

**FEBRUARY 15, 2024 AMENDMENT TO
OPERATING AGREEMENT OF
GREEN CHOICE DISPENSARIES, LLC**

This Amendment, dated February 1, 2024 ("Amendment") to the Operating Agreement ("Operating Agreement") of Green Choice Dispensaries, LLC, a Commonwealth of Massachusetts limited liability company ("Company"), amends the said Operating Agreement of the Company, which was formed on January 23, 2019 (the "Organization" date), and amends all subsequent amendments of said Operating Agreement from the date of Organization, as the same are reflected in the records of the Secretary of the Commonwealth and the Company's records.

WHEREAS, the Company Green Choice and Member GC2, LLC, desires to enter into an agreement for the funding of the Company and certain other operational and management details as of the date listed above as a [REDACTED] business partnership and,

WHEREAS, the parties seek to have the Company operate with cash derived from the Company's sales; and,

WHEREAS, the parties intend the foregoing to reflect their respective obligations to the Company from the date listed above henceforth, for the betterment and benefit of the Company;

NOW, THEREFORE, the Member GC2, LLC and the Company (Green Choice) hereby amend the Company's Operating Agreement as follows:

Notwithstanding any existing Article, Section, Paragraph or Provision of said Operating Agreement, the parties agree that:

AMENDMENT TERMS:

1. Member GC2, LLC shall fund and maintain sufficient cash flow in the Company to render it a continuing going concern. The disbursement schedule agreed upon is that money will be deposited upon receipt of request from the company. Member GC2, LLC will have 7 days from receipt of request to provide increments of up to [REDACTED]

2. The Company (Green Choice) and member GC2, LLC shall operate as [REDACTED] business partners in all aspects of the business and shall share membership interest in the company Green Choice at [REDACTED] for each party.

3. All inventory orders over \$5,000.00 shall be approved in advance by The Company (Green Choice) and Member GC2, LLC, which approval shall not be unreasonably withheld. Any fiscal concerns which are pre-conditions to any inventory order shall be communicated and documented in writing as between the two (2) Members. Email can suffice as such notice.

4. Payroll adjustments, including any increases in payroll expense(s) must be mutually agreed upon by The Company (Green Choice) and Member GC2, LLC. Company (Green Choice) will handle staffing and compliance with no notice necessary to Member GC2, LLC.

5. Notwithstanding a sale of the Company, as addressed in Paragraph 17, below, in the event of a refinance of the Company, then [REDACTED]
[REDACTED] promissory note shall be repaid to The Company or any principal thereof guaranteeing or providing said funding, as the case may be.

6. The Company (Green Choice) shall be responsible for the day-to-day management of the Company's operations.

7. Once the Company's marketing budget is agreed upon, any increase over 5% of the company's marketing budget and related expenses shall be mutually agreed upon by and between The Company (Green Choice) and Member GC2, LLC.

8. The parties agree to hold weekly meetings of up to one (1) hour (or longer, if needed) duration, to discuss any subject concerning the Company and its fiscal or operational matters.

9. Both parties shall have access to the Company's checkbooks, bank accounts, and credit cards at all times. The only ones who can write checks should have a fiduciary responsibility to the company.

10. The parties shall mutually agree upon the selection of the Company's accountant or accounting firm.

11. The parties agree in advance that once the Company becomes profitable (defined as that point at which the Company's total income is greater than its total expenses), the Company will use commercially reasonable efforts to refinance all debt with a banking institution on terms that are reasonably acceptable to the company, which does not include any personal guarantee, such that the Company shall be solely responsible for the Company's debt burden.

12. In the event that the Company is sold, The Company (Green Choice) and Member GC2, LLC agree in advance that [REDACTED] of debt, or whatever sum is remaining from said debt, as secured and guaranteed by or through The Company or any of its principals, shall be paid first. If there is a sale and a loss is generated on said sale, then any amount greater than [REDACTED] shall be allocated between The Company (Green Choice) and Member GC2, LLC on a [REDACTED] split. The Members agree in advance that The Company (Green Choice) has invested [REDACTED] towards its [REDACTED] interest.

13. A member may transfer its equity ownership in the company only with consent of the other member

MISCELLANEOUS.

1. Counterparts. This Amendment may be executed in one or more counterparts, all

of which shall be considered one and the same agreement, and shall become effective when one or more counterparts have been signed by each of the parties hereto and delivered (including by facsimile or electronic mail) to the other parties hereto.

2. Ratification. Except as amended hereby, the Company's Operating Agreement shall remain in full force and effect as previously executed, including, all prior amendments thereto, and each Member hereby ratifies the Company's Operating Agreement as amended hereby.

IN WITNESS WHEREOF, the undersigned Members, who are all of the members of the Company, intending to be legally bound, have caused this Amendment to be duly executed and delivered as of the date first set forth above.

GREEN CHOICE DISPENSARIES, LLC

By: 

(printed name)

Michael P. Green

GC2, LLC

By: 

(printed name)

Kyle Seabolt

**The Commonwealth of Massachusetts, William Francis Galvin
Corporations Division**

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Certificate of Amendment

(General Laws, Chapter 156C, Section 13)

Filing Fee: \$100.00

Identification Number:

1.a. Exact name of the limited liability company: GREEN CHOICE DISPENSARIES, LLC

☐ Check if amending entity name

1.b. The exact name of the limited liability company as amended, is:

GREEN CHOICE DISPENSARIES, LLC

1.c. The date of filing of the original certificate of organization:

01/23/2019

2. Address in the Commonwealth where the records will be maintained:

Number and street: 1543 FALL RIVER AVE

Address 2: SUITE 1

City or town: SEEKONK State: MA Zip code: 02771

Country: UNITED STATES

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO APPLY FOR BUSINESS LICENSES FROM MASSACHUSETTS CCC.

4. The latest date of dissolution, if specified: (mm/dd/yyyy)

5. Name and address of the Resident Agent:

Agent name: ERIC S. BRAINSKY, ESQ.

Number and street: SUITE 1

Address 2: 1543 FALL RIVER AVENUE

City or town: SEEKONK State: MA Zip code: 02771

6. The name and business address of each manager, if any:

Title	Name	Address
MANAGER	MICHAEL GRENIER	
MANAGER	KYLE F. SEYBOTH	

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Name	Address

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Name	Address
REAL PROPERTY	MICHAEL GRENIER	
REAL PROPERTY	KYLE F. SEYBOTH	

9. Additional matters:

10. State the amendments to the certificate:

CHANGING AUTHORIZED SIGNATORIES AND MANAGERS

11. The amended certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than ninety (90) days from the date of filing is specified:

Later Effective Date (mm/dd/yyyy): Time (HH:MM)

SIGNED UNDER THE PENALTIES OF PERJURY, this 17 Day of December, 2024,

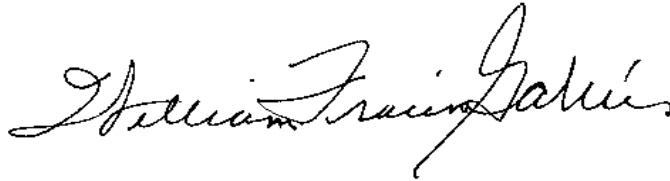
KYLE F. SEYBOTH

, Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

December 17, 2024 11:00 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



No. 2024-025
Home # 508-928-1255
Work #

Town of Blackstone

Blackstone, Massachusetts 01504

BUSINESS CERTIFICATE

In conformity with the provisions of Chapter One Hundred Ten, Section Five, of Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of

Green Choice Dispensaries, LLC d/b/a "Choice - Green
(Name of business)
at 114 Main St, Blackstone, MA 01504 Choice Cannabis.
(address of business)

by the following named person(s): (Include corporate name and title, if corporate officer)

FULL NAME	RESIDENCE
<u>Monica Paolino</u>	<u>Cranston, R.I.</u>
<u>John Vankotis</u>	<u>East Greenwich, R.I.</u>
<u>Michael Greenin</u>	<u>Kingston, R.I.</u>

SIGNATURES

[Signature]

On August 6, 2024 the above-named person(s) personally appeared before me and made oath that the foregoing statement is true.

(Seal) **ANTHONY J. PAOLINO**
Notary Public, State of Rhode Island
My Commission Expires 01/22/2027
Commission # 44381

[Signature]
OR
Notary Public
Town Clerk

IDENTIFICATION PRESENTED:

Driver's License # _____
Other _____

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5, of Massachusetts General Laws, Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring, or withdrawing from such business or partnership.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine of not more than Three Hundred Dollars (\$300.00) for each month during which such violation continues.

CERTIFICATE EXPIRES:

September 4, 2028

STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF
BUSINESS, WITHDRAWAL, OR DECEASED FROM BUSINESS OR PARTNERSHIP

1) In conformity with the provisions of Chapter 110, Section 5, of the Massachusetts General Laws, the undersigned hereby declare(s) that we(I) have this day

☐

Discontinued

☐

Withdrawn from

the business known as

conducted at

as set forth in the certificate filed on

NAME

ADDRESS

2) The location of ☐ the business
business certificate of

☐

my residence

as it appears on the

filed on

has been changed to

3) As Executor or Administrator for the Estate of

who died on _____, I hereby request a

☐
☐

Discontinuance of the business certificate

Withdrawal of his/her name from the business certificate

filed on

in the name of

SIGNATURES:



On _____ the above-named person(s) appeared before me and made
oath that the foregoing statement is true.

(Seal)

Commission Expiration Date

OR

Notary Public

Town Clerk

IDENTIFICATION PRESENTED:

Driver's License #

Other

Newport

(Summary Data - may not be Complete Representation of Property)

Parcel: 32-151
Account: 5663

Location: 479-481 THAMES ST
User Acct: R06037

Owner: ELEVATOR PROPERTIES INC
LUC: 04 - Combination Zoning: WB

Parcel Values

Total: \$1,071,400 Land: \$869,800 Land Area: 0.084 AC Building: \$1,273,000 Assessed: \$1,071,400

Sales Information

Book and Page	Instrument Type	Date	Price	Grantor
2978-154	Warranty	03/12/2021	\$850,000	BEDARD GEORGE &
1908-115		01/18/2008	\$0	BEDARD GEORGE

Building Type: MIX USE LG	Year Built: 1890	Grade: B-	Condition: AG
Heat Fuel: Gas	Heat Type: Hot Water	% Air Conditioned: 0.00	Fireplaces: 0
Exterior Wall: Wood Shingle	Bsmnt Garage: 0	Roof Cover: Asph/F Gls/C	# of Units: 6
# of Rooms: 0	# of Bedrooms: 4	Full Bath: 4	1/2 Baths: 2

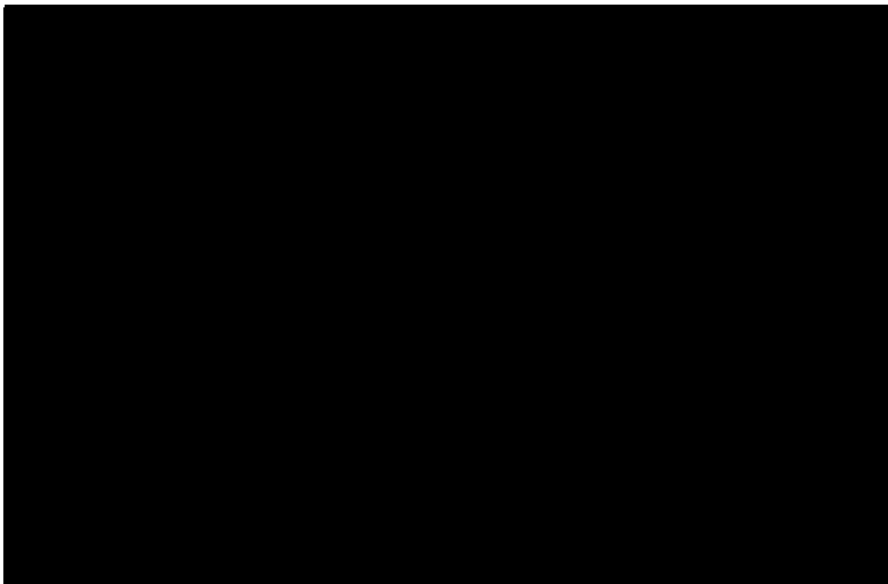
Yard Item(s)

Description	Quantity	Size	Year	Condition	Quality	Value
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Building Areas

Area	Net Area	Finished Area
Basement, Unfinished	1,658 SF	0 SF
First Floor	1,658 SF	1,658 SF
Porch, Open, Finished	80 SF	0 SF
Three Quarter Story	345.6 SF	345.6 SF
Upper Story, Finished	1,668 SF	1,668 SF

Disclaimer: This information is for tax
assessing purposes
and is not warranted



Ownership Disclosure Form

Green Choice Dispensaries, LLC

Adult-Use Cannabis Retail Application

(One per Owner)

Owner Name: Kyle Seyboth

Position/Role: Owner

Location(s): Pawtucket – 404 Smithfield Ave
Newport – 479 Thames St

Applicant Entity: Green Choice Dispensaries, LLC

Ownership Percentage: [REDACTED]

Date of Birth: [REDACTED]

Home Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Disclosure Questions

(Each must be answered "Yes" or "No")

1. Have you ever been convicted of a felony?
☐ Yes ☒ No
If yes, explain: _____
2. Do you currently have any outstanding criminal charges?
☐ Yes ☒ No
3. Have you ever been disciplined by any regulatory body (state or federal)?
☐ Yes ☒ No
4. Are you a party to any lawsuit related to business practices or financial fraud?
☐ Yes ☒ No
5. Do you currently hold an ownership interest in any other cannabis-related business?
☐ Yes ☒ No
If yes, specify: _____

Certification

I certify that the information provided in this Ownership Disclosure Form is true, complete, and accurate to the best of my knowledge.

Signature: 

Printed Name: Kyle Seyboth

Date: 12/15/25

Management Disclosure Form

(One per manager/officer)

Manager/Officer Name: Kyle Seyboth

Role: (GM / CCO / ICM / AP Manager / Security Manager / etc.)

Employer: Green Choice Dispensaries, LLC

Business Locations:

- 404 Smithfield Ave., Pawtucket
- 479 Thames St., Newport

Disclosure Statements

1. Prior cannabis industry employment?

☒ Yes ☒ No

If yes, describe: owner Retail dispensary Massachusetts

2. Any past regulatory violations in any jurisdiction?

☐ Yes ☒ No

3. Are you currently licensed in any other state cannabis program?

☒ Yes ☐ No

Certification

I attest that all information provided is true and accurate.

Signature:  Date: 12/15/25

Financial Source Disclosure

(One form per financial contributor or capital source)

Applicant Entity: Green Choice Dispensaries, LLC

Contributor Name / Entity: Kyle Seyboth / GCA, LLC.

Contribution Type:

☒ Capital Investment

☐ Loan

☐ Gift

☐ Other: _____

Amount Provided: \$

Date Provided or Expected: 1/1/26

Source of Funds Details:

- Bank or Institution Name:
- Account Type: Checking
- Origin of Funds (employment, sale of property, etc.):
employment
- Supporting Documentation Attached:
 - ☒ Bank Statements (3–6 months)
 - ☐ Income Verification
 - ☐ Loan Documents
 - ☐ Other: _____

Certification

I certify that the above information is accurate and that the funds are not derived from unlawful activity.

Signature: 

Printed Name: Kyle Seyboth

Date: 12/15/25

ADA & Workforce Compliance Attestation

Applicant: Green Choice Dispensaries, LLC

Locations:

- 404 Smithfield Ave, Pawtucket
- 479 Thames St, Newport

Green Choice attests to the following:

ADA Compliance

- All facilities will be ADA accessible.
- Entrances, hallways, and restrooms meet ADA standards.
- Reasonable accommodations will be made for employees and customers with disabilities.
- No customer will be denied service because of a disability.

Workforce Compliance

- All hiring practices will comply with state and federal employment law.
- Green Choice does not discriminate on the basis of race, ethnicity, gender, age, disability, religion, or sexual orientation.
- Green Choice will provide equal access to advancement opportunities.

Authorized Signatory:

Name: Kyle Seybourn

Title: owner

Signature: [Signature]


Date: 12/15/25

Security & Access Control Attestation

Applicant Entity: Green Choice Dispensaries, LLC

We hereby certify that both proposed retail facilities will maintain:

- 24/7 digital video surveillance
- 90-day retention of footage
- Controlled access to restricted areas (keycards)
- Dual-authentication vault access
- Alarm system with panic buttons
- Glass-break, motion, and intrusion detection
- Camera coverage of all sensitive areas
- Professional third-party monitoring
- Incident reporting procedures compliant with **560-RICR-10-10-1.6**


Authorized Signatory: 
Position: Owner
Date: 12/15/25

Inventory Control & METRC Attestation

Green Choice Dispensaries, LLC certifies that:

- All cannabis inventory will be tracked in **Metrc** as required by RI CCC.
- Only trained, authorized users will access Metrc.
- Inventory will be reconciled daily.
- Full physical audits will occur weekly and monthly.

- All package adjustments will be documented.
- Waste destruction will follow the 50/50 method.
- All product movement will be logged in real time.

Signature: 
Name: Kyle Seybold
Date: 12/10/25

Incident & Emergency Reporting Acknowledgment

Green Choice acknowledges:

- All theft, loss, or diversion incidents will be reported to the Commission within **24 hours**.
- All security failures will be reported within **24 hours**.
- Medical emergencies and dangerous events will be documented immediately.
- All employees will be trained in emergency response.
- All incidents will be logged, reviewed, resolved, and stored for five years.

Authorized Person: Kyle Seyboth
Signature: [Signature]
Date: 12/10/25

Applicant Attestation (Final Required Form)


I, the undersigned, hereby certify that:

1. All information submitted in this application is true and complete.
2. Green Choice Dispensaries, LLC will comply with all provisions of the Rhode Island Cannabis Act and **560-RICR-10-10**.
3. All owners, officers, managers, and employees will comply with state law.
4. No individual listed in this application has been removed or disassociated unless disclosed.
5. Any material change to operations or ownership will be reported immediately.

Applicant Entity: Green Choice Dispensaries, LLC

Authorized Representative: Kyle Seyboth

Title: Owner

Signature:  _____
Date: 12/15/25

Green Choice Dispensaries, LLC

Adult-Use Cannabis Retail | Newport Only (479 Thames St.)

FACILITY & ZONING

- ☒ **Address and plat/lot numbers**
(479 Thames St., Newport, RI 02840)
- ☐ **Final zoning approval from host municipality**
(Pending zoning hearing & city approval)
- ☐ **Attestation of compliance with all local ordinances**
(Prepared; signed version pending zoning approval)
- ☒ **Proof of property ownership or lease permitting cannabis operations**
(Property owned by Kyle Seyboth; lease contingent on licensure)
- ☐ **Proof property is not within 500 feet of a K-12 school**
(Typically provided via zoning confirmation or site plan — pending)
- ☐ **Floor and site plan detailing all areas & activities (security + ADA)**
(Architectural floor plan pending final stamp)

RI CCC FORM 2 — Management Disclosure Form

(One per manager/officer)

Manager/Officer Name: JARED BENSON
Role: (GM / CCO / ICM / AP Manager / Security Manager / etc.)
Employer: Green Choice Dispensaries, LLC

Business Locations:

- 479 Thames St., Newport

Disclosure Statements

1. Prior cannabis industry employment?
☒ Yes ☐ No
If yes, describe: VP OF GREEN CHOICE DISPENSARIES, LLC. IN MASS.
2. Any past regulatory violations in any jurisdiction?
☐ Yes ☒ No
3. Are you currently licensed in any other state cannabis program?
☒ Yes ☐ No

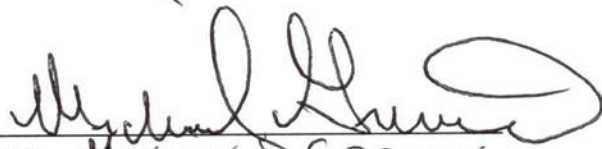
Certification

I attest that all information provided is true and accurate.

Signature: Jared Benson Date: 12/24/25

I certify that the information provided in this Ownership Disclosure Form is true, complete, and accurate to the best of my knowledge.

Signature:



Printed Name:

Michael D. Geaney

Date:

12-24-25

RI CCC FORM 2 — Management Disclosure Form

(One per manager/officer)

Manager/Officer Name: MICHAEL GRENIER
Role: (GM / CCO / ICM / AP Manager / Security Manager / etc.)
Employer: Green Choice Dispensaries, LLC

Business Locations:

- 479 Thames St., Newport

Disclosure Statements

1. Prior cannabis industry employment?
☒ Yes ☐ No
If yes, describe: Owner GREEN CHOICE DISPENSARIES, LLC IN MASSACHUSETTS
2. Any past regulatory violations in any jurisdiction?
☐ Yes ☒ No
3. Are you currently licensed in any other state cannabis program?
☒ Yes ☐ No

Certification

I attest that all information provided is true and accurate.

Signature:  Date: 12-24-25



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:

Green Choice Dispensaries, LLC

is a Limited Liability Company formed under the laws of **MASSACHUSETTS**

that qualified to conduct business in this state on **November 19, 2025**. I further certify that revocation proceedings are not pending; a certificate of withdrawal has 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 04, 2025

Secretary of State

Certificate Number: 25120028550

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

Processed by: lsmith



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

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

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
	Green Choice Dispensaries, LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Alicia Medeiros

Business Name: Green Choice Dispensaries

No. and Street: 969 Waterman Ave

City or Town: East Providence

State: RI

Zip: 02914

Country: USA

Contact Phone: 401-663-5145 ext:

Contact Email: alicia@seybothteam.com



**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

**Foreign Limited Liability Company
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Green Choice Dispensaries, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: MA Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

ARTICLE IV

The date of its organization is: 1/23/2019

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 564 SOUTH WATER STREET

City or Town: PROVIDENCE

State: RI Zip: 02903

Name: RYAN J. LUTRARIO, ESQ.

Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

CANNABIS DISPENSARY

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 1543 FALL RIVER AVE
SUITE 1

City or Town: SEEKONK State: MA Zip: 02771 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 1543 FALL RIVER AVENUE
SUITE 1

City or Town: SEEKONK State: MA Zip: 02771 Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members* or X 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
MANAGER	KYLE F SEYBOTH	[REDACTED]
MANAGER	MICHAEL GRENIER	[REDACTED]

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 19 Day of November, 2025 at 10:21:16 AM by the Authorized Person.

RYAN J. LUTRARIO

Form No. 450
Revised 09/07

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All Rights Reserved



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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

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

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

office on this day:

November 19, 2025 10:20 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State





No. 2024-025
Home # 508-928-1255
Work #

Town of Blackstone
Blackstone, Massachusetts 01504

BUSINESS CERTIFICATE

In conformity with the provisions of Chapter One Hundred Ten, Section Five, of Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of

Green Choice Dispensaries, LLC. d/b/a "Choice - Green
(Name of business) Choice Cannabis
at 114 Main St, Blackstone, MA 01504
(address of business)

by the following named person(s): (Include corporate name and title, if corporate officer)

FULL NAME	RESIDENCE
<u>Marika Paolino</u>	<u>Cranston, R.I.</u>
<u>John VanKotis</u>	<u>East Greenwich, R.I.</u>
<u>Michael Green</u>	<u>Kingston, R.I.</u>

SIGNATURES

[Signature]

On August 6, 2024 the above-named person(s) personally appeared before me and made oath that the foregoing statement is true.

ANTHONY J. PAOLINO
Notary Public, State of Rhode Island
(Seal) My Commission Expires 01/22/2027
Commission # 44361

[Signature]
OR
Notary Public
Town Clerk

IDENTIFICATION PRESENTED:

Driver's License #
Other

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5, of Massachusetts General Laws, Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring, or withdrawing from such business or partnership.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine of not more than Three Hundred Dollars (\$300.00) for each month during which such violation continues.

CERTIFICATE EXPIRES:

September 4, 2028

STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF
BUSINESS, WITHDRAWAL, OR DECEASED FROM BUSINESS OR PARTNERSHIP

1) In conformity with the provisions of Chapter 110, Section 5, of the Massachusetts General Laws, the undersigned hereby declare(s) that we(I) have this day

☐

Discontinued

☐

Withdrawn from

the business known as

conducted at

as set forth in the certificate filed on

NAME

ADDRESS

2) The location of ☐ the business
business certificate of

☐

my residence

as it appears on the

filed on

has been changed to

3) As Executor or Administrator for the Estate of

who died on , I hereby request a

☐
☐

Discontinuance of the business certificate

Withdrawal of his/her name from the business certificate

filed on

in the name of

SIGNATURES:



On the above-named person(s) appeared before me and made
oath that the foregoing statement is true.

(Seal)

Commission Expiration Date

OR

Notary Public
Town Clerk

IDENTIFICATION PRESENTED:

Driver's License #

Other



THE CITY OF NEWPORT, RHODE ISLAND – AMERICA'S FIRST RESORT

Department of Planning & Development

ZONING CERTIFICATE

November 17, 2025

Kyle Seyboth
The Seyboth Team
Century 21 Real Estate
235 Taunton Avenue
Seekonk, MA 02771

RE: 479-481 Thames Street, Tax Assessor's Plat 32, Lot 151
Property of ELEVATOR PROPERTIES INC.

Dear Mr. Seyboth;

The undersigned, Nicholas Armour, being the Zoning Officer for the City of Newport, Rhode Island, hereby certifies to as follows:

1. The property is located in a Waterfront Business (WB) Zoning District. The property is not located within the local Newport Historic District.
2. The property contains approximately 3,662 sq. ft. of land. The lot is a legal non-conforming lot of record.
3. The use of the property is that of a mixed use. The property contains a building containing both three (3) dwelling units and two stores where goods and services are primarily rendered at retail. The residential use is a legal conforming use permitted by a special use permit under section 17.56.020 (B)(1) of the zoning code of the City of Newport. The three dwelling units do not conform to the density requirements as specified under 17.56.070 (D), however they are legally grandfathered. The retail use is permitted under section 17.56.020(A)(10). Use as an adult cannabis retail store would be permitted under this.
4. The Tax Assessors records indicate the presence of a fourth dwelling unit. There are no Zoning records on file confirming the legality of this fourth dwelling unit. This fourth dwelling unit may be in violation of the Zoning Code of the City of Newport. To make the fourth unit legal, the property owner would have to apply for a Special Use Permit from the Zoning Board of Review and be approved.
5. The three dwelling units and retail structure can be rebuilt "as is" if destroyed by fire or other natural causes.



THE CITY OF NEWPORT, RHODE ISLAND – AMERICA'S FIRST RESORT

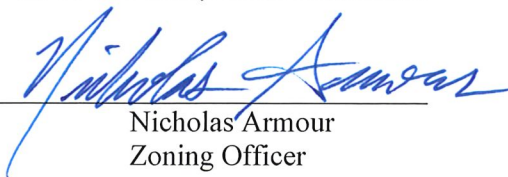
Department of Planning & Development

ZONING CERTIFICATE

6. On July 22, 2020 the Newport City Council issued a moratorium, prohibiting the sale or dispensing of marijuana within the City of Newport. The moratorium expired on January 22, 2020.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 17th day of November 2025.

CITY OF NEWPORT, RHODE ISLAND

By: 
Nicholas Armour
Zoning Officer

LAURA C SWISTAK
CITY OF NEWPORT
CITY CLERK
Nov 18, 2025 03:19P
BOOK: 3282 PAGE: 139

City Hall, 43 Broadway, Newport, RI 02840
Telephone 401-845-5357 --- Fax 401-846-1824