mother plant's recorded destruction in Metrc; and
 - b. Respondent's failure to record destroyed packages in Metrc.
10. The August 9th post-inspection deficiency notice included the following Required Corrective Action:

The Office of Cannabis Regulation is requiring a Corrective Action plan to be submitted by the licensee. The Corrective Action plan shall state, with respect to each deficiency, the specific corrective steps to be taken by the licensee, a timetable for such steps, the date by which compliance will be achieved and the steps the licensee will take to ensure compliance moving forward.

The Cannabis Establishment Licensee shall submit to the Office of Cannabis Regulation via email to DBR.MMPCompliance@dbr.ri.gov the written corrective action plan for any deficiencies cited in this Post Inspection Notice, within ten (10) days of receipt.

The OCR shall review the corrective action plan for compliance with all applicable laws and regulations and shall notify the licensee of rejection or acceptance of such plan.

11. On August 16, 2024, Respondent submitted to the Department the following Corrective Action Plan:

Corrective action plan for 1st deficiency will be as follows:

Once released in [M]etrc I will input the clones in [M]etrc and assign tags as they should be from the mother plants they derived from and then destroy those moms as they should be after creating the clones. Moving forward I will not let time lapse in between the time cuttings are taken to when the information is updated in [M]etrc and will never make the mistake of destroying the mother prior to creating the clone. All [M]etrc data will be updated on the day that the plant action is taken from this point out.

Corrective action plan for 2nd deficiency is as follows:

No longer will employees be allowed to input their own work into the [M]etrc system. All [M]etrc will now be done by an owner of the business or at least double checked by an owner of the business. Also this employee is no longer employed by the company so his errors in inputting [sic] in [M]etrc the products that were destroyed by him is null and void. Also, all things shall now be input into [M]etrc the day that the action is made so there is no lapse in time for things to be forgotten.

12. On September 16, 2024, the OCR Inspections Team, Peter Squatrito, Chris Mahoney, Kevin Kretchman, Derek Ducharme and Jacob Crisafulli performed an inspection at Respondent's licensed premises.
13. On September 26, 2024, OCR Inspectors Squatrito, Mahoney, Kretchman, Ducharme, and Crisafulli returned to Respondent's premises with Senior Economic and Policy Analyst Cynthia Miller to resume the inspection that began September 16, 2024.
14. During the September 26th inspection, OCR Inspectors observed and calculated 16,897 grams/596 ounces (approximately 37.25 pounds) of improperly tagged cannabis product which had been labeled with three separate tags (Tag Nos. 229, 295, and 296) but that the tags were not active or recorded in Respondent's Metrc records.
15. During the September 26th inspection, OCR Inspectors and Analyst observed and calculated 18,694 grams/659 ounces (approximately 41.213 pounds) of untagged cannabis product.
16. During the September 26th inspection, OCR Inspectors observed that Respondent's video surveillance system only included seven (7) days of surveillance footage.

Applicable Law

17. Section 21-28.6-9(e) of the Medical Marijuana Act provides as follows:

- (1) Notwithstanding any other provision of this chapter, if the director of the Department of Business Regulation, or his or her designee, has cause to believe that a violation of any provision of this chapter or the regulations promulgated thereunder has occurred by a licensee or registrant under the department's jurisdiction, or that any person or entity is conducting any activities requiring licensure or registration by the Department

of Business Regulation under this chapter or the regulations promulgated thereunder without such licensure or registration, or is otherwise violating any provisions of this chapter, the director, or his or her designee, may, in accordance with the requirements of the Administrative Procedures Act, Chapter 35, of Title 42:

- (i) With the exception of patient and authorized purchaser registrations, revoke or suspend any license or registration issued under Chapter 26, of Title 2 or this chapter.
 - (ii) Levy an administrative penalty in an amount established pursuant to regulations promulgated by the Department of Business Regulation;
 - (iii) Order the violator to cease and desist such actions;
 - (iv) Require a licensee or registrant or person or entity conducting any activities requiring licensure or registration under this chapter to take those actions as are necessary to comply with this chapter and the regulations promulgated thereunder; or
 - (v) Any combination of the above penalties.
18. Pursuant to Section 21-28.6-16(d) of the Medical Marijuana Act, “[t]he department of business regulation shall promulgate regulations that govern how many marijuana plants, mature and immature; how much wet marijuana; and how much usable marijuana a licensed medical marijuana cultivator may possess. Every marijuana plant possessed by a licensed medical marijuana cultivator must be accompanied by a valid medical marijuana tag issued by the department of business regulation pursuant to § 21-28.6-15 or catalogued in a seed-to-sale inventory tracking system in accordance with regulations promulgated by the department of business regulation.”
19. Pursuant to Section 21-28.6-16(l) of the Medical Marijuana Act, “[i]f a licensed medical marijuana cultivator cardholder violates any provision of this chapter or regulations promulgated thereunder, as determined by the department of business regulation, his or her card and the issued license may be suspended or revoked.”
20. Pursuant to § 21-28.11-7(b) of the Rhode Island Cannabis Act, § 21-28.11-1 *et seq.* (the “Cannabis Act”):

On August 1, 2022 and thereafter, any medical marijuana cultivator licensed or approved pursuant to the provisions of §21-28.6-16, upon payment of an additional license fee, shall be permitted to cultivate, manufacture and process cannabis as a hybrid cannabis cultivator for both adult use and medical use. The amount of the additional license fee shall be determined by the Office of Cannabis Regulation during the transitional period established by §21-28.11-10 and shall be subject to review by the commission pursuant to the final rules and regulations. The fee shall be deposited in the social equity fund established in §21-28.11-31. Sale of the cultivated cannabis shall be made directly to a licensee pursuant to the provisions of this chapter and chapter 28.6 of this title, subject to the following conditions:

- (1) The cultivator must be in good standing and maintain the cultivator license pursuant to the provisions of chapter 28.6 of this title; and

- (2) The cultivator must make good faith efforts to ensure the adult use cannabis production portion of the cultivation operation has no significant adverse effect on the medical marijuana program and patient needs.
21. Pursuant to § 21-28.11-7(h) of the Cannabis Act, “[e]very individual cannabis plant possessed by a licensed cannabis cultivator shall be catalogued in a seed-to-sale inventory tracking system. The commission shall review the current seed-to-sale tracking system utilized pursuant to chapter 28.6 of this title and promulgate new or additional regulations, as it deems appropriate.”
22. Pursuant to § 21-28.11-10.1(e) of the Cannabis Act, “[n]otwithstanding the foregoing provisions of this section, all prospective and approved applicants for hybrid cannabis retailer and cultivator licenses under this chapter shall maintain compliance with the existing provisions of chapter 28.6 of this title of the general laws and the regulations promulgated thereunder until final issuance of the commission’s rules and regulations ...”
23. Pursuant to Section 1.6.1(A) of the 230 Regulations³ “[u]pon direction by the DBR and in accordance with R.I. Gen. Laws §§ 21-28.6-12(g)(3) and 21-28.6-16(d), each compassion center and licensed cultivator shall be required to utilize the state approved Medical Marijuana Program Tracking System to document and monitor compliance with the Act and all regulations promulgated thereunder. Applicable licensees may be required to pay costs associated with use of the Medical Marijuana Program Tracking System which may be assessed on an annual, monthly, per use, or per volume basis and payable to the state or to its approved vendor.”
24. Pursuant to Section 1.6.1(B) of the 230 Regulations, “[a]ll information related to the acquisition, propagation, cultivation, transfer, manufacturing, processing, testing, storage, destruction, wholesale and/or retail sale of all marijuana and medical marijuana products possessed by licensees and/or distributed to registered cardholders is in accordance with the Act must be kept completely up-to-date in the Medical Marijuana Program Tracking System, including but not limited to:
1. Planting and propagation of plants;
 2. Transition of immature to mature plants;
 3. Harvest dates with yield documentation;
 4. Destruction of immature plants, mature plants and medical marijuana products;
 5. Transportation of immature plants, mature plants, and medical marijuana products;
 6. Theft of immature plants, mature plants, and medical marijuana products;
 7. Adjustment of product quantities and/or weights;
 8. Conversion of product types including waste documentation;
 9. Required test results as reported by a cannabis testing laboratory;

³ The CCC’s *Cannabis Establishment Applications, Licensing and Renewals Regulations*, 560-RICR-10-10-1, became effective May 1, 2025. As such, the DBR Regulations, 230-RICR-80-05-1, which have been in effect during all relevant times described herein, are applicable.

10. Retail and wholesale transaction data;
 11. Product compliance data;
 12. A complete inventory including, but not limited to:
 - a. Batches or lots of useable marijuana;
 - b. Batches or lots of concentrates;
 - c. Batches or lots of extracts;
 - d. Batches or lots of marijuana infused products;
 - e. Immature plants;
 - f. Mature plants;
 - g. Marijuana waste; and
 13. Any other information or technical functions DBR deems appropriate.”
25. Pursuant to Section 1.6.4(c) of the 230 Regulations, “[u]pon direction by DBR, each compassion center and licensed cultivator shall utilize the state approved Medical Marijuana Program Tracking System for all inventory tracking from seed to sale as defined in §1.6.1 of this Part.”
26. Pursuant to Section 1.6.5(H)(1)(e) of the 230 Regulations, “[a]ll surveillance recordings must be kept for a minimum of sixty (60) calendar days. Video recordings shall not be destroyed if the compassion center or licensed cultivator knows or should have known of a pending criminal, civil or administrative investigation or any other proceeding for which the recording may contain relevant information.”
27. Pursuant to Section 1.6.5(H)(1)(f) of the 230 Regulations, “[a]ll records applicable to the surveillance system shall be maintained on the compassion center or licensed cultivator premises. However, a backup record may be stored and maintained offsite. At a minimum, licensees shall maintain a map of the camera locations, direction of coverage, camera numbers, surveillance equipment maintenance activity log, user authorization list and operating instructions for the surveillance equipment. This information shall be limited to key personnel only.”
28. In an effort to affect a timely and amicable resolution of the issues raised in this Consent Order without an administrative hearing, the Department and the Respondent enter into this Consent Agreement solely for the purpose of avoiding the burdens and expenses of litigation. Based upon Respondent’s representations and agreements set forth herein, the Department agrees to abstain from pursuing further enforcement action(s) surrounding Respondent’s track and trace issues as set forth in Paragraphs 12 through 16 and subject to satisfaction of the following terms and conditions set forth in this Paragraph 28:
- a. From July 1, 2025 up to and including August 31, 2025, Respondent shall suspend all sales and transfers of cannabis, cannabis products, and cannabis materials from its licensed premises. During said suspension period, Respondent may continue to operate its facility, including cultivating, maintenance, harvesting, and processing cannabis plants, products and materials in accordance with applicable laws and regulations;

b. Respondent shall remit to the Cannabis Office an administrative penalty in the amount of [REDACTED] payable in four (4) payments made payable to the "General Treasurer, State of Rhode Island";

c. The first payment of the administrative penalty in the amount of [REDACTED] shall be due upon execution of this Agreement, with three (3) subsequent payments due at the time of each of the Licensee's three subsequent annual license renewals.

d. No later than June 30, 2025, Respondent shall destroy, under the Cannabis Office's supervision, all untagged and improperly tagged cannabis plants, products, and materials located at its licensed premises;

e. Concurrently with the execution of this Consent Agreement, Respondent shall submit a report to the Cannabis Office certifying that Respondent is maintaining video surveillance records for at least 60 days;

f. No later than June 30, 2025, Respondent shall submit to the Cannabis Office an updated Corrective Action Plan addressing the issues identified in Paragraphs 9-16 herein.

g. No later than August 31, 2025, Respondent shall provide documentation confirming its appointment of a Compliance Officer responsible for managing all track-and-trace activities and for ensuring that Respondent's Metric System records and data are accurate, timely, completely maintained and updated in accordance with Rhode Island cannabis industry standards.

h. Respondent agrees and acknowledges that it expressly selected resolution of this matter by Consent Agreement, rather than proceeding through the administrative hearing process beginning with the issuance of an Order to Show Cause.

29. *Final Determination.* The parties agree that this Consent Agreement and its terms represent the final determination of this matter.

30. *Waiver of Hearing and Appeal.* By agreeing to resolve this matter through the execution of this Consent Agreement, Respondent knowingly and voluntarily waives any right to an administrative hearing and waives any right to pursue an appeal to the Superior Court under the Rhode Island Administrative Procedures Act, R.I. Gen. Laws § 42-35-1, *et seq.*

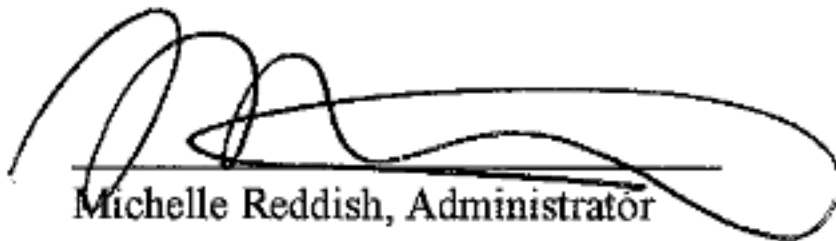
31. *Enforcement.* If Respondent fails to comply with any term or condition of this Consent Agreement within any applicable time period set forth herein, the Respondent will be in violation hereunder and the Department shall be entitled to immediately take enforcement or other action in accordance with applicable law.

32. *Compliance; Laws.* Compliance with the terms of this Consent Agreement does not

relieve Respondent of any obligation to comply with other applicable laws or regulations administered by or through the Department or any other governmental agency.

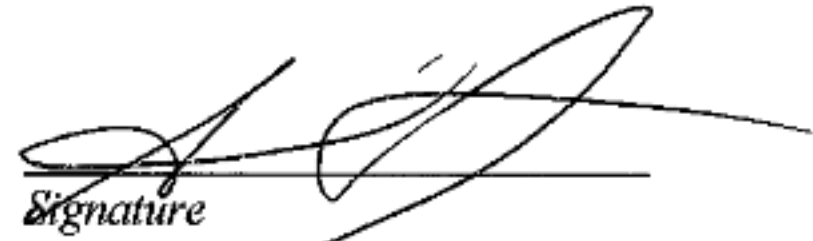
SIGNATURE PAGE

For the Cannabis Office:


Michelle Reddish, Administrator

Date: 7-10-2025

Respondent CANNA PHARM RI, LLC.


Signature

Printed Name: Scott Scofield

Title: President

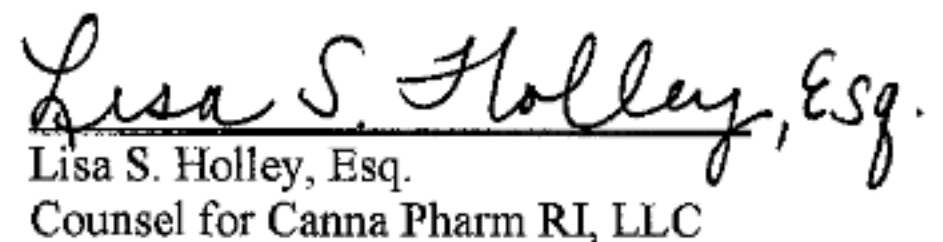
Date: 6-26-2025


Signature

Printed Name: Chris Celani

Title: Vice President

Date: 6-26-25


Lisa S. Holley, Esq.
Counsel for Canna Pharm RI, LLC

Date: 6-26-25

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
JOHN O. PASTORE CENTER, BLDGS. 68-69
1511 PONTIAC AVENUE
CRANSTON, RI 02920**

IN THE MATTER OF:

Canna Pharm RI, LLC

RESPONDENT.

:
:
:
:
:
:
:
:
:

DBR No.: 19MM014

CONSENT AGREEMENT

The Office of Cannabis Regulation of the Department of Business Regulation (“Department”) and Canna Pharm RI, LLC, (“Respondent”), hereby consents and agrees that:

1. Respondent is licensed as a medical marijuana cultivator (DBR License No. MMP CV 0083) subject to all applicable requirements of The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws § 21-28.6-1 *et seq.* (the “Act”) and the *Rules and Regulations related to the Medical Marijuana Program Administered by the Department of Business Regulation*, 230-RICR-80-05-1 (the “Regulations”).
2. This matter arises from the Department’s identification of three compliance issues upon inspection of the visitor logs maintained by the Respondent for the 2019 annual review window (hereinafter referred to as the “2019 Visitor Logs”). Visitor logs are required to be maintained pursuant to § 1.7(F)(6)(c) of the Regulations which provides that “visitor logs” “shall include the name of each visitor, the date and time of the beginning and end of the visit, the reason for the visit (i.e. maintenance, authorized pickup, etc.), the name of the escorting licensed cultivator registry identification cardholder.”

3. Compliance Issue #1. By investigating entries in the 2019 Visitor Logs with terms such as “trim,” the Department discovered that 19 individuals were conducting marijuana activities on the premises without having obtained the prerequisite registry identification card in violation of the following provisions of the Regulations:
- A. Section 1.6(B)(1), providing that “all officers, directors or managers/members, employees, and agents of the licensed cultivator must apply for cultivator registry identification cards;” and
 - B. Section 1.5(E)(6) entitled “Registry Identification Card Requirements,” providing that no individual is permitted to “begin engagement in medical marijuana cultivation, storage, processing, packaging, manufacturing, transport, or other medical marijuana activities requiring a licensed cultivator license pursuant to the Act until receipt of the card.”
4. Compliance Issue #2. The 2019 Visitor Logs show 173 visits where the Respondent failed to document the name of the licensed cultivator registry identification cardholder escorting the visitor. Such documentation is mandated by § 1.7(F)(6)(c) in order to demonstrate compliance with § 1.7(F)(2)(d), which specifically provides:
- Within any area where marijuana and marijuana products are grown, cultivated, stored, weighed, packaged, processed, or manufactured, any person who does not have a valid licensed cultivator registry identification card shall be considered a “visitor” and must be escorted at all times by a licensed cultivator registry identification card holder.
5. Compliance Issue # 3. Additionally, the 2019 Visitor Logs show 41 instances where the visit is described as “volunteer.” Nothing in the Regulations authorizes a licensed cultivator to allow a “volunteer” to be a visitor on the licensed premises.¹ Rather, §

¹ In contrast to licensed cultivators, the Regulations only permit registered compassion centers to have “volunteers,” which “volunteers” must have a compassion center registration identification card and for which “eligibility” is “limited to persons whose volunteer activities and use of compassion center resources is strictly limited to participation

1.7(F)(6)(c) lists examples of a properly documented “reason for the listed” such as “maintenance, authorized pickup.”

6. BASED ON THE FOREGOING, the Department has reason to believe that Respondent violated the Act and Regulations as described previously herein. Accordingly, the Department has sufficient cause to take enforcement action against Respondent pursuant to §§ 21-28.6-9(e) of the Act and Section 1.7(J) of the Regulations.

7. In an effort to effect a timely and amicable resolution of the compliance issues raised in this Consent Agreement without administrative hearing and to allow Respondent to maintain its license in good-standing, Respondent represents and agrees to the following

Compliance Terms and Administrative Penalty:

A. Respondent represents and warrants to the Department that Respondent shall hereafter comply in all respects with the requirements under the Act and the Regulations, including specifically:

- (i) Obtaining proper registry identification cards for any person who will conduct any marijuana activity before admitting them into the licensed premises;
- (ii) Refusing to admit onto the licensed premises any person without a legitimate permitted business purpose (no “volunteers”);

in educational programming conducted for compassion center cardholders and registered qualifying patients, primary caregivers, and authorized purchasers.” See § 1.3(B)(1) and (6) (“Volunteers shall not be permitted to be otherwise involved in the growth, cultivation, weighing, packaging or labeling, manufacturing, processing, dispensing or sale of medical marijuana.”).

- (iii) Assuring that all visitors are escorted by a person with the proper registry identification at all times;
- (iv) Assuring that the "visitor logs" are properly maintained with documentation of all fields required by the Regulations, including specifically documentation of proper escorting as described in (A)(iii) above.

B. The Respondent shall produce copies of the all visitor logs maintained pursuant to the Regulations and this Agreement to the Department on a quarterly basis for the review period of calendar year 2020.²

C. On account of the violations cited in paragraph 4 herein, Respondent shall pay to the Department an administrative penalty in the amount of [REDACTED]

8. By agreeing to resolve this matter through the execution of this Consent Agreement Respondent voluntarily waives its right to the administrative hearing process, voluntarily waives its right to appeal any finding therefrom to the superior court, and agrees to take all necessary action as delineated in this Consent Agreement to maintain its license in good standing.

9. Respondent hereby acknowledges and agrees that failure to abide by any of the requirements of this Consent Agreement shall be grounds for the Department to initiate further administrative proceedings to impose penalties against Respondent including, but

² Such reports may be submitted to the Department by mail or e-mail and shall be due on March 2, June 1, September 1, and December 31 of 2020.

³ Payment of the administrative fine shall be made by check payable to the "Rhode Island General Treasurer" within ten days of the execution of this Consent Agreement.

not limited to: (i) revocation and/or suspension, and (ii) such additional administrative penalties that the Department deems appropriate.

THIS AGREEMENT IS INTENTIONALLY BLANK UNTIL THE SIGNATURE PAGE.

SIGNATURE PAGE


THE DEPARTMENT AND RESPONDENT HEREBY CONSENT AND AGREE TO THE FOREGOING AS TO FORM AND SUBSTANCE:


Department:

Respondent:

Department of Business Regulation

Canna Pharm RI, LLC

By: 
Erica Ferrelli
Economic and Policy Analyst

By: 
Print Name: Scott Scofield
Its duly authorized (print title): Pres

DATE: 1-27-2020

DATE: 1-27-2020

AUR FORM 4



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.

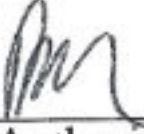
| State & Name of Agency | Type of License | Name of Licensee | License or Registration # |
|--------------------------------|-----------------|------------------|---------------------------|
| RI Cannabis Control Commission | Class B | Canna Pharm LLC | CV0083 |
| NA | NA | NA | NA |
| NA | NA | NA | NA |

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

12/20/2025
Date

Ricardo Mclean
Printed Name:
Print Title: CEO, President
Print Name of Applicant: Dying With Laughter, Inc

AUR FORM 4 — SUPPORTING DOCUMENTS

Bundle Separator (example — edit as needed)

| | |
|----------------------------------|---|
| Applicant / Entity | Dying With Laughter, Inc. |
| Application | CCC Adult-Use Cannabis Retail (AUR) — Version B |
| Bundle Name | AUR Form 4 Attachments / Supporting Documents |
| Form / Exhibit Supported | AUR Form 4 |
| Purpose / Description | Includes Canna Pharm consent agreements and key holder charts submitted with AUR Form 4 to support required disclosures and attestations. |
| Relevant Interest Holders | <ul style="list-style-type: none">• Ricardo Mclean• Brando Le• James Jarmoszko• Davian Francis |

Included Documents (edit):

[1] Canna Pharm Consent Agreements]

[2] Key Holder Charts]

**CONFIDENTIAL — Rhode Island Cannabis Control Commission (CCC) Adult-Use Retail (AUR)
Application Supporting Documents.**

This cover sheet is intentionally placed immediately before the referenced supporting document or bundle.

**STATE OF RHODE ISLAND
CANNABIS OFFICE
560 JEFFERSON BOULEVARD, SUITE 204
WARWICK, RHODE ISLAND**

IN THE MATTER OF:

**CANNA PHARM RI, LLC
Respondent.**

25-0022
DBR No.: 2406R006

CONSENT AGREEMENT

1. On or about December 12, 2019, the Department of Business Regulation (the "Department")¹ issued to Respondent Medical Marijuana Cultivator License Number MMP CV 0083 (the "Medical Marijuana Cultivator License") for the cultivation and wholesale of medical marijuana at a licensed cultivation facility located in West Warwick, Rhode Island.
2. Thereafter, Respondent's Medical Marijuana Cultivator License was renewed annually in 2020, 2021, 2022, and most recently on December 12, 2023.
3. Respondent applied for and the Department issued a Hybrid Cannabis Cultivator License (the "Hybrid License") on November 1, 2022.
4. Beginning in September 2022, the Department issued guidance regarding the requirement that licensees need to be credentialed in and utilize Metrc, the Department's cannabis seed-to-sale track and trace system (the "System"),² in order to cultivate, maintain, and transfer cannabis and cannabis products and to make sales compliantly.
5. All licensees were notified by the Department and by Metrc, through a series of e-mailed bulletins, that they were required to be credentialed in and utilize the Metrc System for inventory by no later than December 1, 2022, in order to continue compliant cultivation,

¹ Effective May 1, 2025, all powers, duties and responsibilities with respect to the regulation, administration and enforcement of the Edward I. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws § 21-28.6-1 *et seq.*, and the Rhode Island Cannabis Act, § 21-28.11-1 *et seq.*, transferred from the Department of Business Regulation and the Office of Cannabis Regulation ("OCR") to the Cannabis Control Commission ("CCC") and the Cannabis Office. R.I. Gen. Laws § 21-28.11-10.1(g) and (h).

² Licensed cultivators are required to utilize the state approved cannabis seed-to-sale track and trace system.

maintenance, transfer, and sale of cannabis and cannabis products.

6. All licensees were required to transfer all plant and product inventory information from their previously approved inventory tracking system into the Metrc System by no later than December 1, 2022.
7. Thereafter, the Department afforded an additional grace period for licensees to complete their Metrc System registration and implementation with a final December 15, 2022 deadline to enter all cannabis plant and product inventory into the Metrc System.
8. In their use of the System, licensees are required to utilize and maintain Metrc-issued RFID plant and product tags on *all* cannabis plants and products from and after December 15, 2022, in order to ensure tracking and accurate and compliant records of plant and product inventory.
9. The Department previously issued a post-inspection deficiency notice to Respondent on August 9, 2024 (the "Deficiency Notice"). The Deficiency Notice identified the following areas of noncompliant activity:
 - a. Respondent's failure to record cannabis plant clones in Metrc prior to the source mother plant's recorded destruction in Metrc; and
 - b. Respondent's failure to record destroyed packages in Metrc.
10. The August 9th post-inspection deficiency notice included the following Required Corrective Action:

The Office of Cannabis Regulation is requiring a Corrective Action plan to be submitted by the licensee. The Corrective Action plan shall state, with respect to each deficiency, the specific corrective steps to be taken by the licensee, a timetable for such steps, the date by which compliance will be achieved and the steps the licensee will take to ensure compliance moving forward.

The Cannabis Establishment Licensee shall submit to the Office of Cannabis Regulation via email to DBR.MMPCompliance@dbr.ri.gov the written corrective action plan for any deficiencies cited in this Post Inspection Notice, within ten (10) days of receipt.

The OCR shall review the corrective action plan for compliance with all applicable laws and regulations and shall notify the licensee of rejection or acceptance of such plan.

11. On August 16, 2024, Respondent submitted to the Department the following Corrective Action Plan:

Corrective action plan for 1st deficiency will be as follows:

Once released in [M]etrc I will input the clones in [M]etrc and assign tags as they should be from the mother plants they derived from and then destroy those moms as they should be after creating the clones. Moving forward I will not let time lapse in between the time cuttings are taken to when the information is updated in [M]etrc and will never make the mistake of destroying the mother prior to creating the clone. All [M]etrc data will be updated on the day that the plant action is taken from this point out.

Corrective action plan for 2nd deficiency is as follows:

No longer will employees be allowed to input their own work into the [M]etrc system. All [M]etrc will now be done by an owner of the business or at least double checked by an owner of the business. Also this employee is no longer employed by the company so his errors in inputting [sic] in [M]etrc the products that were destroyed by him is null and void. Also, all things shall now be input into [M]etrc the day that the action is made so there is no lapse in time for things to be forgotten.

12. On September 16, 2024, the OCR Inspections Team, Peter Squatrito, Chris Mahoney, Kevin Kretchman, Derek Ducharme and Jacob Crisafulli performed an inspection at Respondent's licensed premises.
13. On September 26, 2024, OCR Inspectors Squatrito, Mahoney, Kretchman, Ducharme, and Crisafulli returned to Respondent's premises with Senior Economic and Policy Analyst Cynthia Miller to resume the inspection that began September 16, 2024.
14. During the September 26th inspection, OCR Inspectors observed and calculated 16,897 grams/596 ounces (approximately 37.25 pounds) of improperly tagged cannabis product which had been labeled with three separate tags (Tag Nos. 229, 295, and 296) but that the tags were not active or recorded in Respondent's Metrc records.
15. During the September 26th inspection, OCR Inspectors and Analyst observed and calculated 18,694 grams/659 ounces (approximately 41.213 pounds) of untagged cannabis product.
16. During the September 26th inspection, OCR Inspectors observed that Respondent's video surveillance system only included seven (7) days of surveillance footage.

Applicable Law

17. Section 21-28.6-9(e) of the Medical Marijuana Act provides as follows:

- (1) Notwithstanding any other provision of this chapter, if the director of the Department of Business Regulation, or his or her designee, has cause to believe that a violation of any provision of this chapter or the regulations promulgated thereunder has occurred by a licensee or registrant under the department's jurisdiction, or that any person or entity is conducting any activities requiring licensure or registration by the Department

of Business Regulation under this chapter or the regulations promulgated thereunder without such licensure or registration, or is otherwise violating any provisions of this chapter, the director, or his or her designee, may, in accordance with the requirements of the Administrative Procedures Act, Chapter 35, of Title 42:

- (i) With the exception of patient and authorized purchaser registrations, revoke or suspend any license or registration issued under Chapter 26, of Title 2 or this chapter.
 - (ii) Levy an administrative penalty in an amount established pursuant to regulations promulgated by the Department of Business Regulation;
 - (iii) Order the violator to cease and desist such actions;
 - (iv) Require a licensee or registrant or person or entity conducting any activities requiring licensure or registration under this chapter to take those actions as are necessary to comply with this chapter and the regulations promulgated thereunder; or
 - (v) Any combination of the above penalties.
18. Pursuant to Section 21-28.6-16(d) of the Medical Marijuana Act, “[t]he department of business regulation shall promulgate regulations that govern how many marijuana plants, mature and immature; how much wet marijuana; and how much usable marijuana a licensed medical marijuana cultivator may possess. Every marijuana plant possessed by a licensed medical marijuana cultivator must be accompanied by a valid medical marijuana tag issued by the department of business regulation pursuant to § 21-28.6-15 or catalogued in a seed-to-sale inventory tracking system in accordance with regulations promulgated by the department of business regulation.”
19. Pursuant to Section 21-28.6-16(l) of the Medical Marijuana Act, “[i]f a licensed medical marijuana cultivator cardholder violates any provision of this chapter or regulations promulgated thereunder, as determined by the department of business regulation, his or her card and the issued license may be suspended or revoked.”
20. Pursuant to § 21-28.11-7(b) of the Rhode Island Cannabis Act, § 21-28.11-1 *et seq.* (the “Cannabis Act”):

On August 1, 2022 and thereafter, any medical marijuana cultivator licensed or approved pursuant to the provisions of §21-28.6-16, upon payment of an additional license fee, shall be permitted to cultivate, manufacture and process cannabis as a hybrid cannabis cultivator for both adult use and medical use. The amount of the additional license fee shall be determined by the Office of Cannabis Regulation during the transitional period established by §21-28.11-10 and shall be subject to review by the commission pursuant to the final rules and regulations. The fee shall be deposited in the social equity fund established in §21-28.11-31. Sale of the cultivated cannabis shall be made directly to a licensee pursuant to the provisions of this chapter and chapter 28.6 of this title, subject to the following conditions:

- (1) The cultivator must be in good standing and maintain the cultivator license pursuant to the provisions of chapter 28.6 of this title; and

- (2) The cultivator must make good faith efforts to ensure the adult use cannabis production portion of the cultivation operation has no significant adverse effect on the medical marijuana program and patient needs.
21. Pursuant to § 21-28.11-7(h) of the Cannabis Act, “[e]very individual cannabis plant possessed by a licensed cannabis cultivator shall be catalogued in a seed-to-sale inventory tracking system. The commission shall review the current seed-to-sale tracking system utilized pursuant to chapter 28.6 of this title and promulgate new or additional regulations, as it deems appropriate.”
22. Pursuant to § 21-28.11-10.1(e) of the Cannabis Act, “[n]otwithstanding the foregoing provisions of this section, all prospective and approved applicants for hybrid cannabis retailer and cultivator licenses under this chapter shall maintain compliance with the existing provisions of chapter 28.6 of this title of the general laws and the regulations promulgated thereunder until final issuance of the commission’s rules and regulations ...”
23. Pursuant to Section 1.6.1(A) of the 230 Regulations³ “[u]pon direction by the DBR and in accordance with R.I. Gen. Laws §§ 21-28.6-12(g)(3) and 21-28.6-16(d), each compassion center and licensed cultivator shall be required to utilize the state approved Medical Marijuana Program Tracking System to document and monitor compliance with the Act and all regulations promulgated thereunder. Applicable licensees may be required to pay costs associated with use of the Medical Marijuana Program Tracking System which may be assessed on an annual, monthly, per use, or per volume basis and payable to the state or to its approved vendor.”
24. Pursuant to Section 1.6.1(B) of the 230 Regulations, “[a]ll information related to the acquisition, propagation, cultivation, transfer, manufacturing, processing, testing, storage, destruction, wholesale and/or retail sale of all marijuana and medical marijuana products possessed by licensees and/or distributed to registered cardholders is in accordance with the Act must be kept completely up-to-date in the Medical Marijuana Program Tracking System, including but not limited to:
1. Planting and propagation of plants;
 2. Transition of immature to mature plants;
 3. Harvest dates with yield documentation;
 4. Destruction of immature plants, mature plants and medical marijuana products;
 5. Transportation of immature plants, mature plants, and medical marijuana products;
 6. Theft of immature plants, mature plants, and medical marijuana products;
 7. Adjustment of product quantities and/or weights;
 8. Conversion of product types including waste documentation;
 9. Required test results as reported by a cannabis testing laboratory;

³ The CCC’s *Cannabis Establishment Applications, Licensing and Renewals Regulations*, 560-RICR-10-10-1, became effective May 1, 2025. As such, the DBR Regulations, 230-RICR-80-05-1, which have been in effect during all relevant times described herein, are applicable.

10. Retail and wholesale transaction data;
 11. Product compliance data;
 12. A complete inventory including, but not limited to:
 - a. Batches or lots of useable marijuana;
 - b. Batches or lots of concentrates;
 - c. Batches or lots of extracts;
 - d. Batches or lots of marijuana infused products;
 - e. Immature plants;
 - f. Mature plants;
 - g. Marijuana waste; and
 13. Any other information or technical functions DBR deems appropriate.”
25. Pursuant to Section 1.6.4(c) of the 230 Regulations, “[u]pon direction by DBR, each compassion center and licensed cultivator shall utilize the state approved Medical Marijuana Program Tracking System for all inventory tracking from seed to sale as defined in §1.6.1 of this Part.”
26. Pursuant to Section 1.6.5(H)(1)(e) of the 230 Regulations, “[a]ll surveillance recordings must be kept for a minimum of sixty (60) calendar days. Video recordings shall not be destroyed if the compassion center or licensed cultivator knows or should have known of a pending criminal, civil or administrative investigation or any other proceeding for which the recording may contain relevant information.”
27. Pursuant to Section 1.6.5(H)(1)(f) of the 230 Regulations, “[a]ll records applicable to the surveillance system shall be maintained on the compassion center or licensed cultivator premises. However, a backup record may be stored and maintained offsite. At a minimum, licensees shall maintain a map of the camera locations, direction of coverage, camera numbers, surveillance equipment maintenance activity log, user authorization list and operating instructions for the surveillance equipment. This information shall be limited to key personnel only.”
28. In an effort to affect a timely and amicable resolution of the issues raised in this Consent Order without an administrative hearing, the Department and the Respondent enter into this Consent Agreement solely for the purpose of avoiding the burdens and expenses of litigation. Based upon Respondent’s representations and agreements set forth herein, the Department agrees to abstain from pursuing further enforcement action(s) surrounding Respondent’s track and trace issues as set forth in Paragraphs 12 through 16 and subject to satisfaction of the following terms and conditions set forth in this Paragraph 28:
- a. From July 1, 2025 up to and including August 31, 2025, Respondent shall suspend all sales and transfers of cannabis, cannabis products, and cannabis materials from its licensed premises. During said suspension period, Respondent may continue to operate its facility, including cultivating, maintenance, harvesting, and processing cannabis plants, products and materials in accordance with applicable laws and regulations;

b. Respondent shall remit to the Cannabis Office an administrative penalty in the amount of [REDACTED] payable in four (4) payments made payable to the "General Treasurer, State of Rhode Island";

c. The first payment of the administrative penalty in the amount of [REDACTED] dollars shall be due upon execution of this Agreement, with three (3) subsequent payments due at the time of each of the Licensee's three subsequent annual license renewals.

d. No later than June 30, 2025, Respondent shall destroy, under the Cannabis Office's supervision, all untagged and improperly tagged cannabis plants, products, and materials located at its licensed premises;

e. Concurrently with the execution of this Consent Agreement, Respondent shall submit a report to the Cannabis Office certifying that Respondent is maintaining video surveillance records for at least 60 days;

f. No later than June 30, 2025, Respondent shall submit to the Cannabis Office an updated Corrective Action Plan addressing the issues identified in Paragraphs 9-16 herein.

g. No later than August 31, 2025, Respondent shall provide documentation confirming its appointment of a Compliance Officer responsible for managing all track-and-trace activities and for ensuring that Respondent's Metric System records and data are accurate, timely, completely maintained and updated in accordance with Rhode Island cannabis industry standards.

h. Respondent agrees and acknowledges that it expressly selected resolution of this matter by Consent Agreement, rather than proceeding through the administrative hearing process beginning with the issuance of an Order to Show Cause.

29. *Final Determination.* The parties agree that this Consent Agreement and its terms represent the final determination of this matter.

30. *Waiver of Hearing and Appeal.* By agreeing to resolve this matter through the execution of this Consent Agreement, Respondent knowingly and voluntarily waives any right to an administrative hearing and waives any right to pursue an appeal to the Superior Court under the Rhode Island Administrative Procedures Act, R.I. Gen. Laws § 42-35-1, *et seq.*

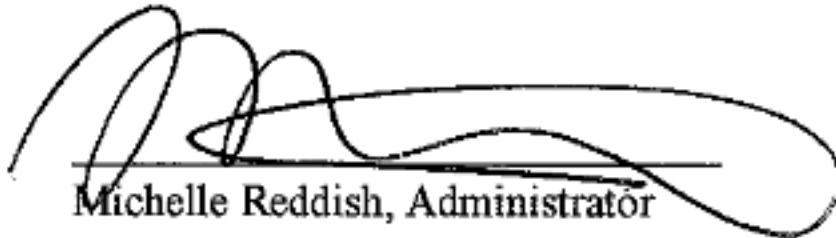
31. *Enforcement.* If Respondent fails to comply with any term or condition of this Consent Agreement within any applicable time period set forth herein, the Respondent will be in violation hereunder and the Department shall be entitled to immediately take enforcement or other action in accordance with applicable law.

32. *Compliance; Laws.* Compliance with the terms of this Consent Agreement does not

relieve Respondent of any obligation to comply with other applicable laws or regulations administered by or through the Department or any other governmental agency.

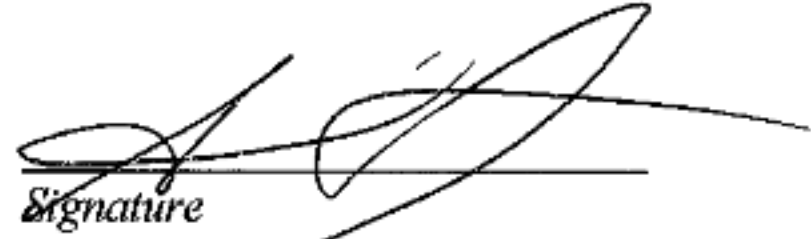
SIGNATURE PAGE

For the Cannabis Office:


Michelle Reddish, Administrator

Date: 7-10-2025

Respondent CANNA PHARM RI, LLC.


Signature

Printed Name: Scott Scofield

Title: President

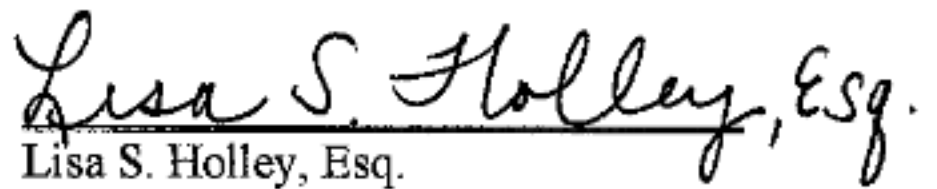
Date: 6-26-2025


Signature

Printed Name: Chris Celani

Title: Vice President

Date: 6-26-25


Lisa S. Holley, Esq.
Counsel for Canna Pharm RI, LLC

Date: 6-26-25

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
JOHN O. PASTORE CENTER, BLDGS. 68-69
1511 PONTIAC AVENUE
CRANSTON, RI 02920**

IN THE MATTER OF:

Canna Pharm RI, LLC

RESPONDENT.

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:
:

DBR No.: 19MM014

CONSENT AGREEMENT

The Office of Cannabis Regulation of the Department of Business Regulation (“Department”) and Canna Pharm RI, LLC, (“Respondent”), hereby consents and agrees that:

1. Respondent is licensed as a medical marijuana cultivator (DBR License No. MMP CV 0083) subject to all applicable requirements of The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws § 21-28.6-1 *et seq.* (the “Act”) and the *Rules and Regulations related to the Medical Marijuana Program Administered by the Department of Business Regulation, 230-RICR-80-05-1* (the “Regulations”).
2. This matter arises from the Department’s identification of three compliance issues upon inspection of the visitor logs maintained by the Respondent for the 2019 annual review window (hereinafter referred to as the “2019 Visitor Logs”). Visitor logs are required to be maintained pursuant to § 1.7(F)(6)(c) of the Regulations which provides that “visitor logs” “shall include the name of each visitor, the date and time of the beginning and end of the visit, the reason for the visit (i.e. maintenance, authorized pickup, etc.), the name of the escorting licensed cultivator registry identification cardholder.”

3. Compliance Issue #1. By investigating entries in the 2019 Visitor Logs with terms such as “trim,” the Department discovered that 19 individuals were conducting marijuana activities on the premises without having obtained the prerequisite registry identification card in violation of the following provisions of the Regulations:
- A. Section 1.6(B)(1), providing that “all officers, directors or managers/members, employees, and agents of the licensed cultivator must apply for cultivator registry identification cards;” and
 - B. Section 1.5(E)(6) entitled “Registry Identification Card Requirements,” providing that no individual is permitted to “begin engagement in medical marijuana cultivation, storage, processing, packaging, manufacturing, transport, or other medical marijuana activities requiring a licensed cultivator license pursuant to the Act until receipt of the card.”
4. Compliance Issue #2. The 2019 Visitor Logs show 173 visits where the Respondent failed to document the name of the licensed cultivator registry identification cardholder escorting the visitor. Such documentation is mandated by § 1.7(F)(6)(c) in order to demonstrate compliance with § 1.7(F)(2)(d), which specifically provides:
- Within any area where marijuana and marijuana products are grown, cultivated, stored, weighed, packaged, processed, or manufactured, any person who does not have a valid licensed cultivator registry identification card shall be considered a “visitor” and must be escorted at all times by a licensed cultivator registry identification card holder.
5. Compliance Issue # 3. Additionally, the 2019 Visitor Logs show 41 instances where the visit is described as “volunteer.” Nothing in the Regulations authorizes a licensed cultivator to allow a “volunteer” to be a visitor on the licensed premises.¹ Rather, §

¹ In contrast to licensed cultivators, the Regulations only permit registered compassion centers to have “volunteers,” which “volunteers” must have a compassion center registration identification card and for which “eligibility” is “limited to persons whose volunteer activities and use of compassion center resources is strictly limited to participation

1.7(F)(6)(c) lists examples of a properly documented “reason for the listed” such as “maintenance, authorized pickup.”

6. BASED ON THE FOREGOING, the Department has reason to believe that Respondent violated the Act and Regulations as described previously herein. Accordingly, the Department has sufficient cause to take enforcement action against Respondent pursuant to §§ 21-28.6-9(e) of the Act and Section 1.7(J) of the Regulations.

7. In an effort to effect a timely and amicable resolution of the compliance issues raised in this Consent Agreement without administrative hearing and to allow Respondent to maintain its license in good-standing, Respondent represents and agrees to the following

Compliance Terms and Administrative Penalty:

A. Respondent represents and warrants to the Department that Respondent shall hereafter comply in all respects with the requirements under the Act and the Regulations, including specifically:

- (i) Obtaining proper registry identification cards for any person who will conduct any marijuana activity before admitting them into the licensed premises;
- (ii) Refusing to admit onto the licensed premises any person without a legitimate permitted business purpose (no “volunteers”);

in educational programming conducted for compassion center cardholders and registered qualifying patients, primary caregivers, and authorized purchasers.” See § 1.3(B)(1) and (6) (“Volunteers shall not be permitted to be otherwise involved in the growth, cultivation, weighing, packaging or labeling, manufacturing, processing, dispensing or sale of medical marijuana.”).

- (iii) Assuring that all visitors are escorted by a person with the proper registry identification at all times;
- (iv) Assuring that the "visitor logs" are properly maintained with documentation of all fields required by the Regulations, including specifically documentation of proper escorting as described in (A)(iii) above.

B. The Respondent shall produce copies of the all visitor logs maintained pursuant to the Regulations and this Agreement to the Department on a quarterly basis for the review period of calendar year 2020.²

C. On account of the violations cited in paragraph 4 herein, Respondent shall pay to the Department an administrative penalty in the amount of [REDACTED]

8. By agreeing to resolve this matter through the execution of this Consent Agreement Respondent voluntarily waives its right to the administrative hearing process, voluntarily waives its right to appeal any finding therefrom to the superior court, and agrees to take all necessary action as delineated in this Consent Agreement to maintain its license in good standing.

9. Respondent hereby acknowledges and agrees that failure to abide by any of the requirements of this Consent Agreement shall be grounds for the Department to initiate further administrative proceedings to impose penalties against Respondent including, but

² Such reports may be submitted to the Department by mail or e-mail and shall be due on March 2, June 1, September 1, and December 31 of 2020.

³ Payment of the administrative fine shall be made by check payable to the "Rhode Island General Treasurer" within ten days of the execution of this Consent Agreement.

not limited to: (i) revocation and/or suspension, and (ii) such additional administrative penalties that the Department deems appropriate.

THIS AGREEMENT IS INTENTIONALLY BLANK UNTIL THE SIGNATURE PAGE.

SIGNATURE PAGE

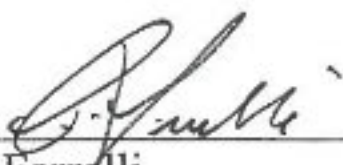
THE DEPARTMENT AND RESPONDENT HEREBY CONSENT AND AGREE TO THE FOREGOING AS TO FORM AND SUBSTANCE:

Department:

Respondent:

Department of Business Regulation

Canna Pharm RI, LLC

By: 
Erica Ferrelli
Economic and Policy Analyst

By: 
Print Name: Scott Scofield
Its duly authorized (print title): Pres

DATE: 1-27-2020

DATE: 1-27-2020

Applicant Entity Name: Dying With Laughter, Inc.

Social Equity Applicant Status Certification #: #2393487

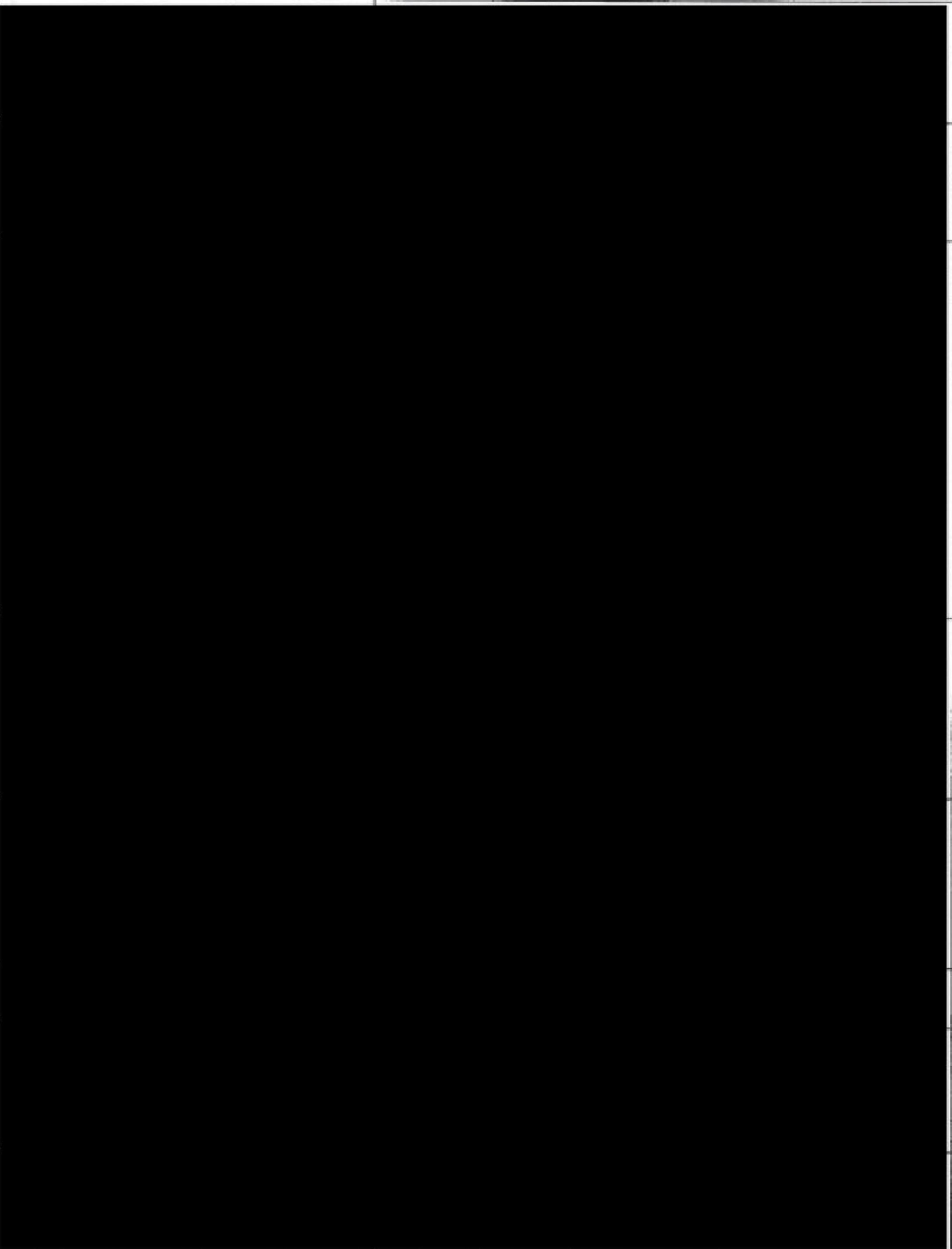
Attachment I(A)-1 – Additional Owners and Ownership Interests

This attachment supplements Section I(A) of the Social Equity Applicant Interest Holder Change Request and lists all persons and entities with any 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 (Applicant, parent company, subsidiary) | Ownership interest in entity listed in preceding box (e.g., % owners hip, # shares) | Ownership interest in Applicant |
|---|--------------------------|----------|-----|---------------|---|------|-------|-----|--------------|---|---|---------------------------------|
| 1 | Ricardo Mclean | | | | | | | | | Dying With Laughter, Inc. | | Shareholder |

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|---|------------------------|---|--|--|--|--|--|--|--|--|--|-------------------------------------|----------|--|
| 2 | Christoph er Celani |  | | | | | | | | | | Dying With Laughter , Inc. | Director | Participates in governance and high- level operational decision- making as a Director of the Applicant, including oversight of policies, budgets, and strategic direction for the licensed cannabis retail operations. |
| 3 | James Jarmoszko | | | | | | | | | | | Dying With Laughter , Inc. | Director | Participates in governance and high- level operational decision- making as a Director of the Applicant, including review and approval of major business decisions, policies, and oversight of the cannabis retail operations. |
| | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|---------------------|--|--|--|--|--|--|--|--|--|--|---------------------------|---------|---|
| | Davian Francis 4 |  | | | | | | | | | | Dying With Laughter, Inc. | Officer | Supports ongoing management and operational activities as an Officer of the Applicant, including oversight of day-to-day administrative and operational functions for the licensed cannabis retail operations . |
| | | | | | | | | | | | | | | |

Applicant Entity Name: Dying With Laughter, Inc.

Social Equity Applicant Status Certification #: #2393487

Attachment II-1 – Additional Persons/Entities Providing or Receiving Financial or Proprietary Interests

This attachment supplements Section II of the Social Equity Applicant Interest Holder Change Request and identifies persons or entities (other than those already disclosed as Interest Holders) who will loan, give, or provide money, property, equipment, inventory, furniture, licensing or other proprietary rights to the Applicant, or who will receive money, profits, proprietary rights, or other interests from the Applicant.

| # | Name of person or entity | Address | Date of birth | SSN/FEIN | Email address | Phone number | Description of interest (loan, property, equipment, proprietary right, profit share, etc.) | Dollar value of interest (if applicable) |
|---|--------------------------|------------|---------------|----------|---------------|--------------|---|--|
| 1 | Christopher Celani | [REDACTED] | | | | | Pre-license capital contributor pursuant to a future equity agreement. Provides pre-licensing capital to fund start-up and application expenses in exchange for a contingent equity interest upon licensure and CCC approval. | [REDACTED] |
| | | | | | | | | |

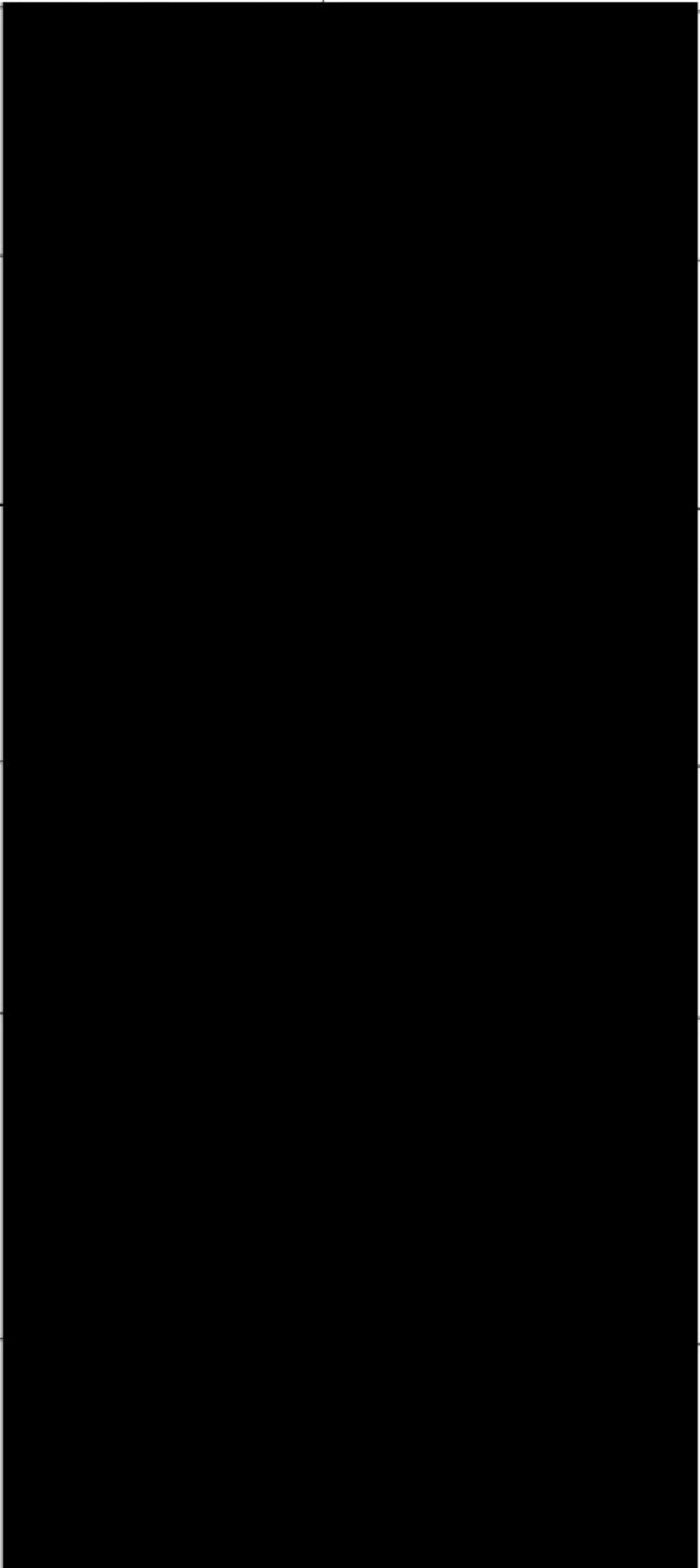
| | | | | | | | | |
|---|-----------|-------------|--|--|--|--|--|-------------|
| 2 | Brando Le | <div></div> | | | | | Capital investor ("super-angel") providing pre-license and build-out capital to fund application, start-up, and development costs, in exchange for a contingent equity interest effective upon licensure and Cannabis Control Commission approval, pursuant to applicable financing/equity agreements. | <div></div> |
|---|-----------|-------------|--|--|--|--|--|-------------|

Applicant Entity Name: Dying With Laughter, Inc.

Social Equity Applicant Status Certification #: #2393487

Attachment III-1 – Contingent Agreements to Become Interest Holders

This attachment supplements Section III of the Social Equity Applicant Interest Holder Change Request and identifies persons or entities that have a contingent agreement to become Interest Holders in the Applicant, contingent upon licensure and/or Cannabis Control Commission approval.

| # | Name of person or entity | Address | Date of birth | SSN/FEIN | Email address | Phone number | Description of contingent interest (conditions, % ownership, role, effective date, etc.) |
|---|---|---------|---------------|----------|---------------|--------------|---|
| 1 |  | | | | | | Capital investor with a contingent equity interest in the Applicant. Equity and rights become effective only upon issuance of final license and approval by the Cannabis Control Commission, pursuant to the applicable equity/financing agreements. |
| 2 | | | | | | | Pre-license capital contributor with a future equity interest in the Applicant. Equity and rights are contingent upon licensure and Cannabis Control Commission approval, pursuant to a future equity agreement and related pre-license capital arrangements. |