

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

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	Green Door Apothecary, LLC You must attach the following documents to this Form: <ul style="list-style-type: none"> Articles of Incorporation filed with RI Secretary of State (SOS) Certificate of Good Standing from the RI SOS Evidence of filing a Fictitious Business Name Statement with the SOS, if applicable
	APPLICATION ZONE#	2 Also Applying in Zone 3 (Note separate applications and application fees are required to apply in multiple zones)
2	BUSINESS STREET ADDRESS	5 Albany Road
3	CITY, STATE, ZIP	Warwick, RI 02888
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	279 Scituate Avenue
5	CITY, STATE, ZIP	Johnston, RI 02919
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	44/363

7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	4,040
8	FEIN: (Federal Employer Identification Number)	<div style="background-color: black; width: 100px; height: 20px;"></div>
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION (401) 400 - 0064 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:	David J DiSanto
	Title:	Managing Member
	Mailing Address:	5 Albany Road, Warwick, RI 02888
	Email Address:	dave@deepgreenllc.com
	Phone Number	(401) 400 - 0064 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 #_____)

Green Door Apothecary, 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:

David J DiSanto

Print Name: David J DiSanto

Print Title: Managing Member

DATE:

12/20/2025

Green Door Apothecary, LLC

Articles of Organization

Form 1 Supplemental

Interest Holders:

Diana J. DiSanto

David J. DiSanto

Matthew D. Belair



**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: Green Door Apothecary, 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: 5 ALBANY ROAD

City or Town: WARWICK

State: RI

Zip: 02888-2102

The name of the resident agent at such address is: DAVID J DISANTO

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: 5 ALBANY ROAD

City or Town: WARWICK

State: RI

Zip: 02888-2102

Country: USA

ARTICLE V

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

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

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

provision which may be included in an operating agreement:

ARTICLE VII

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

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

The name and address of each manager:

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

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

Later Effective Date: 12/01/2025

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

Signed this 1 Day of December, 2025 at 12:45:33 PM by the Authorized Person.

DAVID J DISANTO

Address of Authorized Signer:

5 ALBANY ROAD

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 01, 2025 12:44 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State



Green Door Apothecary, LLC
Certificate of Good Standing
Form 1 Supplemental

Interest Holders:

Diana J. DiSanto

David J. DiSanto

Matthew D. Belair



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 Door Apothecary, LLC

is a Rhode Island Limited Liability Company organized on **December 01, 2025**.

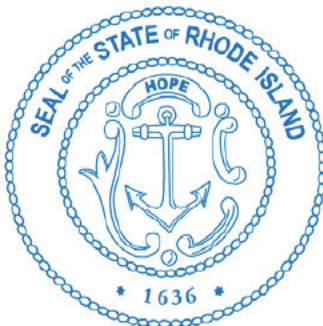
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

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 05, 2025

Secretary of State



Certificate Number: 25120033570

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

Processed by: dzainyeh

AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Green Door Apothecary, 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 David J DiSanto		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address dave@deepgreenllc.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-400-0064	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Applicant		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in applicant . [REDACTED]
Name of person or entity Diana J DiSanto		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address Deedee.lozano@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-400-0460	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Applicant		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in applicant . [REDACTED]
Name of person or entity Matthew D. Belair		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address Mdbelair14@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-996-8458	

Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Applicant		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in applicant . [REDACTED]	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in applicant .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in applicant .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in applicant .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in applicant .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in applicant .	
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.					
<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 David J DiSanto		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email dave@deepgreenllc.com
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-400-0064
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, with respect to the entity listed in the preceding box. Managing Member		List your title or role, if any, with respect to the Applicant Managing Member	
Name of person or entity Diana J DiSanto		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Deedee.lozano@gmail.com

Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-400-0460
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, with respect to the entity listed in the preceding box. Member			List your title or role, if any, with respect to the <u>Applicant</u> Member
Name of person or entity Matthew D. Belair		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Mdbelair14@gmail.com
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-996-8458
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, with respect to the entity listed in the preceding box. Member			List your title or role, if any, with respect to the <u>Applicant</u> Member
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.			List your title or role, if any, with respect to the <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.			List your title or role, if any, with respect to the <u>Applicant</u>

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 David J DiSanto		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Dave@deepgreenllc.com
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-400-0064
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, if any, with respect to the entity listed in the preceding box. Managing Member			
Name of person or entity Diana J. DiSanto		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email deedee.lozano@gmail.com
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-400-0460



Cannabis
Control
Commission
OF RHODE ISLAND

Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, if any, with respect to the entity listed in the preceding box. Member			
Name of person or entity Matthew D Belair		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Mdbelair14@gmail.com
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-996-8458
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, if any, with respect to the entity listed in the preceding box. Member			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
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, <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.					
Name of person or entity LFC, LLC		SSN/FEIN [REDACTED]		DOB	Email ddisanto@disantopriest.com
Address (residence if person; business address if entity) 80 Coolridge Avenue		City Greenville	State RI	ZIP 02828	Phone Number 401-241-6000
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) LFC, LLC		Describe the financial interest in entity listed in preceding box Landlord for Applicant			Describe the financial interest in Applicant, if different Landlord for Applicant
Name of person or entity David P. DiSanto		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email ddisanto@disantopriest.com
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number 401-241-6000

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

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

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

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



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

Section II: Who, besides the owners and other Interest Holders listed in this Form 2 (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan, give, or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.

Name of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Interest, including dollar value
N/A						

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

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

Section IV:

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



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.

David J DiSanto
Signature of Authorized Signatory

12/20/2025
Date

David J DiSanto
Printed Name
Print Title: Managing Member
Print Name of Applicant: Green Door Apothecary, LLC

Green Door Apothecary, LLC
Unanimous Written Consent of Members
Form 2A Supplemental

Interest Holders:

Diana J. DiSanto

David J. DiSanto

Matthew D. Belair

GREEN DOOR, LLC
Unanimous Written Consent of Members

The undersigned constituting all of the Members of Green Door Apothecary, LLC, a Rhode Island limited liability company (the "Company"), hereby take the following actions by written consent to organize the Company:

1. Organization. The Company's Articles of Organization filed with the office of the Rhode Island Secretary of State on December 1, 2025 are hereby approved and ratified.

2. Members. David J. DiSanto, Esq., Diana J. DiSanto and Matthew D. Belair

3. Management; Operating Agreement. The Company is managed by a manager. David J. DiSanto is hereby appointed as the initial manager. Concurrently herewith, the Members and the Company shall enter into an operating agreement.

4. Bank Account. The Manager, acting singly, is hereby authorized to open an account with any bank or other financial institution and to deposit in that account all funds of the Company. All resolutions required to open an account in accordance with this paragraph are adopted as the actions of the Members and may be signed by the Manager, acting singly, and any bank or financial institution may rely on a signed copy of this consent as evidence of such Manager's authority to do so.

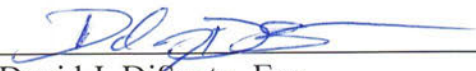
5. Organizational and Start-up Expenditures; Fiscal Year. The Members of the Company are hereby authorized to elect to amortize organizational and qualified start-up expenditures in accordance with Sections 248 and 195 of the Internal Revenue Code, as amended. That the Company shall keep its financial records and statements on the basis of a fiscal year ending December 31.

6. Approval of Prior Actions. All lawful actions by the Members or any of their representatives that were taken on behalf of the Company prior to the effective date of this written consent are hereby ratified and approved.


7. Membership Interests. For the consideration determined by the Members to be adequate, the Members each hold the percentage of the outstanding membership interests of the Company reflected in Exhibit A.

8. Purpose. That the Manager is, acting singly, authorized to take such actions and enter into any documents, instruments, certificates or agreements with regard to the sale or distribution of any assets of the Company as a Manager shall determine is necessary and desirable or proper (the necessity or desirability and propriety to be conclusively evidenced by the taking of any such action or execution of any document, instrument, certificate or agreement).

The undersigned, being all of the Members of the Company, have executed this unanimous written consent effective as of December 1, 2025.



David J. DiSanto, Esq.



Diana J. DiSanto



Matthew D. Belair

EXHIBIT A

Members

Percentage Interest

Diana J. DiSanto

David J. DiSanto, Esq.

Matthew D. Belair



Green Door Apothecary, LLC
Operating Agreement
Form 2A Supplemental

Interest Holders:

Diana J. DiSanto

David J. DiSanto

Matthew D. Belair

**OPERATING AGREEMENT
OF
GREEN DOOR APOTHECARY, LLC**

THIS OPERATING AGREEMENT (this "Agreement") is entered into as of the 1st day of December 2025, by the undersigned members (the "Members"), and GREEN DOOR APOTHECARY, LLC, a Rhode Island limited liability company (the "Company").

RECITALS:

WHEREAS, the parties to this Agreement have caused a limited liability company (the "Company") to be organized pursuant to the Rhode Island Limited Liability Company Act (the "Act").

WHEREAS, the parties to this Agreement wish to establish certain matters regarding the management of the Company, the conduct of its business, the transferability of membership interests and the rights and obligations of its Members as provided by the Act.

NOW, THEREFORE, in consideration of the mutual agreements set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. ORGANIZATION

1.1 Formation. The Company has been organized as a Rhode Island limited liability company under the name "GREEN DOOR APOTHECARY, LLC" by the filing of Articles of Organization (the "Articles") with the Rhode Island Secretary of State on December 1, 2025, pursuant to the Act. The Members hereby ratify and approve the Articles. The term "Members" or "Member" used in this Agreement shall mean the Members and such other persons admitted as Members under the terms of this Agreement.

1.2 Membership Interests. There shall be two classes of membership interests (each an "Interest" or collectively, the "Interests"). One class shall consist of voting interests and shall be designated as "Voting Interests." The second class shall consist of non-voting interests and shall be designated as "Non-Voting Interests." Only the Voting Interests shall have voting rights. Each Member shall have an Interest in the Company in the class indicated and equal to the percentages set forth in Exhibit A hereto, as adjusted from time to time.

1.3 Purpose and Scope. Subject to the provisions of this Agreement, the purpose of the Company is to operate a retail cannabis store. The business of the Company shall not be extended beyond the matters described in the immediately preceding sentence without Unanimous Consent. The term "Unanimous Consent" shall mean the consent of all Members owning Voting Interests, excluding Interests or economic interests held by persons not entitled to vote on Company matters.

1.4 Registered Office; Registered Agent; Principal Office in the United States; Other Offices. The registered agent and registered office of the Company required by the Act shall be as set forth in the Articles or as otherwise designated in accordance with the Act. The Company may have such offices as the Members or Manager (defined below) may designate from time to time.

1.5 Term. The Company commenced on the date the Articles were accepted for filing by the Rhode Island Secretary of State and shall have perpetual duration, unless dissolution occurs pursuant to the express provisions of this Agreement or the Act.

1.6 No State-Law Partnership. The Members intend that the Company not be a partnership (including, without limitation, a limited partnership) or joint venture, and that no Member be an agent, partner or joint venturer of any other Member with respect to the business of the Company or otherwise, for any purposes other than federal and state tax purposes, and this Agreement shall not be construed to suggest otherwise.

1.7 Members and Additional Members. (a) The Members of the Company are the parties executing this Agreement as of the date hereof. No other person shall become a Member without the consent of the Manager.

(b) A person becoming a Member after the date hereof (an "Additional Member") shall: (i) execute and deliver such agreements as the Members or the Manager (as hereinafter defined) may require; and (ii) make a Capital Contribution (defined below) in such amount and be entitled to an Interest as determined by the Manager.

1.8 Liability to Third Parties. No Member shall be liable for the debts, obligations or liabilities of the Company, including any such debts, obligations or liabilities arising under a judgment, decree or order of a court.

1.9 No Individual Authority. No Member shall have any authority to act for, or to undertake or assume, any obligations, debt, duty or responsibility on behalf of, the Company or any other Member, except as otherwise expressly provided in Section 3.

2. CAPITAL CONTRIBUTIONS; CAPITAL ACCOUNTS

2.1 Capital Contributions. Each of the Members has been credited with a capital contribution to the Company equal to their interest in the Company (the "Capital Contributions").

2.2 No Other Mandatory Capital Contributions. No Member shall be required to make any additional Capital Contributions to the Company except as provided in Sections 2.1 and 1.7(b) above, or to lend any funds to the Company.

2.3 Capital Accounts. A separate account (a "Capital Account") shall be maintained for each Member in accordance with the terms of this Agreement and principles set forth in Section 1.704-1(b)(2)(iv) of the Regulations (the "Regulations") adopted under the Internal

Revenue Codes of 1986, as amended (the "Code") and other applicable provisions of the Code, the Regulations issued under the Code from time to time and generally accepted accounting principles. The foregoing provisions and other provisions of this Agreement relating to the maintenance of Capital Accounts are intended to comply with Section 704(b) of the Code and Regulations Section 1.704-1(b) and shall be interpreted and applied in a manner consistent with such regulation. In the event that the Manager shall determine that it is prudent to modify the manner in which Capital Accounts, or any debits or credits thereto, are computed in order to comply with the Code and the Regulations, the Manager may make such modification, provided it is not likely to have a material effect on the amounts distributable to any Member pursuant to Section 4.1 or 7.2 of this Agreement.

2.4 No Interest on Capital Contributions. Except as otherwise expressly provided herein, no Member shall receive any interest on its Capital Contributions or its Capital Account, notwithstanding any disproportion therein as between any Members.

2.5 Return of Capital Contributions. No Member shall have the right to withdraw any Capital Contributions or to demand or receive property of the Company. Except as may be specifically provided in this Agreement, no Member shall have the right to any distribution in return for his or her Capital Contribution.

3. MANAGEMENT

3.1 General. Unless a Manager or Managers (defined below) shall have been elected and shall be serving as provided below, (a) the powers of the Company shall be exercised exclusively by or under the exclusive authority of, and the business and affairs of the Company shall be managed under the exclusive direction and control of, the Members; and (b) the Members may make all decisions and take all actions at the expense of, for, or on behalf of, and in the name of, the Company not otherwise provided for in this Agreement. Except as otherwise provided in this Agreement, management decisions by the Members shall be made by Unanimous Consent (as defined in Section 1.3 hereof).

3.2 Manager.

(a) The Members may appoint or elect one or more persons (as defined in the Act) to act as manager or managers (as defined in the Act) (individually or collectively, a "Manager"). When so appointed or elected, except as expressly otherwise provided in the Act or this Agreement, the powers of the Company shall be exercised by or under the authority of the Manager, and the Manager may make all decisions and take all actions for and on behalf of the Company except as otherwise provided for in this Agreement. In the event no Manager is at the time serving, (a) references in this Agreement to the Manager shall be deemed references to the Members, and (b) actions required or permitted to be taken by the Manager shall or may be taken by the Members by Unanimous Consent (as defined in Section 1.3 hereof). The initial Manager shall be David J. DiSanto, Esq.

(b) Any Manager may be removed by the Unanimous Consent of the Members, with or without cause. A Manager need not be a Member.

(c) The Manager shall at all times exercise his responsibilities in a fiduciary capacity, to the extent required by law, and in a manner consistent with the objectives of the Company.

(d) The Manager shall provide to the Members an accounting of the Company's finances no less than annually.

(e) In no event shall the Manager borrow funds, grant a lien on the Company's assets or sell assets of the Company without Unanimous Consent of the Members (as defined in Section 1.3 hereof).

3.3 Delegation of Authority and Duties.

(a) The Members or Manager, as the case may be, may, from time to time, appoint one or more persons as authorized agents of the Company with such duties as the Members or Manager may deem advisable in order to carry out the business of the Company. In addition, the Members or Manager may assign titles to any such person. Unless otherwise designated, if the title is one commonly used for officers of a business corporation formed under the Rhode Island Business Corporation Act, as amended from time to time, the assignment of such title shall constitute the delegation to such person of the authority and duties that are normally associated with that office, subject to any specific delegation or limitation made by the Members or Manager, with or without cause. Any assignment of title pursuant to this Section 3.3 may be revoked by the Manager or by Unanimous Consent of the Members, with or without cause.

(b) Any person dealing with the Company, other than a Member, may rely on the authority of any officer in taking any action in the name of the Company without inquiry into the provisions of this Agreement or compliance herewith, regardless of whether that action actually is taken in accordance with the provisions of this Agreement.

3.4 Meetings; Action by the Members.

(a) The Members shall meet from time to time as may be necessary to consider Company matters and to conduct voting on such matters as require the consent of the Members. Such meetings shall take place on such date, at such time and at such location as any Member or Members holding an aggregate of at least fifty percent (50%) of the Interests entitled to vote may specify in a notice delivered to each Member not earlier than 60, nor later than 2, days prior to the date specified in such notice. A Member may waive notice of any meeting, before or after the date of the meeting, by delivering a signed waiver to the Company for inclusion in the minutes of the Company. A Member's attendance at any meeting, in person or by proxy: (i) waives objection to lack of notice or defective notice of the meeting, unless the Member at the beginning of the meeting objects to holding the meeting or transacting business at the meeting; and (ii) waives objection to consideration of a particular matter at the meeting that is not within the purposes described in the meeting notice, unless the Member objects to considering the matter when it is presented.

(b) A Member may appoint a proxy to vote or otherwise act for the Member pursuant to a written appointment form executed by the Member or the Member's duly authorized attorney-in-fact.

(c) No assignee of a Member's Interest or economic interest of an Interest shall be entitled to vote or participate on any matters at any meeting unless and until such assignee becomes a substitute Member as provided herein.

(d) Any action required or permitted to be taken at any meeting of Members may be taken without a meeting, without prior notice and without a vote, if a consent in writing, setting forth the action so taken, shall be signed by Members having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all Members entitled to vote were present and voted. Notice of any such action shall be mailed promptly thereafter to all Members.

3.5 Indemnification. The Company shall indemnify and hold harmless and advance expenses to (a) each Member, (b) each Manager, officer and other person authorized to act on behalf of the Company hereunder and (c) each director, officer, agent, partner, employee, counsel and affiliate of each Member, Manager, Officer and other authorized person of the Company, or of any of their affiliates, in each case to the fullest extent provided under the Act and under other applicable law.

3.6 Liability of Members.

(a) No Member shall be personally liable for the debts, obligations or liabilities of the Company, including any such debts, obligations or liabilities arising under a judgment decree or order of a court. No Member, Manager, officer, employee or other agent of the Company shall have any personal liability to the Company or any Member for monetary damages for breach of any duty provided for under the Act, except as otherwise provided in the Act.

(b) No Member, Manager or officer or any agent, partner, employee, counsel or affiliate of a Member, Manager or officer shall be liable, responsible or accountable in damages or otherwise to the Company or any Member for any action taken or failure to act (even if such action or failure to act constituted negligence on such person's part) on behalf of the Company within the scope of the authority conferred by this Agreement or by law, unless such act or failure to act was performed or omitted willfully or intentionally and in bad faith.

3.7 Other Activities. This Agreement shall not limit the right of any Member or any affiliate of any Member to engage or invest, directly or indirectly, in any business activity or venture of any kind. None of the Members nor any of their affiliates shall have any obligation to offer any such business activity or venture to the Company. Neither the Company nor any Member shall have any right, by reason of this Agreement or the relationship created hereby, to participate in such investments or to such other activities or ventures. Such activities or ventures, even if the same, directly or indirectly, or competitive with the business of the Company, shall not be deemed wrongful or improper.

4. ALLOCATIONS; AND DISTRIBUTIONS

4.1 Distributions of Available Income. Distributions of Available Income (defined below) shall be made at such time or times as determined by the Manager; provided, however, that such distributions shall be made at least annually to the extent that there is any Available Income. Each distribution of Available Income shall be made to the Members, pro rata, in accordance with their respective Interests. For purposes of this Agreement, "Available Income" shall mean, as of any date, net income on hand from any source less (a) an amount sufficient to pay all current expenses of the Company as of such date and (b) reasonable reserves as determined by the Manager. To the extent not previously distributed during the preceding year, the Company shall distribute to the Members on or before March 15 of each year, an amount of Available Income sufficient to permit the payment by the Members of applicable Federal and Rhode Island income taxes on account of income of the Company, assuming each Member is subject to taxation at the highest combined Federal and Rhode Island income tax rate from time to time. Distributions of Available Income shall be subject to any limitations imposed by the Act or agreements with third parties.

4.2 Allocation of Profit and Loss.

(a) The profits and losses of the Company shall be determined for each fiscal year in accordance with the accounting method used by the Company for Federal income tax purposes.

(b) Items of income, gain, profit, loss, deduction, credit and expense shall be allocated to the Capital Accounts of the Members and be credited or debited to their respective Capital Accounts in accordance with Section 1.704-1(b)(2)(iv) of the Regulations so as to ensure, to the maximum extent possible, (i) that such allocations satisfy the economic effect test of Section 1.704-1(b)(2)(ii)(i) of the Regulations and (ii) that all allocations of items that cannot have economic effect are allocated to Members in accordance with their "interest" in the Company, as determined under Section 1.704-1(b)(3) of the Regulations. The Members also agree that this Section 4.2 shall incorporate a "minimum gain chargeback" provision and a "qualified income offset" provision as described in Sections 1.704-2(f) and 1.704-1(b)(2)(ii)(d) of the Regulations, respectively.

(c) The fiscal year of the Company shall be the calendar year.

5. TRANSFERS OF INTERESTS IN THE COMPANY

5.1 Limitations of Transfers by Members. (a) Except as set forth in Section 5.1(b) below, no Member of an Interest in the Company may, sell, assign, mortgage, pledge or otherwise transfer, directly or indirectly, (a "Transfer") all or any part of its direct or indirect Interest in the Company except in accordance with, and subject to, the provisions of this Article 5. Any Transfer or attempted Transfer of an Interest in violation of the provisions of this Article 5 shall be null and void ab initio, and it shall constitute a breach of this Agreement.

(b) Any other Member shall have the right to transfer its Interest or any part thereof to another Member and a transfer approved by the Manager (each of the foregoing a "Permitted Transferee"); provided that any such Permitted Transferee must become a signatory to this Agreement. Any transfers meeting the foregoing conditions shall not be subject to the other restrictions of this Article 5.

5.2 Substitute Members. No transferee of a Member's interest (other than a Permitted Transferee) shall have the right to be admitted as a Member (a "Substitute Member") in place of the transferring Member except with the consent of the Manager and on such conditions as the Manager may require.

5.3 Rights of Transferees. A transferee who does not become a Substitute Member shall succeed only to the rights of the Transferor to receive allocations and distributions from the Company and shall not have any right to vote with respect to the transferred Interest or any other right as a Member except as otherwise expressly provided in the Act.

5.4 Withdrawal of a Member. No Member shall have the right to withdraw as a Member of the Company except with the consent of the Manager. In the event that a Member withdraws in violation of the foregoing, such Member shall cease to have any right to vote or otherwise participate in the business and affairs of the Company and shall be treated as a Transferee under Section 5.3 above as of the date that said Member gives notice to the Company of his intention to withdraw.

6. DISSOLUTION

6.1 Dissolution Events.

(a) No Member shall have the unilateral right to terminate this Agreement or dissolve the Company.

(b) The death, withdrawal, expulsion, bankruptcy or dissolution of a Member shall not cause the dissolution of the Company.

(c) The Company shall be dissolved upon the first to occur of any of the following:

(i) The sale of all or substantially all of the assets of the Company;

(ii) The agreement by the Manager or seventy-five percent (75%) of the Members to dissolve the Company; or

(iii) The entry of a decree of judicial dissolution of the Company under the Act.

6.2 Termination and Winding Up of the Company.

(a) If the Company is dissolved, then an accounting of the Company's assets, liabilities and operations through the last day of the month in which the dissolution occurs shall be made, and the affairs of the Company shall be wound up and terminated. The Manager will appoint one or more persons to serve as the liquidating trustee of the Company. The liquidating trustee will be responsible for winding up and terminating the affairs of the Company and will determine all matters in connection therewith (including, without limitation, the arrangements to be made with creditors, to what extent and under what terms the assets of the Company are to be sold, and the amount or necessity of cash reserves to cover contingent liabilities) as the liquidating trustee deems advisable and proper; provided, however, that all decisions of the liquidating trustee will be made in accordance with the fiduciary duty owed by the liquidating trustee to the Company and each of the Members, and any disposition of the properties of the Company will be by auction, private sale or other manner determined by the liquidating trustee. The liquidating trustee will thereafter liquidate the assets of the Company as promptly as is reasonably consistent with obtaining the fair value thereof, and the proceeds therefrom, to the extent sufficient therefor, will be applied and distributed in the following order:

(i) To the payment and discharge of all of the Company's debts and liabilities to creditors (including Members) in the order of priority as provided by law, except those to Members of the Company on account of their Capital Contributions; and

(ii) The balance, if any, to the Members in proportion to their Interests.

(b) After all of the assets of the Company have been distributed, the Company shall terminate; provided, however, if at any time thereafter any funds in any cash reserve fund are released, such funds shall be distributed to the Members in the same manner as if such distribution had been made pursuant to Section 4.2(a).

7. BOOKS AND RECORDS; BANK ACCOUNTS

7.1 Books and Records. The books and records of the Company shall, at the cost and expense of the Company, be kept or caused to be kept by the Company at 80 Coolridge Avenue, Greenville, RI 02828. The Company will cause to be prepared all required tax returns at the Company's expense and will submit the same to each Member no later than 30 days prior to the due date of such returns. Each Member, at its own expense, will have the right upon reasonable notice to inspect the books and records of the Company.

7.2 Bank Accounts. All funds of the Company will be deposited in its name in an account or accounts maintained with such bank or banks selected by the Members or the Manager. The funds of the Company will not be commingled with the funds of any other person.

7.3 Tax Matters.

(a) The Company will be treated as a partnership for federal income tax purposes. Upon the transfer of an Interest or in the event of a distribution of the property of the Company, the Company may, but is not required to, elect pursuant to Section 754 of the Code to adjust the

basis of the property of the Company as allowed by Sections 734(b) and 743(b) of the Code. The Manager shall make such an election if the Manager determines that the election is in the best interests of all Members (including the transferee Member). There shall be no requirement that the Manager make such an election.

(b) David J. DiSanto is hereby designated as the "Partnership Representative" (as defined in the Code) of the Company (the "PR").

(c) The Company will pay or reimburse the PR for all expenses incurred in connection with any administrative or judicial proceeding with respect to the tax liabilities of the Company or the Members.

(d) The PR shall not be liable to the Company or to any Member for any loss or expense, or disallowance of deduction, credit, or beneficial tax treatment of any item of Company income or loss arising from the conduct, settlement, or final adverse determination of the administrative or judicial proceedings described above; provided, however, that the PR acted in good faith and not with intentional misconduct or in willful breach of its duties hereunder.

8. MISCELLANEOUS

8.1 Complete Agreement; Termination of Prior Agreements. This Agreement and the Certificate constitute the complete and exclusive statement of the agreement among the Members, and this Agreement and the Articles replace and supersede the prior agreements in their entirety, such prior agreements being rendered null and void as of the date hereof.

8.2 Governing Law. This Agreement and the rights of the parties hereunder will be governed by, interpreted, and enforced in accordance with the laws of the State of Rhode Island.

8.3 Binding Effect; Terms. This Agreement will be binding upon and inure to the benefit of the Members, and their respective distributees, successors and assigns; provided, however, nothing contained in this Section 8.3 shall limit the effectiveness of any restriction on Transfers of Interests contained herein. Reference herein to the singular shall include the plural, and the masculine gender shall include the feminine and vice versa, as the context requires.

8.4 Multiple Counterparts. This Agreement may be executed in several counterparts and on separate signature pages, each of which will be deemed an original but all of which will constitute one and the same instrument. However, in making proof hereof, it will be necessary to produce only one copy hereof signed by the party to be charged.

8.5 Additional Documents and Acts. Each Member agrees to execute and deliver such additional documents and instruments and to perform such additional acts as may be necessary or appropriate to effectuate, carry out and perform all of the terms, provisions and conditions of this Agreement and the transactions contemplated hereby.

8.6 No Third Party Beneficiary. This Agreement is made solely and specifically among and for the benefit of the parties hereto, and their respective successors and assigns

subject to the express provisions hereof relating to successors and assigns, and no other Person will have any rights, interest or claims hereunder or be entitled to any benefits under or on account of this Agreement as a third party beneficiary or otherwise.

8.7 Notices. Any notice to be given or to be served upon the Company or any party hereto in connection with this Agreement shall be in writing and will be deemed to have been given and received when delivered to the address specified by the party to receive the notice. Such notices shall be given to a Member at the address set forth opposite the name of such Member in Exhibit A hereto, and to the Company at 80 Coolridge Avenue, Greenville, RI 02828, Attention: David J. DiSanto, Manager. Any Member or the Company may, at any time by giving five (5) days' prior written notice to the other Members and the Company, designate any other address in substitution of the foregoing address to which such notice will be given.


8.8 Amendments. Except for amendments to this Agreement to carry out the provisions of Section 1.7 and as may be necessary to admit a Substitute Member in accordance with Section 5.2, all amendments to this Agreement shall be in writing and signed by Members owning not less than seventy-five percent (75%) of the Interests.

8.9 Title to Company Property. Legal title to all property of the Company will be held and conveyed in the name of the Company.

-Remainder of Page Left Intentionally Blank; Signatures Appear on Following Page-

IN WITNESS WHEREOF, the Members have executed this Agreement and the Company has caused this Agreement to be executed by its duly authorized representative as of the date set forth above.

MEMBERS:



David J. DiSanto, Esq




Diana J. DiSanto



Matthew D. Belair

Green Door Apothecary, LLC

By: 

David J. DiSanto, Esq Manager

EXHIBIT A

Members

Percentage Interest

David J. DiSanto, Esq.

Diana J. DiSanto

Matthew D. Belair



Voting Interests

Non-Voting Interests

Fill in Member Name in left column and then enter applicable percentages in Voting/Non-voting Columns

Green Door Apothecary, LLC

Organizational Chart

Form 2B Supplemental

Interest Holders:

Diana J. DiSanto

David J. DiSanto

Matthew D. Belair

Organizational Chart

Ownership Structure of Green Door Apothecary, LLC

Green Door Apothecary, LLC Organizational Chart

Members: Diana J. DiSanto, Matthew D. Belair & David J. DiSanto

David J. DiSanto

Member

Matthew D. Belair

Member

Diana J. DiSanto

Member

David P. DiSanto

LFC, LLC

Landlord of Leased Premises

Green Door Apothecary, LLC

Interest Holders

Form 2C Supplemental

Interest Holders:

Diana J. DiSanto

David J. DiSanto

Matthew D. Belair

David P. DiSanto

- A. Attach a list of all Interest Holders identified in Section I(A) and I(D) of Form 2 that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder's interest with respect to Applicant, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.

Green Door Apothecary, LLC's initial capital contributions total [REDACTED]. Therefore, the initial valuation of the company is estimated at [REDACTED]. The dollar amount of each Interest Holder's interest is calculated based on their percentage of ownership multiplied by the estimated valuation.

Individual Interest Holders in Applicant:

Diana J. DiSanto [REDACTED] Owner of Green Door Apothecary, LLC, [REDACTED]

Matthew D. Belair [REDACTED] Owner of Green Door Apothecary, LLC, [REDACTED]

David J. DiSanto [REDACTED] Owner of Green Door Apothecary, LLC, [REDACTED]

Individual Interest Holders in licensed facilities Landlord, LFC, LLC

David P. DiSanto, [REDACTED] Owner. Estimated Fair Market Value of Building [REDACTED]. No Mortgage on property.

Green Door Apothecary, LLC
Interest Holder Compensation
Form 2D Supplemental

Interest Holders:

Diana J. DiSanto

David J. DiSanto

Matthew D. Belair

- B. 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.

Individual Interest Holders in Applicant:

Diana J. DiSanto, [REDACTED] for the last 5 years.

Matthew D. Belair, [REDACTED] for the last 5 years.

David J. DiSanto, [REDACTED] for the last 5 years.



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>Matthew D. Belair was the former General Manager of Plant Based Compassionate Care, Inc., a licensed Rhode Island Compassion Center (MMPCC004) which has had two deficiency correction agreements with OCR, case numbers 24OCR0040 and 23OCR013. 23OCR013 was regarding improper labeling or packaging of retail ready products and 24OCR0040 was regarding a quality control sample violation. Both deficiencies have been resolved with OCR and their license remains in good standing. Copies of the Deficiency Correction Agreements are attached and the contact information is as follows: Michelle Reddish, CANNABIS CONTROL COMMISSION 560 JEFFERSON BOULEVARD, WARWICK, RHODE ISLAND 02886. 401-889-5607</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>2. Has Applicant and/or any Owner or Interest Holder ever been denied a professional license, privilege of taking an examination, or had a professional license or permit revoked or suspended by a licensing authority in Rhode Island or any other state or jurisdiction (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization)? If “Yes” provide a brief explanation, copies of all documentation and name/address/ phone number/contact person for the licensing/registration/authorization authority.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3. Is any Owner or Interest Holder employed by the State of Rhode Island? If “Yes” please describe below.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Click or tap here to enter text.</p>		

4. Does Applicant, or any Owner or Interest Holder have any “material financial interest or control” (as defined in 560-RICR-10-10-1.2(A)(13)) in another Rhode Island cannabis establishment, or any ownership or interest in a Cannabis Testing Facility or vice versa. If “Yes” describe below:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>David J. DiSanto is [REDACTED] owner of Deep Green, LLC a Rhode Island class B licensed cultivator. MMPCV0023</p> <p>Matthew D. Belair was the former General Manager of Plant Based Compassionate Care, Inc., a licensed Rhode Island Compassion Center (MMPCC004) and a Member of the affiliated Sweetspot Brands, LLC. Mr. Belair holds [REDACTED] in Sweetspot Brands, LLC which are class C non-voting shares constituting an [REDACTED] ownership. Mr. Belair does not have any current financial interest or control in Plant Based Compassionate Care, Inc. beyond his shares of Sweetspot Brands.</p>		
5. Applicant acknowledges that it fully understands that:		
a. Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <i>et seq.</i>);	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. The manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges;	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. Any activity regarding cannabis that does not comply with Rhode Island law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Applicant must comply with all requirements pertaining to national criminal background checks prior to licensure and continuously report any changes to previously report results.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Applicant acknowledges that Application Fees are non-refundable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Applicant acknowledges that in filing an Application for a license, the following:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
a. The Cannabis Control Commission is vested with certain authority and discretion under the Act and Regulations with respect to review and approval of an Adult-Use		



Cannabis Retail License; and		
b. The Cannabis Control Commission's decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 <i>et seq.</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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

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

David J DiSanto
Signature of Authorized Signatory

12/20/2025
Date

David J DiSanto
Printed Name:
Print Title: Managing Member
Print Name of Applicant: Green Door Apothecary, LLC

Green Door Apothecary, LLC

Disciplinary Actions Related to Plant Based Compassionate Care

Form 3 Supplemental

Interest Holders:

Matthew D. Belair

**STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
OFFICE OF CANNABIS REGULATION
560 JEFFERSON BOULEVARD, SUITE 204
WARWICK, RHODE ISLAND 02886**

IN THE MATTER OF:

**Plant Based Compassion
Care d/b/a Sweetspot
Dispensary**

24OCR0040

RESPONDENT.

Licensed

Premises:

Exeter, Rhode Island

DEFICIENCY CORRECTION AGREEMENT

The Department of Business Regulations, Office of Cannabis Regulation ("Department") and the above-named respondent ("Respondent") hereby consent and agree that:

Respondent is licensed as a [*check below*]:

X Compassion center and hybrid retailer (License No. MMPCC004)

 Medical marijuana and hybrid cultivator (License No. MMPCV)

a. On February 20, 2024, Department's Economic and Policy Analyst (the "Analyst") identified the following violations, which occurred between July 01, 2023 and February 20, 2024, of the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws §21-28.6-1 *et seq.* (the "Medical Act") and the Rhode Island Cannabis Act, R.I. Gen. Laws §21-28.11-1 *et seq.* (the "Adult Use Act" and, together with the Medical Act, the "Acts") and the Rules and Regulations Related to the Medical Marijuana Program Administered by the Department of Business Regulation 230-RICR-800-05-1 (the "Regulations"):

- Possession of cannabis plants in excess of the limits set forth in, and in violation of, the Acts and the Regulations
- Possession of cannabis plants and/or inventory without Metrc tags as required under the Acts and the Regulations

- ____ Failure to comply with packaging and/or Labeling requirements of Retail-Ready cannabis products
 - ____ Inadequate Security Camera Coverage
 - ____ Noncompliant Advertising
 - ____ BCI Deficiency
 - ____ Registry ID Deficiency
 - ____ Visitor Log Deficiency
 - X Quality Control Sample Violation
 - 1 transaction exceeding daily possession limit of 28g by MMPCC004-04; 17 units of 100mg-pack edibles = 56.61g Flower Equivalence
 - ____ Testing Violation
 - ____ Other: [Deficiency]
-

BASED ON THE FOREGOING, the Department has reason to believe the Respondent violated the Acts and Regulations as described previously herein. Accordingly, the Department has sufficient cause to take enforcement action against Respondent pursuant to the Acts and the Regulations.

In an effort to effect a timely and amicable resolution of the issues raised in this Deficiency Correction Agreement without administrative hearing and to allow Respondent to maintain its license in good standing, Respondent represents and agrees as follows:

- a. Within ten (10) days of receipt of this Deficiency Correction Agreement, Respondent will take all actions necessary to cure the above-cited violations and pay to the Department an administrative penalty in the amount of Five Hundred dollars (\$500.00), by check payable to the Rhode Island General Treasurer.
- b. Respondent shall hereafter comply in all respects with the requirements under the Acts and the Regulations.

Upon execution of this Deficiency Correction Agreement and payment of the administrative penalty, **Plant Based Compassion Care d/b/a Sweetspot Dispensary** shall be deemed to be in good standing with the Department

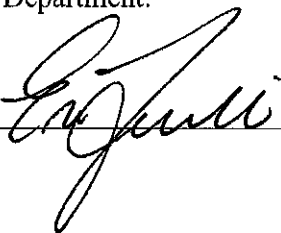
pursuant to R.I. Gen. Laws §21-21.11-10(a)(1), provided that Respondent satisfies all continuing compliance obligations under applicable law, rules, and regulations.

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

Respondent hereby acknowledges and agrees that failure to abide by any of the requirements of this Deficiency Correction Agreement shall be grounds for the Department to initiate further administrative proceedings to impose penalties against Respondent including, but not limited to: (i) revocation and/or suspension, and (ii) such additional administrative penalties that the Department deems appropriate.

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

For the Department:

By: 
Name: _____
Title: _____

Date: 10-15-2024

For the Respondent:

By: Blake James Costa
Name: Blake James Costa
Its duly authorized: COO

Date: 10/2/2024

PLANT BASED COMPASSIONATE CARE INC
100 PIONEER AVENUE
WARWICK, RI 02886

GREENWOOD CREDIT UNION
2669 POST ROAD
WARWICK, RI 02886

1710

10/3/2024

PAY TO THE ORDER OF RI General Treasurer

\$ ***500.00

Five Hundred and 00/100

DOLLARS

RI General Treasurer
Office of Cannabis Regulation
560 Jefferson Blvd ste 204
Warwick, RI 02886

MEMO

DCA-24-002-0040



[Signature]
AUTHORIZED SIGNATURE

⑈001710⑈ ⑆211590671⑆ 94 148061⑈

PLANT BASED COMPASSIONATE CARE INC

1710

RI General Treasurer

Date	Type	Reference	Original Amt.	Balance Due	10/3/2024 Discount	Payment
10/3/2024	Bill	MMPC004	500.00	500.00		500.00
Check Amount						500.00

Cash - Checking

500.00

PLANT BASED COMPASSIONATE CARE INC

1710

RI General Treasurer

Date	Type	Reference	Original Amt.	Balance Due	10/3/2024 Discount	Payment
10/3/2024	Bill	MMPC004	500.00	500.00		500.00
Check Amount						500.00

Cash - Checking

500.00

STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
OFFICE OF CANNABIS REGULATION
560 JEFFERSON BOULEVARD, SUITE 204
WARWICK, RI 02886

IN THE MATTER OF:

Plant Based Compassionate Care d/b/a
Sweetspot Dispensary

DBR No. 23OCR013

RESPONDENT.

Licensed
Premises:

560 South County Trail, Bldg. B, Exeter, Rhode Island 02822

DEFICIENCY CORRECTION AGREEMENT

The Department of Business Regulation, Office of Cannabis Regulation ("Department") and the above-named respondent ("Respondent") hereby consent and agree that:

Respondent is licensed as a [check below]:

- ☒ Compassion center and hybrid retailer (License No. MMP CC 004)
☐ Medical marijuana and hybrid cultivator (License No. _____)

a. On December 4, 2023, Department's Chief Public Protection Inspector (the "Inspector") identified the following violations of The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws § 21-28.6-1 *et seq.* (the "Medical Act") and the Rhode Island Cannabis Act, R.I. Gen. Laws § 21-28.11-1 *et seq.* (the "Adult Use Act" and, together with the Medical Act, the "Acts") and the Rules and Regulations Related to the Medical Marijuana Program Administered by the Department of Business Regulation 230-RICR-800-05-1 (the "Regulations"):

- ☐ Possession of cannabis plants in excess of the limits set forth in, and in violation of, the Acts and the Regulations
- ☐ Possession of cannabis plants and/or inventory without Metrc tags as required under the Acts and the Regulations
- ☒ Failure to comply with Packaging and/or Labeling requirements of Retail-Ready cannabis products
- ☐ Inadequate security camera coverage
- ☐ Noncompliant advertising
- ☐ Other: [describe] _____

BASED ON THE FOREGOING, the Department has reason to believe that Respondent violated the Acts and Regulations as described previously herein. Accordingly, the Department has sufficient cause to take enforcement action against Respondent pursuant to the Acts and the Regulations.

In an effort to effect a timely and amicable resolution of the issues raised in this Deficiency Correction Agreement without administrative hearing and to allow Respondent to maintain its license in good-standing, Respondent represents and agrees as follows:

- a. Within ten (10) days of receipt of the Deficiency and/or Post-Inspection Notice, Respondent will take all actions necessary to cure the above-cited violations and pay to the Department an administrative penalty in the amount of \$500.00, by check payable to the Rhode Island General Treasurer.
- b. Respondent shall hereafter comply in all respects with the requirements under the Acts and the Regulations.

Upon execution of this Deficiency Correction Agreement and payment of the administrative penalty, Plant Based Compassionate Care d/b/a Sweetspot Dispensary shall be deemed to be in good standing with the Department pursuant to R.I. Gen. Laws § 21-21.11-10(a)(1), provided that Respondent satisfies all continuing compliance obligations under applicable law, rules, and regulations.

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

Respondent hereby acknowledges and agrees that failure to abide by any of the requirements of this Deficiency Correction Agreement shall be grounds for the Department to initiate further administrative proceedings to impose penalties against Respondent including, but not limited to: (i) revocation and/or suspension, and (ii) such additional administrative penalties that the Department deems appropriate.

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

For the Department:

By: *Erica Julli*
Name:
Title:

12/28/2023

DATE: _____

For the Respondent:

By: Plant Based Compassionate Care Inc
Name: Peter Franklin
Its duly authorized: *Peter Franklin*

DATE: 12/27/2023



AUR Form 4 – Business License Identification Form

Applicant hereby state(s) as follows:

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

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
Rhode Island CCC	Cultivator	Deep Green, LLC	MMP CV0023
Rhode Island CCC	Compassion Center	Plant Based Compassionate Care, Inc.	MMPCC004
Multiple - NJ, CT, MD, VT, See attached	Rec & Med Retail/Cultivation	Sweetspot Brands, LLC Affiliates	Multiple- See Attached

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.

David J DiSanto
Signature of Authorized Signatory

12/20/2025
Date

David J DiSanto
Printed Name:

Print Title: Managing Member

Print Name of Applicant: **Green Door Apothecary, LLC**

Green Door Apothecary, LLC

Additional Licenses Affiliated with Subsidiary Entity

Form 4 Supplemental

Interest Holders:

Matthew D. Belair

Form 4 Supplement

As previously stated on Form 3, Matthew D. Belair was the former General Manager of Plant Based Compassionate Care, Inc., a licensed Rhode Island Compassion Center (MMPCC004) and a Member of the affiliated Sweetspot Brands, LLC.

Mr. Belair holds [REDACTED] in Sweetspot Brands, LLC which are class C non-voting shares constituting an estimated [REDACTED] ownership. Mr. Belair does not have any current financial interest or control in Plant Based Compassionate Care, Inc. beyond his shares of Sweetspot Brands.

Sweetspot Brands, LLC is affiliated with multiple licenses throughout the United States. To our knowledge there have been no disciplinary issues with any affiliated location aside from the two deficiency corrections previously disclosed related to the Rhode Island Compassion Center License MMPCC004 under Plant Based Compassionate Care. Exact ownership percentages and/or control is not publicly available and Mr. Belair does not have knowledge of the specifics of these interests. Below are the other licenses that Sweetspot Brands, LLC has some ownership interest in or affiliation.

State and Name of Agency	Type Of License	Name Of Licensee	License or Registration Number
New Jersey Cannabis Regulatory Commission	Rec/Med Retail	Sweetspot	RE000388/MRE000025
New Jersey Cannabis Regulatory Commission	Rec Retail	Sweetspot Dispensary Maplewood	RE000427
New Jersey Cannabis Regulatory Commission	Rec Retail	Sweetspot River Edge	RE001007
Connecticut Department of Consumer Protection	Rec/Med Retail	Sweetspot Dispensary LLC	AMHF.0008284
Connecticut Department of Consumer Protection	Rec/Med Retail	Sweetspot West Hartford LLC	AMHF.0008269
Connecticut Department of Consumer Protection	Cultivation	CT Plant Based Compassionate Care LLC	ACCE.0000014
Maryland Cannabis Administration	Rec/Med Retail	B1 Earthgroup LLC	DA-23-00038
Vermont Cannabis Control Board	Rec Retail	Sweetspot Vermont LLC	RTL00089