

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

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	Greener Path LLC You must attach the following documents to this Form: <ul style="list-style-type: none"> Articles of Incorporation filed with RI Secretary of State (SOS) Certificate of Good Standing from the RI SOS Evidence of filing a Fictitious Business Name Statement with the SOS, if applicable
	APPLICATION ZONE#	Zone 2
2	BUSINESS STREET ADDRESS	65 Ferncrest Avenue
3	CITY, STATE, ZIP	Cranston RI 02905
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	s 104 Federal Way Unit A
5	CITY, STATE, ZIP	Johnston Rhode Island 02919
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	Plat # 44 Lot #417

7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	2000sqft
8	FEIN: (Federal Employer Identification Number)	[REDACTED]
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION [REDACTED] 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:	[REDACTED]
	Title:	[REDACTED]
	Mailing Address:	[REDACTED]
	[REDACTED]	[REDACTED]
	Phone Number	[REDACTED] 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 # _____)

Greener Path LLC

Name of Taxpayer/Entity
Number

Social Security or Federal Tax Identification

AFFIRMATIONS

Applicant hereby understands and affirms the following:

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

SIGNATURE FOR AUR FORM 1

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

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

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

AUTHORIZED SIGNATORY SIGNATURE

SIGNATURE:



Print



Print Title:



DATE:

1/9/26.



AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Greener Path 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		SSN/FEIN		DOB	Email Address
Greener Path LLC		[REDACTED]			
Address (residence if person; business address if entity)	City	State	ZIP	Phone:	
65 Ferncrest Avenue	Cranston	RI	02905	401-450-7489	
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.)			
Greener Path LLC					
Name of [REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]
Address (residence [REDACTED])		[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	

Name of person or entity		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
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 <u>applicant</u> .		[REDACTED]	
Greener Path LLC							
Name of person or entity		SSN/FEIN		DOB		Email Address	
Address (residence if person; business address if entity)		City		State		ZIP	
Address (residence if person; business address if entity)		City		State		ZIP	
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 <u>applicant</u> .			
Name of person or entity		SSN/FEIN		DOB		Email Address	
Address (residence if person; business address if entity)		City		State		ZIP	
Address (residence if person; business address if entity)		City		State		ZIP	
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 <u>applicant</u> .			
Name of person or entity		SSN/FEIN		DOB		Email Address	
Address (residence if person; business address if entity)		City		State		ZIP	
Address (residence if person; business address if entity)		City		State		ZIP	
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 <u>applicant</u> .			

B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.

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

Name of person or entity		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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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, <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		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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	

Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
<p>D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).</p> <p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <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		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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)	
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	Address (residence if person; business address if entity)
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	Address (residence if person; business address if entity)
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		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	Address (residence if person; business address if entity)
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	Address (residence if person; business address if entity)
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	Address (residence if person; business address if entity)
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	Address (residence if person; business address if entity)
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	Address (residence if person; business address if entity)
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

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

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.

[Redacted Signature]

Signature of Authorized Signatory

1.8.26

Date

[Redacted Title]

Print Title:

Print Name of Applicant:

Form 1 & 2 was physically given to the CCC on November 29th 2025.



Via Email

December 22, 2025

Social Equity Applicant Status Number [REDACTED]

Attn: [REDACTED] Contact Person

Re: Social Equity Applicant Interest Holder Change Request

Dear [REDACTED]

After a review of submitted materials, the Cannabis Control Commission has approved your Interest Holder Change Request Application.

As such, you may apply for one of the Adult Use Cannabis Retail Establishment licenses reserved for Social Equity Applicants with the Interest Holders and corporate structure disclosed in your Interest Holder Change Request Application.

You *may not* change Interest Holders and retain Social Equity Applicant Status until after the submission, and subsequent approval, of a variance request following selection for a license in the Hybrid Random Selection Process.

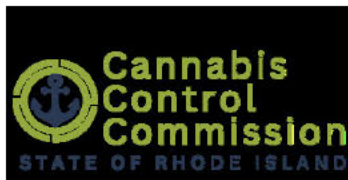
Submission of an application for an Adult Use Cannabis Retail Establishment License reserved for Social Equity Applicants with different Interest Holders than those approved as part of this Interest Holder Change Request Application may result in disqualification.

Should you wish to further change Interest Holders prior to the December 29th submission deadline you may apply for a non-Social Equity license type and without Social Equity Applicant Status.

Thank you for your interest in participating in Rhode Island's cannabis industry.

Sincerely,S

The Cannabis Control Commission



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> <hr/> <hr/> <hr/> <hr/>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>2. Has Applicant and/or any Owner or Interest Holder ever been denied a professional license, privilege of taking an examination, or had a professional license or permit revoked or suspended by a licensing authority in Rhode Island or any other state or jurisdiction (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization)? If “Yes” provide a brief explanation, copies of all documentation and name/address/ phone number/contact person for the licensing/registration/authorization authority.</p> <hr/> <hr/> <hr/> <hr/>	<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>		



**Cannabis
Control
Commission**
OF RHODE ISLAND

4. Does Applicant, or any Owner or Interest Holder have any “material financial interest or control” (as defined in 560-RICR-10-10-1.2(A)(13)) in another Rhode Island cannabis establishment, or any ownership or interest in a Cannabis Testing Facility or vice versa. If “Yes” describe below:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Click or tap here to enter text.		
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	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. The Cannabis Control Commission’s decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 <i>et seq.</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>



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

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

[Redacted Signature]

Signature of Authorized Signatory

12.10.25
12/24/2025

Date

[Redacted Signature]



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.

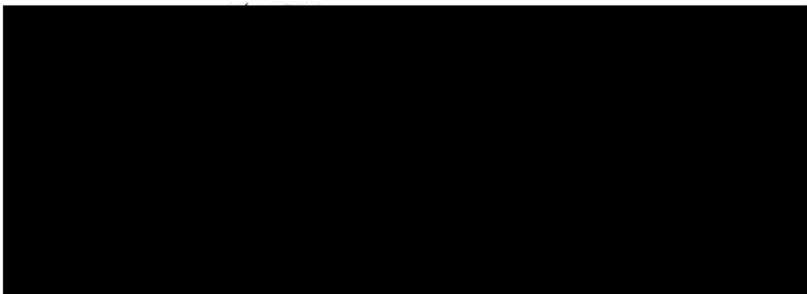
State & Name of Agency	Type of License	Name of Licensee	License or Registration #

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.



12/12/24
Date

COMMERCIAL LEASE AGREEMENT
(Rhode Island – Cannabis License Contingent)

This Commercial Garage Lease Agreement ("Lease") is made as of January 1, 2026 (the "Effective Date"), by and between [REDACTED], a [REDACTED], a Rhode Island limited liability company ("Tenant").

1. PREMISES

Landlord hereby leases to Tenant the commercial garage space known as [REDACTED] [REDACTED] consisting of approximately [REDACTED] square feet, together with non-exclusive rights of ingress and egress and use of applicable common areas (the "Premises").

2. TERM

The term of this Lease shall be for one (1) year, commencing on the Commencement Date and expiring twelve (12) months thereafter, unless sooner terminated in accordance with this Lease.

Commencement Date shall mean the date Tenant receives final approval of all licenses and governmental approvals required to lawfully occupy and operate from the Premises.

3. CANNABIS LICENSE, ZONING & MUNICIPAL CONTINGENCY

This Lease is expressly contingent upon Tenant obtaining and maintaining:

- a. A valid Rhode Island cannabis license issued by the Rhode Island Cannabis Control Commission (or successor agency);
- b. All required municipal approvals from the Town of Johnston, including zoning compliance and any host community or development agreements; and
- c. All required building, fire, and occupancy approvals.

Tenant shall have one hundred eighty (180) days from the Effective Date to obtain the foregoing approvals ("Contingency Period").

- If approvals are not obtained within the Contingency Period, Tenant may terminate this Lease upon written notice to Landlord without penalty.
- No rent shall accrue prior to satisfaction of this contingency.
- Landlord makes no representation or warranty that the Premises are suitable for cannabis use.

4. RENT

Upon the Commencement Date, Tenant shall pay to Landlord base rent in the amount of [REDACTED] per month ("Base Rent"). Base Rent shall be due and payable in advance on the first (1st) day of each calendar month, without demand, setoff, or deduction.

5. SECURITY DEPOSIT

Upon execution of this Lease, Tenant shall deposit with Landlord a security deposit of [REDACTED] to secure Tenant's obligations. The security deposit shall be refundable in accordance with Rhode Island law, less any amounts applied to unpaid rent, damages, or defaults.

6. TRIPLE-NET LEASE (NNN)

This is a triple-net lease. Tenant shall pay, in addition to Base Rent, Tenant's proportionate share of:

- Real estate taxes and assessments attributable to the Premises;
- Property insurance premiums; and
- Common area maintenance costs (CAM), if applicable.

Tenant's proportionate share shall be calculated based on the ratio of the Premises square footage to the total leasable square footage of the property.

7. PERMITTED USE

The Premises shall be used solely for lawful commercial purposes consistent with Tenant's Rhode Island cannabis license and all applicable federal, state, and municipal laws. No use beyond the scope of Tenant's license is permitted.

8. PARKING RESTRICTIONS

- Tenant is allocated thirty (30) parking spaces, as designated by Landlord.
- Parking is limited to vehicles directly related to Tenant's business operations.
- No inoperable, unregistered, stored, or abandoned vehicles.
- No parking in fire lanes, access drives, or restricted areas.
- Landlord may tow vehicles in violation at Tenant's expense.

9. MAINTENANCE & REPAIRS

Tenant shall maintain the Premises in clean, safe, and code-compliant condition and shall be responsible for all non-structural repairs. Landlord shall maintain structural elements unless damage is caused by Tenant.

10. ALTERATIONS

Tenant shall not make alterations without Landlord's prior written consent. All alterations shall comply with the Rhode Island Building Code, Rhode Island Fire Safety Code, and cannabis regulations. Unless otherwise agreed, alterations shall become property of Landlord upon lease termination.

11. UTILITIES

Tenant shall be responsible for all utilities serving the Premises, including electricity, gas, water, sewer, telecommunications, and refuse.

12. INSURANCE

Tenant shall maintain, at its expense:

- Commercial General Liability insurance of not less than \$1,000,000 per occurrence / \$2,000,000 aggregate;
 - Any insurance required by Rhode Island cannabis regulations; and
 - Workers' compensation insurance as required by law.
- Pingitore Enterprises LLC shall be named as an additional insured.

13. INDEMNIFICATION

Tenant shall indemnify, defend, and hold harmless Landlord from all claims, losses,

finances, penalties, damages, and liabilities arising from Tenant's use of the Premises, including cannabis-related regulatory enforcement.

14. COMPLIANCE WITH LAW

Tenant shall comply with all federal, state, and municipal laws and acknowledges that cannabis remains illegal under federal law. Tenant assumes all risks related thereto.

15. ASSIGNMENT & SUBLETTING

Tenant shall not assign or sublease without Landlord's prior written consent and any required regulatory approval.

16. DEFAULT & REMEDIES

Failure to pay rent or comply with any material term constitutes default. Landlord may pursue all remedies available under Rhode Island law, subject to notice and cure requirements.

17. HOLDOVER

[REDACTED]

[REDACTED]

[REDACTED]

19. REGULATORY TERMINATION

If cannabis operations become illegal under Rhode Island law or Town of Johnston ordinance, Tenant may terminate this Lease upon written notice without penalty.

20. GOVERNING LAW & VENUE

This Lease shall be governed by the laws of the State of Rhode Island, with exclusive venue in Rhode Island courts.

21. ENTIRE AGREEMENT

This Lease constitutes the entire agreement between the parties and may be amended only by a written instrument signed by both parties.

SIGNATURES

[REDACTED]



**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 [REDACTED]

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: [REDACTED]

City or Town: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

The name of the resident agent at such address [REDACTED]

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: [REDACTED]

City or Town: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

Country: [REDACTED]

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 ___ 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 <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
MANAGER		
MANAGER		
MANAGER		

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 11:02:33 AM by the Authorized Person.

TAREK JAMAL HADDADA

Address of Authorized Signer:

© 2007 - 2025 State of Rhode Island
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:

December 01, 2025 10:57 AM

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

Gregg M. Amore
Secretary of State





Rhode Island Department of State

Gregg M. Amore

Secretary of State

[HOME](#)[BUSINESS SERVICES](#)[ELECTIONS](#)[CIVICS AND EDUCATION](#)

Entity Summary

ID Number: 001800096[Request certificate](#)[New search](#)**Summary for:** Greener Path LLC**The exact name of the Domestic Limited Liability Company:****Entity type:** Domestic Limited Liability Company**Identification Number:** 001800096**Date of Organization in Rhode Island:** 12-01-2025**Effective Date:** 12-01-2025**The location of the Principal Office:**

Address:

City or Town, State, Zip, Country:

The mailing address or specified office:

Address:

City or Town, State, Zip, Country:

Agent Resigned: N**Address Maintained:** Y**The name and address of the Resident Agent:**

Name:

Address:

City or Town, State, Zip, Country:

The limited liability company is to be managed by its Managers**The name and business address of each Manager:**

Title	Individual name	Address
MANAGER		
MANAGER		
MANAGER		

Purpose:**North American Industry Classification System Code(NAICS):****View filings for this business entity:**

ALL FILINGS
Annual Report
Annual Report - Amended
Annual Report - Reinstatement
Annual Reports - Prior to 2006
Articles of Amendment

[Click here to access 2006 and 2007 annual reports filed prior to July 25, 2007. The corporate ID is required.](#)[View filings](#)[New search](#)



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

LETTER OF GOOD STANDING

It appears from our records that [REDACTED] letter of good standing and paid [REDACTED] good standing with the Rhode Island Division of Taxation as of 12/26/2025. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above-named corporation for the purpose of:

TAX STATUS

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

NICOLE BROADY
Supervising Revenue Officer

Neena Savage
Tax Administrator

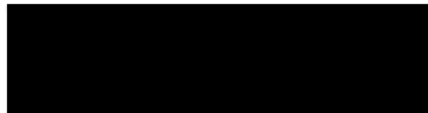
413135247:24029763
DLN: 10020501910



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

CERTIFICATE OF GOOD STANDING

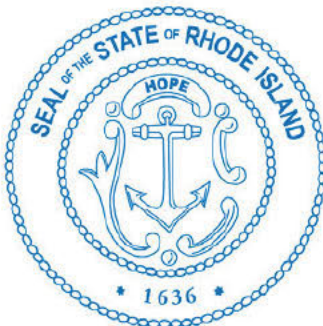
I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:



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 10, 2025

Secretary of State

Certificate Number: 25120062040

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

Processed by: dzainyeh

ATTESTATION OF COMPLIANCE WITH ALL LOCAL ORDINANCES

Greener Path LLC

I, the undersigned, being a duly authorized representative [REDACTED] ("Applicant"), hereby attest under penalty of perjury that the Applicant is in full compliance with all applicable state laws, municipal ordinances, zoning regulations, and local requirements governing the operation of an adult-use cannabis retail establishment within the Town of Johnston, Rhode Island.

Property Information

- **Business Name:** [REDACTED]

[REDACTED]

Zoning Compliance

The proposed premises located at [REDACTED] is situated within a zoning district in which **adult-use cannabis retail establishments are permitted by right** pursuant to the **Town of Johnston Zoning Ordinance**, as amended to implement the Rhode Island Cannabis Act.

Under the Town of Johnston's adopted cannabis zoning regulations:

- Adult-use cannabis retail establishments are **permitted by right** in designated **commercial/business zoning districts**, and
- The proposed use at the above-referenced address **does not require a special use permit or variance**, provided all applicable operational and siting requirements are met.

The Applicant affirms that the proposed cannabis retail establishment:

- Complies with all applicable **zoning use regulations**,
- Complies with all **setback, distance, and buffer requirements**, including any school or youth-oriented facility separation requirements, and

- Is consistent with all **local ordinances, rules, and regulations** currently in effect within the Town of Johnston.

Ongoing Compliance

Greener Path LLC further attests that it will remain in continuous compliance with:

- All applicable provisions of the **Rhode Island Cannabis Act**,
- All regulations promulgated by the **Rhode Island Department of Business Regulation / Cannabis Control Commission**, and
- All applicable **Town of Johnston ordinances**, including but not limited to zoning, building, fire, health, and public safety codes.

This attestation is made for the purpose of submitting a cannabis license application to the State of Rhode Island and may be relied upon by municipal and state regulatory authorities.

