

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

1	<b>APPLICANT NAME</b>  (legal name, and any d/b/a name(s), if applicable)	Legal Greens RI Cooperative Inc  You must attach the following documents to this Form: <ul style="list-style-type: none"> <li>Articles of Incorporation filed with RI Secretary of State (SOS)</li> <li>Certificate of Good Standing from the RI SOS</li> <li>Evidence of filing a Fictitious Business Name Statement with the SOS, if applicable</li> </ul>
	<b>APPLICATION ZONE#</b>	2  (Note separate applications and application fees are required to apply in multiple zones)
2	<b>BUSINESS STREET ADDRESS</b>	1801 Plainfield Pike
3	<b>CITY, STATE, ZIP</b>	Johnston, RI 02919
4	<b>STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS</b>	1801 Plainfield Pike
5	<b>CITY, STATE, ZIP</b>	Johnston RI 02919
6	<b>PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS</b>	27-239

7	<b>SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS</b>	2,750
8	<b>FEIN:</b> (Federal Employer Identification Number)	[REDACTED]
9	<b>TELEPHONE NUMBER</b>	<b>AREA CODE    NUMBER                      EXTENSION</b> <u>(617) 419 - 6719</u> Ext. <u>N/A</u>
11	<b>TOLL FREE NUMBER</b> (if not applicable, put "N/A")	<b>AREA CODE    NUMBER                      EXTENSION</b> <u>( ) N/A -</u> Ext. <u>N/A</u>
12	<b>COMPLIANCE OFFICER Identification and Contact Information</b>	<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>
	<b>Name:</b>	Vanessa Jean-Baptiste
	<b>Title:</b>	Chief Compliance Officer
	<b>Mailing Address:</b>	[REDACTED]
	<b>Email Address:</b>	Vanessa@legalgreens.net
	<b>Phone Number</b>	<u>(857) 333-8143</u> Ext. <u>N/A</u> <b>AREA CODE    NUMBER                      EXTENSION</b>



## 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 #N/A\_\_\_\_\_)

☐ I am in state receivership. (Case #N/A\_\_\_\_\_)

☐ I have been discharged from Bankruptcy. (Case #N/A\_\_\_\_\_)

Legal Greens RI Cooperative Inc.

\_\_\_\_\_  
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:**

*Nicola Mattiello*

**DATE:**

12/24/2025

**Print Name:** Nicola Mattiello

**Print Title:** President/CEO

## **COVER PAGE — CERTIFICATE OF GOOD STANDING**

### **LEGAL GREENS RI COOPERATIVE INC Adult-Use Cannabis Retail License Application**

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#### **Certificate of Good Standing**

**Legal Entity Name:**

Legal Greens RI Cooperative Inc

**Issuing Authority:**

Rhode Island Secretary of State

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#### **Brief Description of Document**

This document confirms that Legal Greens RI Cooperative Inc is duly registered, active, and in good standing with the Rhode Island Secretary of State. The Certificate of Good Standing verifies the company's legal status, authority to transact business in Rhode Island, and continued compliance with state filing requirements.

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#### **Section of the Application**

Form 2 — Ownership, Control, and Interest Holder Disclosures  
(Organizational and Governance Documents)

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#### **List of Relevant Interest Holders**

The Certificate of Good Standing applies to and supports the legal status of Legal Greens RI Cooperative Inc and relates to the following Interest Holders:

- Nicola Mattiello
  - Kristen Barbour
  - Gregory Silva
  - Mark Bouquet
  - Vanessa Jean-Baptiste
  - Michael Maloney
-

**Prepared For:**

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

**Date:**

12/24/2025



*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:

### **Legal Greens RI Cooperative Inc.**

is a Rhode Island Workers' Cooperative organized on **December 12, 2025**. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

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



SIGNED and SEALED on

December 18, 2025

Secretary of State

Certificate Number: 25120106210

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

Processed by: lsmith



## **COVER PAGE — ARTICLES OF INCORPORATION**

### **LEGAL GREENS RI COOPERATIVE INC Adult-Use Cannabis Retail License Application**

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#### **Articles of Incorporation**

**Legal Entity Name:**

Legal Greens RI Cooperative Inc

**Jurisdiction:**

State of Rhode Island

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#### **Brief Description of Document**

This document establishes the legal formation of Legal Greens RI Cooperative Inc as a Rhode Island cooperative corporation. The Articles of Incorporation confirm the company's lawful existence, corporate structure, legal name, and authority to conduct business in the State of Rhode Island, including applying for and operating an adult-use cannabis retail establishment.

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#### **Section of the Application**

Form 2 — Ownership, Control, and Interest Holder Disclosures  
(Organizational and Governance Documents)

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#### **List of Relevant Interest Holders**

The Articles of Incorporation relate to and govern the ownership and governance structure of Legal Greens RI Cooperative Inc, including the following Interest Holders:

- Nicola Mattiello
  - Kristen Barbour
  - Gregory Silva
  - Mark Bouquet
  - Vanessa Jean-Baptiste
  - Michael Maloney
-

**Prepared For:**

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

**Date:**

12/24/2025



**State of Rhode Island**  
**Department of State - Business Services Division**

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 FOR  
 SECRETARY OF STATE  
 USE ONLY

## Articles of Incorporation

DOMESTIC Workers' Cooperative

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of a workers' cooperative under  
 RIGL 7-6.2 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

**Legal Greens RI Cooperative Inc.**

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

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

*(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)*

**Total Authorized Shares**  
**(Number of Shares)**

**Class of Stock**

**Par Value Per Share**

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

State any provisions here (optional):

Check the box to indicate an attachment ☒

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

Agent Name **Kristen Barbour**

Street Address (NOT a P.O. Box)

City/Town

State

Zip Code

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

### MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED  
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 BY XJBMK  
 lb

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

Check the box to indicate an attachment ☒


6. The name and address of each incorporator is:

Name	Michael Maloney		Address		
City/Town			State		Zip Code
Name			Address		
City/Town			State		Zip Code
Name			Address		
City/Town			State		Zip Code

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

- ☒ Date received (Upon filing)  
☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

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

Type or Print Name of Incorporator	Date
Michael Maloney	12/16/2025
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



## AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Legal Greens RI Cooperative Inc

### Section I: Owners and Other Interest Holders

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

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

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

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

Name of person or entity Nicola Paolo Mattiello	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address Nick.mattiello@yahoo.com	
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (401)-569-2851
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Legal Greens RI Cooperative Inc (Controlling Member/Director)	Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in <b>applicant</b> . [REDACTED]	
Name of person or entity Kristen Marie Barbour	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address Krstnbrbr755@gmail.com	
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (617)-676-7134
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Legal Greens RI Cooperative Inc (Controlling Member/Director)	Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) N/A		Ownership interest in <b>applicant</b> . [REDACTED]	
Name of person or entity Gregory A. Silva	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address g.silvalgri@gmail.com	



Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(401)-680-3703
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> .
Legal Greens RI Cooperative Inc (Controlling Member/Director)	N/A			
Name of person or entity	SSN/FEIN	DOB	Email Address	
Mark Bouquet			mark@legalgreens.net	
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(857)-600-9351
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> .
Legal Greens RI Cooperative Inc Minority Owner/Director	N/A			
Name of person or entity	SSN/FEIN	DOB	Email Address	
Vanessa Jean-Baptiste			Vanessa@legalgreens.net	
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(857)-333-8143
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> .
Legal Greens RI Cooperative Inc Minority Owner/Director	N/A			
Name of person or entity	SSN/FEIN	DOB	Email Address	
Michael Patrick Maloney			mike@usmmlaw.com	
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(917)-699-6716
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> .
Legal Greens RI Cooperative Inc Minority Owner/Officer/CFO or treasurer	N/A			
Name of person or entity	SSN/FEIN	DOB	Email Address	
N/A	N/A	N/A	N/A	
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
N/A	N/A	N/A	N/A	N/A
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> .
N/A	N/A			N/A
<b>B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</b>				
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	
Nicola Paolo Mattiello			Nick.mattiello@yahoo.com	

Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (401)-569-7134
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the <b>Applicant</b> President/CEO Controlling member
Name of person or entity Kristen Marie Barbour		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Krstnbrbr755@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (617)-676-7134
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the <b>Applicant</b> Secretary (Officer)
Name of person or entity Gregory A Silva		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email g.silvalgri@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (401)-680-3703
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the <b>Applicant</b> Director
Name of person or entity Mark Bouquet		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email mark@legalgreens.net
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (857)-600-9351
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the <b>Applicant</b> Chief operating officer and Minority voting member
Name of person or entity Vanessa Jean-Baptiste		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email vanessa@legalgreens.net
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (857)-333-8143
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the <b>Applicant</b> Chief compliance officer (CCO)
<p><b>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).</b></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 Nicola Paolo Mattiello		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Nick.mattiello@yahoo.com

Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(401)-569-7134
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. President/CEO		
Name of person or entity Mark Bouquet		SSN/FEIN	DOB	Email mark@legalgreens.net
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(857)-600-9351
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. Chief Operating Officer (COO)		
Name of person or entity Vanessa Jean-Baptiste		SSN/FEIN	DOB	Email vanessa@legalgreens.net
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(857)-333-8143
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. Chief Compliance Officer (CCO)		
Name of person or entity Michael Maloney		SSN/FEIN	DOB	Email mike@usmmlaw.com
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(917)-699-6716
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. Treasurer/CFO		
Name of person or entity Gregory A Silva		SSN/FEIN	DOB	Email g.silvalgri@gmail.com
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(401)-680-3703
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc.		List your title or role, if any, with respect to the entity listed in the preceding box. Director		
Name of person or entity Kristen Barbour		SSN/FEIN	DOB	Email Krstnrb755@gmail.com
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
				(617)-676-7134
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. Secretary (Officer)		
<p><b>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).</b></p> <p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>				
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A



Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u><b>Applicant</b></u> , if different N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u><b>Applicant</b></u> , if different N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u><b>Applicant</b></u> , if different N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u><b>Applicant</b></u> , if different N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u><b>Applicant</b></u> , if different N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u><b>Applicant</b></u> , if different N/A
Name of person or entity N/A		SSN/FEIN N/A	DOB N/A	Email N/A
Address (residence if person; business address if entity) N/A	City N/A	State N/A	ZIP N/A	Phone Number N/A
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) N/A		Describe the financial interest in entity listed in preceding box N/A		Describe the financial interest in <u><b>Applicant</b></u> , if different N/A
<p><b>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.</b></p> <p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>				

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

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

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

**Section IV:**

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



## CERTIFICATION AS TO AUR FORM 2

The undersigned duly authorized signatory of Applicant, in his/her capacity as such, for and on behalf of Applicant, after due inquiry, hereby certifies to the Cannabis Control Commission (the "Commission") that it/he/she has disclosed to the Commission in this Form 2:

(A) With respect to Applicant, all persons and entities that:

- (i) Are owners, members, officers, directors, managers, or agents of Applicant; and
- (ii) Have/will have managing or operational control with respect to Applicant/Licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not; and
- (iii) Are investors or have any other financial interest therein; and
- (iv) Hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to Applicant, its operations, the proposed license, and/or the licensed facilities (any person or entity in the foregoing (i), (ii) and (iii) being herein individually referred to as an "interest holder" and all such persons and entities in the foregoing (i), (ii), (iii), and (iv) being collectively referred to as the "interest holders"); and

(B) To the extent that any interest holder described in (A) above is an entity, all interest holders in that entity until all such interest holders are identified and disclosed down to the individual person level.

The undersigned hereby acknowledges and agrees that Applicant has a continuing obligation to disclose any proposed changes and shall provide written notice to the Commission at least sixty (60) days prior to any change of the persons/entities/interest holders described and the certifications made in this Form 2 and that each such notice shall include an updated Form 2.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct, and accurate.

*Nicola Mattiello*

Signature of Authorized Signatory

12/24/2025

Date

Nicola Mattiello

Printed Name

Print Title: President/CEO

Print Name of Applicant: Legal Greens RI Cooperative Inc

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

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

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 Michael Patrick Maloney		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email mike@usmmlaw.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (917)-699-6716	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Legal Greens RI Cooperative Inc		List your title or role, with respect to the entity listed in the preceding box. N/A		List your title or role, if any, with respect to the <u>Applicant</u> Chief Financial Officer (CFO) / Treasurer	
Name of person or entity N/A		SSN/FEIN N/A		DOB N/A	Email N/A

## **AUR Form 2 IV(A)**

### **COVER PAGE — CORPORATE BYLAWS**

#### **LEGAL GREENS RI COOPERATIVE INC Adult-Use Cannabis Retail License Application**

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#### **Governance & Corporate Bylaws**

**Legal Entity Name:**

Legal Greens RI Cooperative Inc

**Entity Type:**

Rhode Island Cooperative Corporation  
(R.I. Gen. Laws § 7-6.2)

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#### **Brief Description of Document**

This document contains the Governance and Corporate Bylaws of Legal Greens RI Cooperative Inc. The bylaws establish the internal governance framework of the company and evidence the relationship between the company and its Interest Holders. The bylaws address ownership structure, membership classes, voting rights, board composition, officer roles, decision-making authority, and compliance obligations.

The bylaws further confirm Rhode Island resident majority ownership and control and clarify that employee participation through cooperative or workforce participation provisions does not confer ownership interests, voting rights, or governance authority unless expressly granted in accordance with Rhode Island law.

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#### **Section of the Application**

Form 2 — Ownership, Control, and Interest Holder Disclosures  
(Organizational and Governance Documents)

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#### **List of Relevant Interest Holders**

The corporate bylaws apply to and govern the rights, responsibilities, and governance authority of the following Interest Holders of Legal Greens RI Cooperative Inc:

- Nicola Mattiello
- Kristen Barbour
- Gregory Silva
- Mark Bouquet
- Vanessa Jean-Baptiste
- Michael Maloney

---

**Prepared For:**

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

**Date:**

12/24/2025

## **Legal Greens Rhode Island Cooperative Inc. Governance & Bylaws**

### **ARTICLE I — PURPOSE & FORMATION**

Legal Greens Rhode Island Cooperative Inc. (the “Corporation”) is organized as a Rhode Island cooperative corporation pursuant to R.I. Gen. Laws §7-6.2 for the purpose of operating a licensed adult-use cannabis retail establishment in the State of Rhode Island, subject to all applicable state and local laws and regulations.

The cooperative structure of the Corporation is limited to its ownership members. Any employee participation, incentive, or engagement programs shall not confer ownership, equity, voting rights, or governance authority in the Corporation.

### **ARTICLE II — MEMBERSHIP CLASSES**

The Corporation shall maintain the following classes of members:

Class A Members — Controlling Members who are Rhode Island residents and hold majority ownership and voting control.

Class B Members — Minority Members who hold ownership interests but do not collectively exceed forty-nine percent (49%) ownership.

Class C Participants (Employees) — Employees eligible for participation in internal workforce programs, without ownership or governance rights.

Class C Participants are not members for purposes of ownership, control, or governance and are not interest holders under Rhode Island cannabis disclosure requirements.

### **ARTICLE III — OWNERSHIP & VOTING ALLOCATION**

Ownership and voting interests in the Corporation are allocated as follows:

Nicola Mattiello (RI) —

Kristen Barbour (RI) —

Gregory Silva (RI) —

Collectively, Class A Members hold 51% ownership and majority voting control.

Mark Bouquet (MA) —

Vanessa Jean-Baptiste (MA) —

Michael Maloney (MA) —

### **ARTICLE IV — BOARD OF DIRECTORS**

The Corporation shall be governed by a five (5) member Board of Directors.  
A majority of Directors shall be Rhode Island residents at all times.



## ARTICLE V — VOTING AUTHORITY & PROTECTED MATTERS

All Directors may vote on Board matters; however, actions related to cannabis licensure, compliance, ownership transfers, dissolution, or restructuring require approval by a majority of Rhode Island resident Directors.

## ARTICLE VI — OFFICERS

The Corporation shall maintain the following officer positions:

President / CEO

Chief Operating Officer

Chief Financial Officer / Treasurer

Chief Compliance Officer

Secretary

## ARTICLE VII — EMPLOYEE PARTICIPATION PROGRAMS

Employees may participate in internal engagement or incentive programs. Such participation does not confer ownership, equity, voting rights, or profit interests.

## ARTICLE VIII — PROFIT ALLOCATION

All net profits remain with the Corporation and are allocated according to Class A and Class B ownership interests. Employees do not receive profit distributions.

## ARTICLE IX — COMPLIANCE & DISCLOSURE

All ownership, control, and authority shall be disclosed in accordance with Rhode Island cannabis regulations.

## ARTICLE X — AMENDMENTS

These bylaws may be amended only with Board approval and continued compliance with Rhode Island cannabis laws.



# Legal Greens RI Cooperative Inc.

Organizational Chart

## AUR Form 2 IV(B) COVER PAGE 1 — ORGANIZATIONAL CHART

Form 2 - Ownership & Control Disclosures  
LEGAL GREENS RI COOPERATIVE INC  
Adult-Use Cannabis Retail License Application

### Organizational Chart

#### Brief Description of Document

This organizational chart depicts the governance and management structure of Legal Greens RI Cooperative Inc. The chart identifies all Interest Holders, including owners, directors, officers, and individuals with managing or operational control over the company and its licensed operations.

#### Section of the Application

Form 2 — Section B  
(Organizational Chart of Interest Holders)

#### List of Relevant Interest Holders

- Nicola Mattiello
- Kristen Barbour
- Gregory Silva
- Mark Bouquet
- Vanessa Jean-Baptiste
- Michael Maloney

#### Prepared For:

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

#### Date:

12/24/2025

Organizational Chart

Legal Greens RI Cooperative Inc. - Ownership

Name	Residency	Class	Ownership %	Voting Rights
Nicola Mattiello	Rhode Island	A		Voting/Controlling
Mark Bouquet	Massachusetts	B		Voting/Minority
Vanessa Jean-Baptiste	Massachusetts	B		Voting/Minority
Michael Maloney	Massachusetts	B		Voting/Minority
Kristen Barbour	Rhode Island	A		Voting/Controlling
Gregory Silva	Rhode Island	A		Voting/Controlling

Rhode Island residents collectively hold 51% ownership and retain majority control, satisfying Rhode Island cannabis residency requirements.

## AUR Form 2 IV(C) COVER PAGE 2 — OWNERSHIP PERCENTAGES & DOLLAR AMOUNTS

**Form 2 - Ownership Disclosures**  
**LEGAL GREENS RI COOPERATIVE INC**  
**Adult-Use Cannabis Retail License Application**

### **Ownership Percentages & Dollar Amounts**

#### **Brief Description of Document**

This disclosure identifies all individual Interest Holders listed in Form 2, Sections I(A) and I(D), and provides each individual's effective ownership percentage and corresponding ownership interest in Legal Greens RI Cooperative Inc. Ownership interests are derived from the company's formation and governance documents.

#### **Section of the Application**

Form 2 — Section C

(Ownership Percentages and Ownership Interest Disclosure)

#### **List of Relevant Interest Holders**

- ▶ Nicola Mattiello
- ▶ Kristen Barbour
- ▶ Gregory Silva
- ▶ Mark Bouquet
- ▶ Vanessa Jean-Baptiste
- ▶ Michael Maloney

#### **Prepared For:**

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

#### **Date:**

12/24/2025

Ownership Percentages & Dollar Amounts

Name	Class	Ownership %	Dollar Value
Nicola Mattiello	A		Per formation documents
Mark Bouquet	B		Per formation documents
Vanessa Jean-Baptiste	B		Per formation documents
Michael Maloney	B		Per formation documents
Kristen Barbour	A		Per formation documents
Gregory Silva	A		Per formation documents

## AUR Form 2 IV(D) COVER PAGE 3 — COMPENSATION / REMUNERATION DISCLOSURE

Form 2 - Compensation Disclosures  
LEGAL GREENS RI COOPERATIVE INC  
Adult-Use Cannabis Retail License Application

### Compensation / Remuneration Disclosure (Last Five Years)

#### Brief Description of Document

This disclosure identifies all Interest Holders listed in Form 2, Sections I(A), I(B), I(C), and I(E), and outlines compensation paid or to be paid by Legal Greens RI Cooperative Inc. As a newly formed entity, no compensation has been paid to any Interest Holder to date.

#### Section of the Application

Form 2 — Section D  
(Compensation / Remuneration Disclosure)

#### List of Relevant Interest Holders

- ▶ Nicola Mattiello
- ▶ Kristen Barbour
- ▶ Gregory Silva
- ▶ Mark Bouquet
- ▶ Vanessa Jean-Baptiste
- ▶ Michael Maloney

#### Prepared For:

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

#### Date:

12/24/2025

Compensation / Remuneration (Last 5 Years)

Name	Role	Compensation (last 5 years)
Nicola Mattiello	President/CEO	
Kristen Barbour	Secretary/Director	
Gregory Silva	Member/Director	
Mark Bouquet	COO/Director	
Vanessa Jean-Baptiste	CCO/Director	
Michael Maloney	CFO/Treasurer	





## AUR Form 3 – Owners and Interest Holders Certification Statement Form

On behalf of Applicant, and with respect to Applicant and each of the Interest Holders/Key Persons described in Form 2, the undersigned certifies as follows:

<p>1. Has Applicant or any Interest Holder thereof or any cannabis business entity or its equivalent in which such persons hold or have held an interest or a cannabis license, registration or authorization in another state or jurisdiction, ever been disciplined (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization) by any state or jurisdiction? If “Yes” provide a brief explanation, copies of all documentation and name/address/phone number/contact person for the licensing/registration/ authorization authority.</p> <p>_____N/A_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>2. Has Applicant and/or any Owner or Interest Holder ever been denied a professional license, privilege of taking an examination, or had a professional license or permit revoked or suspended by a licensing authority in Rhode Island or any other state or jurisdiction (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization)? If “Yes” provide a brief explanation, copies of all documentation and name/address/ phone number/contact person for the licensing/registration/authorization authority.</p> <p>_____N/A_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3. Is any Owner or Interest Holder employed by the State of Rhode Island? If “Yes” please describe below.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>N/A</p>		

4. Does Applicant, or any Owner or Interest Holder have any “material financial interest or control” (as defined in 560-RICR-10-10-1.2(A)(13)) in another Rhode Island cannabis establishment, or any ownership or interest in a Cannabis Testing Facility or vice versa. If “Yes” describe below:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
N/A		
5. Applicant acknowledges that it fully understands that:		
a. Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <i>et seq.</i> );	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. The manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges;	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. Any activity regarding cannabis that does not comply with Rhode Island law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Applicant must comply with all requirements pertaining to national criminal background checks prior to licensure and continuously report any changes to previously report results.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Applicant acknowledges that Application Fees are non-refundable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Applicant acknowledges that in filing an Application for a license, the following: a. The Cannabis Control Commission is vested with certain authority and discretion under the Act and Regulations with respect to review and approval of an Adult-Use Cannabis Retail License; and  b. The Cannabis Control Commission’s decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 <i>et seq.</i>	Yes <input checked="" type="checkbox"/>    Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>    No <input type="checkbox"/>



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

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

*Nicola Mattiello*

\_\_\_\_\_  
Signature of Authorized Signatory

12/24/2025

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nicola Mattiello

Printed Name:

Print Title: President/CEO

Print Name of Applicant: Legal Greens RI Cooperative Inc



## 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 #
Massachusetts Cannabis Control Commission	Retail	Legal Greens LLC	MR282937

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.

*Nicola Mattiello*

Signature of Authorized Signatory

12/24/2025

Date

Nicola Mattiello

Printed Name:

Print Title: President/CEO



**Print Name of Applicant:**      **Legal Greens RI Cooperative Inc**

## **COVER PAGE — FEIN CONFIRMATION**

### **LEGAL GREENS RI COOPERATIVE INC Adult-Use Cannabis Retail License Application**

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#### **Federal Employer Identification Number (FEIN) Confirmation**

**Legal Entity Name:**

Legal Greens RI Cooperative Inc

---

#### **Brief Description of Document**

This document confirms the Federal Employer Identification Number (FEIN) issued to Legal Greens RI Cooperative Inc. The FEIN verifies the company's identity for federal and state tax reporting purposes and supports regulatory, payroll, and compliance obligations associated with the operation of an adult-use cannabis retail establishment in Rhode Island.

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#### **Section of the Application**

Forms and Disclosures

(Form 2 — Organizational and Financial Identification Documentation)

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#### **List of Relevant Interest Holders**

The FEIN applies to the legal entity, Legal Greens RI Cooperative Inc, and relates to the following Interest Holders associated with the company:

- Nicola Mattiello
  - Kristen Barbour
  - Gregory Silva
  - Mark Bouquet
  - Vanessa Jean-Baptiste
  - Michael Maloney
-

**Prepared For:**

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

**Date:**

12/24/2025



Department Of the Treasury  
Internal Revenue Service  
Philadelphia, PA 19255-0023  
**Important Information - Please Read**

LEGAL GREENS RI COOPERATIVE INC  
% MICHAEL MALONEY  
[REDACTED]

December 22, 2025

## We assigned you an employer identification number (EIN)

Your EIN is [REDACTED]. The name control associated with this EIN is LEGA.

### What you need to do

---

- If you did not apply for this EIN, visit [IRS.gov/EINNotRequested](https://www.irs.gov/EINNotRequested).
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- You must file the following forms by the dates shown.

Form	Due Date
1120	04/15/2026

### What you need to know

---

If you need to pay certain types of taxes, like employment or corporate income taxes, we'll send you a package with instructions. The package will tell you how to pay your taxes online using the Electronic Federal Tax Payment System (EFTPS). We'll also send you a personal identification number (PIN) separately. Be sure to activate your PIN when you receive it, so you can start using the EFTPS. To learn more about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes.

If you qualify as a small business corporation and plan to file Form 1120-S, U.S. Income Tax Return for an S Corporation, you must first file Form 2553, Election by a Small Business Corporation, to elect to be treated as an S corporation. Refer to the instructions for the Form 2553 for more information.

### Additional Information

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- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting [IRS.gov/Forms](https://www.irs.gov/Forms) or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.



## **COVER PAGE — PROOF OF CAPITAL**

### **LEGAL GREENS RI COOPERATIVE INC Adult-Use Cannabis Retail License Application**

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#### **Proof of Capital & Source of Funds**

**Legal Entity Name:**

Legal Greens RI Cooperative Inc

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#### **Brief Description of Document**

This submission provides documentation demonstrating the availability and lawful source of capital intended to support the establishment and operation of an adult-use cannabis retail facility by Legal Greens RI Cooperative Inc. The materials include financial documentation and sworn statements evidencing access to operating capital, start-up funding, and development resources.

Specifically, this submission includes a bank statement evidencing available funds and an affidavit executed by Michael Maloney, affirming that funds from his law practice will be used to financially assist with build-out, tenant improvements, construction costs, equipment, and other related start-up expenses for a Rhode Island licensed cannabis retail establishment.

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#### **Section of the Application**

Financial Disclosures and Proof of Capital  
(Adult-Use Retail License Application — Financial Capability Documentation)

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#### **List of Relevant Interest Holders**

The proof of capital documentation relates to the following Interest Holders and funding sources associated with Legal Greens RI Cooperative Inc:

- Michael Maloney
  - Legal Greens RI Cooperative Inc
-

**Prepared For:**

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

**Date:**

12/24/2025



# AFFIDAVIT OF MICHAEL MALONEY

I, **Michael Maloney**, being duly sworn, depose and state as follows:

1. I am an attorney in good standing and the principal of a law practice duly organized and operating under the laws of the applicable jurisdiction.
2. I have lawful access to funds generated through my law practice, which are derived from legitimate and verifiable sources.
3. I affirm that I intend to use funds from my law practice, Michael Maloney Law to financially assist in the build-out and development of a Rhode Island licensed retail cannabis dispensary, including but not limited to tenant improvements, construction costs, equipment, and other related start-up expenses.
4. All funds contributed will be lawfully obtained, properly documented, and compliant with all applicable state and local laws and regulations, including those governing cannabis operations in the State of Rhode Island.
5. I understand that this affidavit is being provided in support of regulatory filings and business planning materials submitted to the appropriate Rhode Island authorities.
6. I affirm that the statements made herein are true and correct to the best of my knowledge, information, and belief.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 12/26/2025

Michael Maloney

Michael Maloney  
Affiant

STATE OF Massachusetts )  
COUNTY OF Plymouth )

On this 26 day of December, 20 25, before me, the undersigned Notary Public, personally appeared Michael Maloney, known to me or satisfactorily proven to be the person whose name is subscribed above, and acknowledged that he executed the same for the purposes therein contained.

[Signature]

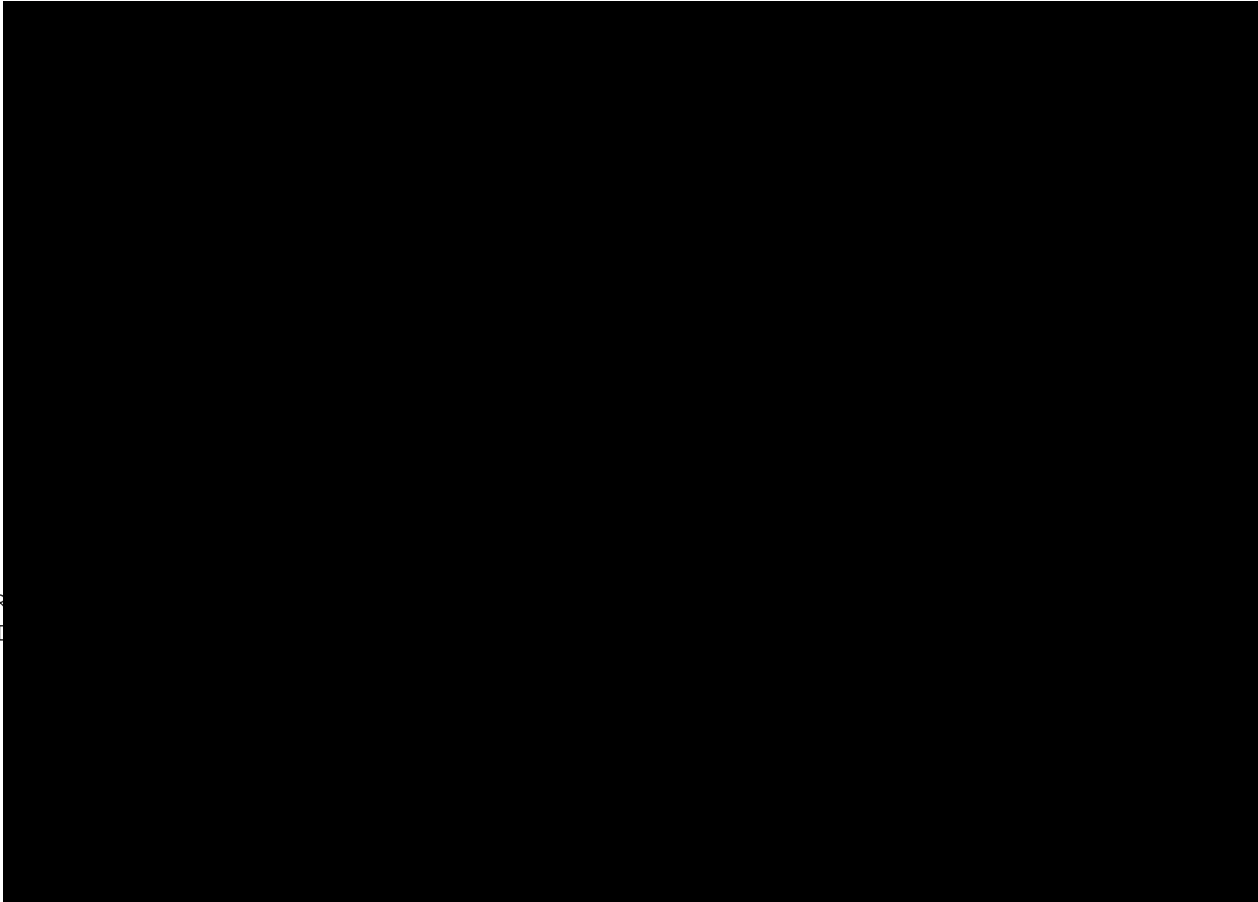
Notary Public

My Commission Expires: 1-10-31







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## **COVER PAGE — TAXPAYER ATTESTATION (NO TAXES OWED)**

### **LEGAL GREENS RI COOPERATIVE INC Adult-Use Cannabis Retail License Application**

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#### **Taxpayer Attestation – No Outstanding Tax Liabilities**

##### **Legal Entity Name:**

Legal Greens RI Cooperative Inc

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#### **Brief Description of Document**

This document consists of a Taxpayer Attestation executed on behalf of Legal Greens RI Cooperative Inc confirming that the company does not have any outstanding federal, state, or local tax liabilities at the time of submission. The attestation affirms that all required tax filings have been completed and that no taxes are currently due or delinquent.

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#### **Section of the Application**

Forms and Disclosures  
(Financial and Tax Compliance Documentation)

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#### **List of Relevant Interest Holders**

The Taxpayer Attestation relates to the legal and financial standing of Legal Greens RI Cooperative Inc and applies to the following Interest Holders associated with the company:

- Nicola Mattiello
  - Kristen Barbour
  - Gregory Silva
  - Mark Bouquet
  - Vanessa Jean-Baptiste
  - Michael Maloney
-

**Prepared For:**

Rhode Island Cannabis Control Commission  
Rhode Island Office of Cannabis Regulation

**Date:**

12/24/2025

TAXPAYER ATTESTATION – NO OUTSTANDING TAX LIABILITIES

LEGAL GREENS RI COOPERATIVE INC  
Adult-Use Cannabis Retail License Application

I, the undersigned authorized representative of Legal Greens RI Cooperative Inc, hereby attest and affirm under penalty of perjury that Legal Greens RI Cooperative Inc does not have any outstanding federal, state, or local tax liabilities as of the date of this attestation.

I further attest that all required tax filings have been timely completed and that no taxes are currently due, delinquent, or subject to unresolved enforcement action. This attestation is submitted in support of the company's application for an adult-use cannabis retail license in the State of Rhode Island.

I acknowledge that any false statement made in this attestation may result in denial, suspension, or revocation of licensure and may subject the company and the undersigned to penalties under applicable law.

Signed under penalty of perjury:

*Nicola Mattiello*

Signature

Printed Name: Nicola Mattiello  
Title: President / CEO, Controlling Member  
Entity: Legal Greens RI Cooperative Inc

Date: 12/24/2025