

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

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	Fair Street 420, LLC d/b/a Red Devil Dispensary 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#	6 (Note separate applications and application fees are required to apply in multiple zones)
2	BUSINESS STREET ADDRESS	8 Fair Street, Unit 1
3	CITY, STATE, ZIP	Newport, Rhode Island, 02840
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	8 Fair Street, Unit 1
5	CITY, STATE, ZIP	Newport, Rhode Island, 02840
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	Plat #27 / Lot#286-1

7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	Approx. 270 sq. ft.
8	FEIN: (Federal Employer Identification Number)	[REDACTED]
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION <u>(401) 626 - 0378</u> Ext. _____
11	TOLL FREE NUMBER (if not applicable, put "N/A")	AREA CODE NUMBER EXTENSION N/A Ext. _____
12	COMPLIANCE OFFICER Identification and Contact Information	<p>The Applicant must appoint a Compliance Officer to whom information, notices, and documents will be sent. The Commission reserves the right to contact and/or send notices and other correspondence to the Applicant by email and/or post mail. It is the Applicant's responsibility to ensure that the Compliance Officer information is correct and up to date at all times following application and throughout licensure.</p>
	Name:	Russell Dulac
	Title:	Chief Executive Officer
	Mailing Address:	[REDACTED]
	Email Address:	Rfp348@gmail.com
	Phone Number	<u>(401) 626 - 0378</u> Ext. _____ AREA CODE NUMBER EXTENSION



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 #_____)

Fair Street 420, LLC

Name of Taxpayer/Entity
Number

Social Security or Federal Tax Identification
Number

AFFIRMATIONS

Applicant hereby understands and affirms the following:

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

SIGNATURE FOR AUR FORM 1

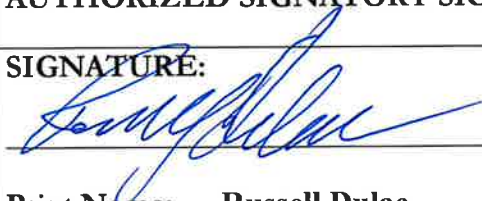
The undersigned attests that the Applicant understands and will adhere to all requirements of the Act and the Regulations, including but not limited to those listed above, and that the undersigned has the authority to bind the Applicant to all such requirements.

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

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

AUTHORIZED SIGNATORY SIGNATURE

SIGNATURE:



Print Name: Russell Dulac

Print Title: Chief Executive Officer

DATE:

12/23/2025

AUR FORM 1 QUESTION 1

ARTICLES OF INCORPORATION FOR FAIR STREET 420, LLC



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

Fee: \$150.00

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

Limited Liability Company

Articles of Organization

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

ARTICLE I

The name of the limited liability company is: Fair Street 420, LLC

ARTICLE II

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

No. and Street: 49 BELLEVUE AVENUE

City or Town: NEWPORT

State: RI

Zip: 02840

The name of the resident agent at such address is: ADLER POLLOCK & SHEEHAN P.C.

ARTICLE III

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

Check one box only

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

ARTICLE IV

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

No. and Street: P.O. BOX 120

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

ARTICLE V

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

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

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

provision which may be included in an operating agreement:

6.1 THE LIMITED LIABILITY COMPANY MAY BE GOVERNED BY AN OPERATING AGREEMENT WHICH MAY BE AMENDED FROM TIME TO TIME BY THE MEMBERS.

6.2 A MANAGER OF THE LIMITED LIABILITY COMPANY, IF THERE BE ANY, OR A MEMBER ACTING IN THE CAPACITY OF A MANAGER (IN EITHER CASE, A “MANAGER”),

SHALL NOT BE PERSONALLY LIABLE TO THE LIMITED LIABILITY COMPANY OR TO ITS MEMBERS, FOR MONETARY DAMAGES FOR BREACH OF ANY DUTY PROVIDED FOR IN SECTION 17 OF THE RHODE ISLAND LIMITED LIABILITY COMPANY ACT, AS AMENDED FROM TIME TO TIME (THE “ACT”), EXCEPT FOR LIABILITY OF A MANAGER FOR:

(1) BREACH OF THE MANAGER’S DUTY OF LOYALTY TO THE LIMITED LIABILITY COMPANY OR ITS MEMBERS;

(2) ACTS OR OMISSIONS NOT IN GOOD FAITH OR WHICH INVOLVE INTENTIONAL MISCONDUCT OR A KNOWING VIOLATION OF LAW;

(3) THE LIABILITY IMPOSED PURSUANT TO THE PROVISIONS OF SECTION 32 OF THE ACT RELATING TO WRONGFUL DISTRIBUTIONS; OR

(4) ANY TRANSACTION FROM WHICH THE MANAGER DERIVED AN IMPROPER PERSONAL BENEFIT, UNLESS SUCH TRANSACTION WAS WITH THE INFORMED CONSENT OF THE MEMBERS OR A MAJORITY OF THE DISINTERESTED MANAGERS.

6.3 THE LIMITED LIABILITY COMPANY SHALL INDEMNIFY ANY MEMBER, MANAGER, AGENT OR EMPLOYEE, PAST OR PRESENT, OF THE LIMITED LIABILITY COMPANY (AN “INDEMNIFIED PERSON”) TO THE FULL EXTENT PERMISSIBLE PURSUANT TO SECTION

4(11) OF THE ACT; PROVIDED, HOWEVER, THAT THE LIMITED LIABILITY COMPANY SHALL NOT INDEMNIFY ANY INDEMNIFIED PERSON FOR:

(1) BREACH OF THE INDEMNIFIED PERSON’S DUTY OF LOYALTY TO THE LIMITED LIABILITY COMPANY OR ITS MEMBERS;

(2) ACTS OR OMISSIONS NOT IN GOOD FAITH OR WHICH INVOLVE INTENTIONAL MISCONDUCT OR A KNOWING VIOLATION OF LAW;

(3) THE LIABILITY IMPOSED PURSUANT TO THE PROVISIONS OF SECTION 32 OF THE ACT RELATING TO WRONGFUL DISTRIBUTIONS; OR

(4) ANY TRANSACTION FROM WHICH THE INDEMNIFIED PERSON DERIVED AN IMPROPER PERSONAL BENEFIT, UNLESS SUCH TRANSACTION WAS WITH THE CONSENT OF THE MEMBERS OR A MAJORITY OF THE DISINTERESTED MANAGERS.

ARTICLE VII

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

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

The name and address of each manager:

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

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

Later Effective Date:

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

Signed this 16 Day of December, 2025 at 2:41:22 PM by the Authorized Person.

JOHN D. RUSSELL, ESQUIRE

Address of Authorized Signer:

ADLER POLLOCK & SHEEHAN P.C.

49 BELLEVUE AVENUE

NEWPORT, RI 02840

Form No. 400
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 16, 2025 02:40 PM

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

Gregg M. Amore
Secretary of State



AUR FORM 1 QUESTION 1

2026 ANNUAL REPORT FOR FAIR STREET 420, LLC



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2026: 2026

1. ID No. 001800828

2. Exact Name of the Limited Liability Company Fair Street 420, LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

459991

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO ENGAGE IN ANY LAWFUL BUSINESS ACTIVITY IN THE STATE OF RHODE ISLAND.

INCLUDING OPERATING A LICENSED RETAIL CANNABIS ESTABLISHMENT.

5. Principal Office Address

No. and Street: 8 FAIR STREET
UNIT 1

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: P.O. BOX 120

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADLER POLLOCK & SHEEHAN P.C. 49 BELLEVUE AVENUE NEWPORT , RI 02840

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of December, 2025 at 3:28:37 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN D. RUSSELL, ESQUIRE
Signature of Authorized Person

Form No. 632
Revised 09/07

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AUR FORM 1 QUESTION 1

CERTIFICATE OF GOOD STANDING FOR FAIR STREET 420, LLC



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:

Fair Street 420, LLC

is a Rhode Island Limited Liability Company organized on **December 16, 2025.**

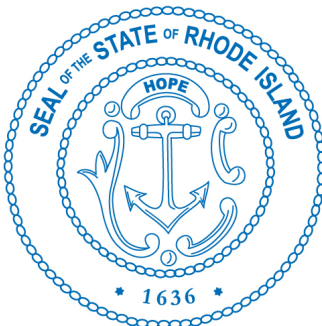
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

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

SIGNED and SEALED on

December 17, 2025

Secretary of State



Certificate Number: 25120102710

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

Processed by: lsmith

AUR FORM 1 QUESTION 1

FICTITIOUS BUSINESS NAME STATEMENT FOR FAIR STREET 420, LLC



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

Fee: \$50.00

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

**Domestic Limited Liability Company
Fictitious Business Name Statement**

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant limited liability company is: Fair Street 420, LLC

SECTION II

The fictitious business name to be used is: Red Devil Dispensary

SECTION III

The state or territory under the laws of which it is organized is
State: RI Country: USA

SECTION IV

The date of organization is 12/16/2025

Signed this 16 Day of December, 2025 at 4:33:22 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Fair Street 420, LLC

Name of Applicant Limited Liability Company

JOHN D. RUSSELL, ESQUIRE

Signature of Authorized Person

Form No. 624
Revised 09/07



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:

December 16, 2025 04:30 PM

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.

Gregg M. Amore
Secretary of State





AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Fair Street 420, LLC

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to applicant, **and** (B.) all officers, directors, members, managers or agents of applicant, **and** (C.) all persons or entities with managing or operational control with respect to applicant, its operations, the license and/or licensed facilities whether they have an ownership interest or not, **and** (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, **and** (E.) all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to applicant, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an “Interest Holder” and collectively referred to as “Interest Holders”).

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

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

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

Name of person or entity Russell Dulac		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address Rfp348@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City Middletown	State RI	ZIP 02842	Phone Number (401) 626-0378	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Fair Street 420, LLC		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in applicant . [REDACTED]	
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email Address N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title N/A		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in applicant . N/A	
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email Address N/A

Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title N/A		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in <u>applicant</u> . N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email Address N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title N/A		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in <u>applicant</u> . N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email Address N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title N/A		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in <u>applicant</u> . N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email Address N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title N/A		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in <u>applicant</u> . N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email Address N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title N/A		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in <u>applicant</u> . N/A
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, <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 Russell Dulac		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Rfp348@gmail.com

Address (residence if person; business address if entity) [REDACTED]	City Middletown	State RI	ZIP 02842	Phone Number (401) 626-0378
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Fair Street 420, LLC		List your title or role, with respect to the entity listed in the preceding box. [REDACTED] & Chief Executive Officer		List your title or role, if any, with respect to the Applicant [REDACTED] & Chief Executive Officer
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the Applicant N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the Applicant N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the Applicant N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the Applicant N/A
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 Russell Dulac		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Rfp348@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City Middletown	State RI	ZIP 02842	Phone Number (401) 626-0378	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Fair Street 420, LLC		List your title or role, if any, with respect to the entity listed in the preceding box. [REDACTED] & Chief Executive Officer			
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, if any, with respect to the entity listed in the preceding box. N/A			
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, if any, with respect to the entity listed in the preceding box. N/A			
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, if any, with respect to the entity listed in the preceding box. N/A			
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, if any, with respect to the entity listed in the preceding box. N/A			
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		List your title or role, if any, with respect to the entity listed in the preceding box. N/A			

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).

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 Russell Dulac		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Rfp348@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City Middletown	State RI	ZIP 02842	Phone Number (401) 626-0378	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Fair Street 420, LLC		Describe the financial interest in entity listed in preceding box [REDACTED] – [REDACTED]		Describe the financial interest in <u>Applicant</u> , if different N/A	
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u>Applicant</u> , if different N/A	
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u>Applicant</u> , if different N/A	
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u>Applicant</u> , if different N/A	
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u>Applicant</u> , if different N/A	

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

E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.

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

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

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

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
RFP, LLC	348 Thames Street, Newport Rhode Island, 02840	N/A	[REDACTED]	Rfp348@gmail.com	(401) 626-0378	Applicant leases proposed premises from RFP, LLC for 1\$ per month
Russell Dulac	[REDACTED] [REDACTED] Middletown, Rhode Island 02842	[REDACTED]	[REDACTED]	Rfp348@gmail.com	(401) 626-0378	[REDACTED] of RFP, LLC

Section III: List any persons (including, but not limited to, individuals, firms, partnerships, corporations, limited liability companies, trusts) that have entered into any contingent agreement to become an Interest Holder in the Applicant, i.e. an agreement that is not yet effective. This includes, but is not limited to, any agreement that is contingent upon licensure, Commission approval, or any other condition, as well as any agreement that has an effective date after the expected date of licensure. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.

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

N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Section IV:

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

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

12/23/2025

Date

Russell Dulac

Printed Name
Print Title: Chief Executive Officer
Print Name of Applicant: Fair Street 420, LLC

AUR FORM 2 SECTION IV(A)

**OPERATING AGREEMENT, WRITTEN CONSENTS, & STATEMENT OF
FORMATION FOR FAIR STREET 420, LLC**

OPERATING AGREEMENT FAIR STREET 420, LLC

The undersigned, as [REDACTED] of Fair Street 420, LLC, a Rhode Island limited liability company (the "Company"), does hereby enter into this Operating Agreement, effective as of the 16th day of December, 2025 ("Agreement").

I. Place of Business

The principal place of business of the Company shall be 8 Fair Street, Unit 1, Newport, Rhode Island 02840 or such other address to which the business may from time to time be moved with the approval of the Members. The resident agent of the Company shall be Adler Pollock & Sheehan P.C., 49 Bellevue Avenue, Newport, Rhode Island 02840.

II. Duration of the LLC

The Company shall commence upon the filing of its Articles of Organization with the Secretary of State of Rhode Island, and shall continue in existence unless terminated by operation of law or by agreement between the parties.

III. Purpose

The purpose of the Company shall be the operation of a licensed Adult Use Retail cannabis establishment and any other lawful business that may be engaged in by a limited liability company formed under the laws of the State of Rhode Island, and to do any and all other things of any nature, manner or kind whatsoever to the extent necessary, desirable, convenient and appropriate to carry out the foregoing purposes.

IV. Members

The names and addresses of each of the Members of the Company are set forth on Schedule A, annexed hereto and made a part hereof. For the purposes of this Operating Agreement, the term Member or Members, whether in the singular or plural, shall refer to those Members or a Member, as the case may be, from time to time set forth on Schedule A.

V. Capital Contributions

The interest of each of the Members in the Company is set forth on Schedule A, annexed hereto and made a part hereof. The agreed value of the initial capital contribution to the Company on behalf of each Member is set forth on Schedule A. The Members of the Company and their interests in the profits, losses and distributions from the Company are set forth on Schedule A.

VI. Additional Capital Contributions

The Members may but are not required to contribute in proportionate amounts any additional capital deemed necessary for the operation of the Company.

VII. Division of Profits, Losses, and Distributions

All profits, losses and distributions of the Company shall be allocated among the Members based on their interests in the Company as set forth on Schedule A. A separate capital account shall be maintained for each Member. No Member shall make any withdrawals from capital without prior approval of the Company. If the capital account of the Member becomes impaired, his share of subsequent Company profits shall be first credited to his capital account until that account has been restored.

VIII. Rights and Duties of the Parties

Decisions and actions of the Members and of the Company, including but not limited to the sale, transfer or other disposition of any property of the LLC other than as specifically provided herein, shall be decided by the consent of the Members owning a majority of the interests set forth on Schedule A in the Company at meetings regularly called with notice to all Members or by means of written consent of the Members owning a majority of the interests set forth on Schedule A in the Company with notice to or waiver of notice from all Members.

IX. Costs and Expenses

No Member shall be separately compensated on a salaried basis for services performed in carrying out the purpose of the Company. No salaries or individual compensation shall be otherwise payable, without the consent of the Company, for the normal management of the Company although the Company may from time to time employ one or more managers or other representatives at a designated salary.

X. Management

A. Management. The business of the Company shall be managed by and be under the authority of the Members, who shall have the full authority to take all actions necessary to effectuate the purposes of the LLC pursuant to Chapter 16 of Title 7 of the General Laws of Rhode Island (1956), as amended.

B. Appointment of Managing Member and Tax Partner/Member.

Russell Dulac shall be the Managing Member ("Manager") of the Company and the Tax Partner/Member of the Company and shall serve in such capacities until a successor has been designated by the Company.

C. Limitation of Liability of Manager. A Manager of the Company, shall not be personally liable to the Company or to its members for monetary damages for breach of any duty provided for in Section 17 of the Rhode Island Limited Liability Company Act, as the same hereafter may be amended, except that liability shall not be limited for:

(1) Breach of the Manager's duty of loyalty to the Company or its Members;

(2) Acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law;

(3) The liability imposed pursuant to the provisions of §7-16-32 relating to wrongful distributions; or

(4) Any transaction from which the Manager derived an improper personal benefit, unless said transaction was with the informed consent of the Members.

XI. Banking

All funds of the Company shall be deposited in its name in such checking account or accounts as shall be designated by the Manager. All withdrawals therefrom are to be made upon checks which must be signed by the Manager or a representative or representatives designated by the Members.

XII. Books

The Company books shall be maintained at the offices of the Company and each Member shall have access thereto. The books shall be kept on a calendar year basis, and shall be closed and balanced at the end of each fiscal year. An audit shall be made as of the close of each year, if a request for such audit is made in writing by the Member, and mailed or delivered to the other Members and the Manager.

XIII. Insurance

During the course of the term for which this Company is formed, the Company shall carry such insurance as deemed appropriate by the Manager.

XIV. Voluntary Termination

The LLC may be dissolved at any time by agreement of all the Members, in which event the Members shall proceed with reasonable promptness to liquidate the Company. The assets of the Company shall be distributed in the following order:

- A. To pay or provide for the payment of all Company liabilities to creditors other than Members, and liquidating expenses and obligations;
 - B. To pay debts owing to Members other than for capital and profits;
- and
- C. To pay debts owing to Members in respect to profits.

XV. Withdrawal of Member by Sale

In the event of the withdrawal of any Member pursuant to a sale, transfer or assignment of a membership interest approved pursuant to Paragraph XVIII, the Company shall dissolve and liquidate unless the remaining Members unanimously agree and consent to continue the business of the Company.

XVI. Death, Resignation, Expulsion, Bankruptcy, or Dissolution of a Member

In the event of the death, resignation, expulsion, bankruptcy or dissolution of any Member, the Company shall dissolve and liquidate unless the remaining Members unanimously agree and consent to continue the business of the Company. Further, the Members agree that in the event of the death of one of the Members, the personal property of the Company, bank accounts, checking accounts, certificates of deposit, etc., shall pass to the surviving Member. The real property held by the Company shall pass in accordance with the respective Members will or trust documents.

XVII. Distribution

Prior to dissolution and at least annually as income has been received by the Company, accounts determined and tax returns filed, the Members shall determine funds available for distribution. Upon liquidation, a reasonable reserve determined by the Members shall be established in an amount to cover anticipated costs and expenses, if any. Liquidation of the Company need not be delayed provided that such amounts are properly escrowed and arrangements are made for performance of such services as may be required in the interest of the Company. Escrows, reserves or liquidating accounts may be established as escrows or otherwise, which activity need not unduly delay the termination of the Company for all other purposes.

XVIII. Sale, Transfer or Assignment of Membership Interest

No Member shall have the right to sell, transfer or assign the Member's membership interest in the Company, in whole or in part to any person or entity unless unanimously approved by the members.

XIX. Amendments

This Operating Agreement may be altered, amended, restated or repealed and a new Operating Agreement may be adopted by the unanimous consent of the Members of the Company.

XX. Federal Income Tax Classification

It is the intention of the Members that the Company be classified as a disregarded entity for federal income tax purposes. Accordingly, the Company shall comply with the tax return filing and other requirements imposed by law for such an entity.

XXI. Violation of this Operating Agreement

Any Member who shall violate any of the terms, conditions, and provisions of this Operating Agreement shall keep and save harmless the Company property and shall also indemnify the other then Members from any and all claims, demands and actions of every manner, kind and nature whatsoever which may arise out of or by reason of such violation of any of the terms and conditions of this agreement.

IN WITNESS WHEREOF, the parties have executed this instrument, which may be executed in counterparts, as of the day and year first above written.

MEMBER:



SCHEDULE A

FAIR STREET 420, LLC

MEMBERS AND CAPITAL CONTRIBUTED

<u>Name and Address</u>	<u>Value of Property Contributed</u>	<u>Membership Interest</u>
Russell Dulac [REDACTED] Middletown, RI 02842	[REDACTED]	[REDACTED]
<u>Total:</u>	[REDACTED]	[REDACTED]

FAIR STREET 420, LLC

Written Consent of the [REDACTED]r

The undersigned, being the [REDACTED]r of FAIR STREET 420, LLC, a Rhode Island limited liability company (the "Company"), hereby takes the following actions by written consent and adopts the following resolutions:

RESOLVED: All actions taken by John D. Russell, Esquire, relating to the organization of the Company, including, but not limited to, the filing of the Certificate of Formation of the Company and the filing of the Fictitious Business Name Statement of Red Devil Dispensary, are hereby ratified, approved, and confirmed.

RESOLVED: The Company shall keep its financial records and statements on the basis of a fiscal year ending December 31.

RESOLVED: The written Operating Agreement of the Company signed by the Member will be filed in the record book of the Company.

RESOLVED: The establishment of accounts for the deposit, retention, disbursement, and/or transfer of funds of the Company with banks and other financial institutions is hereby authorized, and Russell Dulac, [REDACTED]r is hereby authorized and empowered to execute and deliver on behalf of the Company such agreements, documents, and instruments (which may or may not designate authorized signatories) in connection with the establishment and/or continuation of such bank accounts.

RESOLVED: In order to effectuate the intent of the foregoing resolution, any resolutions in the form prescribed by such financial institutions are hereby deemed adopted in such form as of the date hereof with the same force and effect as if set forth herein in full together with such modifications, renewals, confirmations, deletions, insertions, and variations thereof as shall from time to time be requested by such institutions or as shall be deemed advisable or necessary or convenient and in the best interest of the Company, without further specific action by the Member of the Company, and any authorized signatory of the Member, acting singly, is hereby authorized to execute and certify to the adoption of such resolutions, which have been completed in accordance with the intent of the resolutions, and which resolutions shall be thereafter inserted in the proceedings of the Member of the Company.

RESOLVED: Russell Dulac, [REDACTED]r, of the Company is hereby authorized, empowered, and directed to do and perform all things, pay all fees, and execute any and all documents and instruments as she shall, in

her sole discretion, deem to be necessary to effectuate the intent of the foregoing resolutions.

Dated: as of December 16th, 2025

Sole Member:



Russell Dulac

STATEMENT OF FORMATION

OF

FAIR STREET 420, LLC

The undersigned, being the [REDACTED], hereby agrees to form **FAIR STREET 420, LLC** (the "Company"), as a limited liability company pursuant to the provisions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, and hereby authorizes John D. Russell, Esquire, to execute and deliver the Articles of Organization of the Company for filing to the State of Rhode Island, Office of the Secretary of State.

Dated as of December 16 2025

Member:

A handwritten signature in blue ink, appearing to read "John D. Russell", is written over a horizontal line.

AUR FORM 2 SECTION IV(B)

**ORGANIZATIONAL CHART DEPICTING ALL INTEREST HOLDERS IDENTIFIED
IN AUR FORM 2**

Russell Dulac

[REDACTED]
[REDACTED] Owner & CEO)



Fair Street 420, LLC
D/B/A Red Devil Dispensary

Russell Dulac [REDACTED]
[REDACTED] Owner)



RFP, LLC
(Lessor of 8 Fair St., Unit 1
Newport, RI)



RFP, LLC is owner of proposed premises and lessor to the Applicant. RFP, LLC does not have an ownership interest in, nor does it maintain managerial or operational control of, the Applicant.

AUR FORM 2 SECTION IV(C)

**LIST OF INTEREST HOLDERS IDENTIFIED IN AUR FORM 2 SECTIONS I(A) AND
I(D)**

C) Russell Dulac – [REDACTED] Chief Executive Officer of Fair Street 420, LLC d/b/a Red Devil Dispensary. Mr. Dulac is providing [REDACTED] in funds for startup.

AUR FORM 2 SECTION IV(D)

**LIST OF INTEREST HOLDERS IDENTIFIED IN AUR FORM 2 SECTIONS I(A), I(B),
I(C) AND I(E)**

D) Russell Dulac – [REDACTED] and Chief Executive Officer of Fair Street 420, LLC d/b/a Red Devil Dispensary. Mr. Dulac, as [REDACTED] of Fair Street 420, LLC, shall have profits, losses, and distributions allocated according to Section VII of Fair Street 420, LLC's Operating Agreement. A copy of the Operating Agreement is provided in response to AUR Form 2 Section IV(A). In addition, distribution to Mr. Dulas as [REDACTED] of Fair Street 420, LLC shall be made at least annually as income has been received by Fair Street 420, LLC, accounts determined and tax returns filed in accordance with Section XVII of the Fair Street 420, LLC Operating Agreement.



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>N/A_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>2. Has Applicant and/or any Owner or Interest Holder ever been denied a professional license, privilege of taking an examination, or had a professional license or permit revoked or suspended by a licensing authority in Rhode Island or any other state or jurisdiction (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization)? If “Yes” provide a brief explanation, copies of all documentation and name/address/ phone number/contact person for the licensing/registration/authorization authority.</p> <p>N/A_____</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>N/A</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 type="checkbox"/>	No <input checked="" type="checkbox"/>
N/A		
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: a. The Cannabis Control Commission is vested with certain authority and discretion under the Act and Regulations with respect to review and approval of an Adult-Use Cannabis Retail License; and b. The Cannabis Control Commission’s decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 <i>et seq.</i>	Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/>	No <input 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

12/23/2025

Date

Russell Dulac

Printed Name:
Print Title: Chief Executive Officer
Print Name of Applicant: Fair Street 420, LLC

AUR Form 4 – Business License Identification Form

Applicant hereby state(s) as follows:

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

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

12/23/2025

Date

Russell Dulac

Printed Name:
Print Title: Chief Executive Officer
Print Name of Applicant: Fair Street 420, LLC