





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

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	Newport Naturals 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#	6 (Note separate applications and application fees are required to apply in multiple zones)
2	BUSINESS STREET ADDRESS	2 Broadway St
3	CITY, STATE, ZIP	Newport, RI 02840
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	2 Broadway St
5	CITY, STATE, ZIP	Newport, RI 02840
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	17-181



7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	800 sq ft
8	FEIN: (Federal Employer Identification Number)	
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION (401) 440 - 0277 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:	Allison Borges
	Title:	Member & Chief Compliance Officer
	Mailing Address:	
	Email Address:	alliborges@gmail.com
	Phone Number	(401) 440 - 0277 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 #_____)

Newport Naturals LLC / 001800984



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:

Signed by:

Allison Borges

71CA5779234D450...

DATE:

12/25/2025

Print Name: Allison Borges

Print Title: Member and Chief Compliance Officer

Cover Page

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

Attachment:

Articles of Incorporation

Interest Holders:

Allison Borges

Kristopher Lipari (Lender)

RI SOS Filing Number: 202580891850 Date: 12/19/2025 11:02:00 AM



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: Newport Naturals LLC

ARTICLE II

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

No. and Street: 700 NARRAGANSETT PARK DR
STE 100

City or Town: PAWTUCKET, RI State: RI Zip: 02861

The name of the resident agent at such address is: NORTHWEST REGISTERED AGENT LLC

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:
City or Town: State: Zip: Country:

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 ☐ 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>
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ARTICLE VIII

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

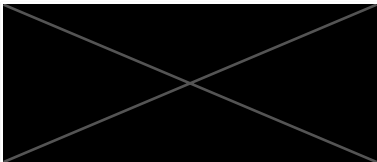
Later Effective Date:

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

Signed this 19 Day of December, 2025 at 11:04:36 AM by the Authorized Person.

/COURTNEY J. CARON/

Address of Authorized Signer:



RI SOS Filing Number: 202580891850 Date: 12/19/2025 11:02:00 AM



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

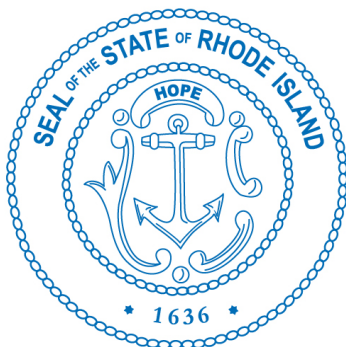
I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 19, 2025 11:02 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State



Cover Page

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

Attachment:

Certificate of Good Standing from the RI SOS

Interest Holders:

Allison Borges

Kristopher Lipari (Lender)



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:

Newport Naturals LLC

is a Rhode Island Limited Liability Company organized on **December 19, 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.

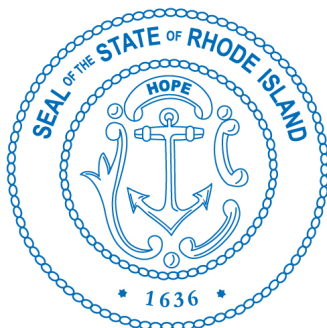
This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

December 19, 2025

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

Secretary of State



Certificate Number: 25120112530

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

Processed by: dzainyeh

Cover Page

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and Affirmations

Attachment:

Evidence of filing a Fictitious Business Name Statement with the SOS

Interest Holders:

Allison Borges

Kristopher Lipari (Lender)

RI SOS Filing Number: 202581052890 Date: 12/24/2025 10:44:00 AM



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

Fee: \$50.00

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

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

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

SECTION I

The legal name of the applicant limited liability company is: Newport Naturals LLC

SECTION II

The fictitious business name to be used is: Newport Naturals

SECTION III

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

SECTION IV

The date of organization is 12/19/2025

Signed this 24 Day of December, 2025 at 10:46:01 AM. *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.*

Newport Naturals LLC

Name of Applicant Limited Liability Company

/COURTNEY J. CARON/

Signature of Authorized Person

Form No. 624
Revised 09/07

RI SOS Filing Number: 202581052890 Date: 12/24/2025 10:44:00 AM



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 24, 2025 10:44 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State





AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Newport Naturals 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 Allison Borges	SSN FEIN	DOB	Email Address
[REDACTED]			
Address (residence if person; business address if entity)	City	State	ZIP
[REDACTED]		[REDACTED]	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Newport Naturals LLC	[REDACTED] est in applicant .		
Name of person or entity	SSN/FEIN	DOB	Email Address
[REDACTED]			
Address (residence if person; business address if entity)	City	State	ZIP
[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 applicant .
[REDACTED]			
Name of person or entity	SSN/FEIN	DOB	Email Address
[REDACTED]			
Address (residence if person; business address if entity)	City	State	ZIP
[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> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .	
<p>B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</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 Allison Borges					
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Newport Naturals LLC		List your title or role, with respect to the entity listed in the preceding box. Member & Chief Compliance Officer		List your title or role, if any, with respect to the <u>Applicant</u> Member & Chief Compliance Officer	
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 Applicant
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		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 Applicant
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		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 Applicant
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		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 Applicant
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		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 Applicant
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).					
<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 Allison Borges		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) Newport Naturals LLC		List your title or role, if any, with respect to the entity listed in the preceding box. Member & Chief Compliance Officer			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number

cccinquiry@ccc.ri.gov



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

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

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

Name of person or entity None		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity		SSN/FEIN		DOB	Email



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

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

Name of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Interest, including dollar value
None						



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
None						

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:

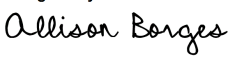
(A) With respect to Applicant, all persons and entities that:

- (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.

Signed by:

 71CA5779234D450...

Signature of Authorized Signatory

12/25/2025

Date

Allison Borges

Printed Name

Print Title: Member & Chief Compliance Officer

Print Name of Applicant: Newport Naturals LLC

Cover Page

AUR Form 2 - Disclosure of Owners and Other Interest Holders

Attachment A:

Attach all organizational, governance documents,
corporate bylaws, contractual agreements or similar

1. Operating Agreement for Newport Naturals LLC

Interest Holders:

Allison Borges

Kristopher Lipari (Lender)

**OPERATING AGREEMENT
OF
NEWPORT NATURALS LLC
(A Rhode Island Limited Liability Company)**

This Operating Agreement (this “Agreement”) is entered into and effective as of December 23 2025, by Allison Borges (the “Member”), as the sole member of NEWPORT NATURALS LLC, a Rhode Island limited liability company (the “Company”). This Agreement is adopted pursuant to the Rhode Island Limited-Liability Company Act, R.I. Gen. Laws § 7-16-1-1 et seq., as amended from time to time (the “Act”), and sets forth the rights, duties, and obligations governing the ownership, management, operation, and internal affairs of the Company.

ARTICLE I – FORMATION, NAME, AND OFFICES

1.1 Formation. The Company has been duly organized as a limited liability company under the laws of the State of Rhode Island by filing its Articles of Organization with the Rhode Island Secretary of State in accordance with the Act.

1.2 Name. The name of the Company is NEWPORT NATURALS LLC.

1.3 Principal Office. The principal office of the Company shall be located at such place or places as the Member may determine from time to time.

1.4 Registered Office and Agent. The Company shall continuously maintain a registered office and registered agent in the State of Rhode Island as required by the Act.

ARTICLE II – MEMBER AND OWNERSHIP

2.1 Sole Member. The sole member of the Company is Allison Borges, who owns one hundred percent (100%) of the membership interests in the Company.

2.2 No Additional Members. No additional members shall be admitted to the Company unless expressly approved in writing by the Member and permitted by applicable law.

ARTICLE III – PURPOSE AND COMPLIANCE

3.1 Purpose. The purpose of the Company is to engage in any lawful business activity for which limited

liability companies may be organized under the laws of the State of Rhode Island.

3.2 Compliance with Law. The Company shall conduct its business in compliance with all applicable federal, state, and local laws, regulations, and requirements applicable to its operations.

3.3 Regulated Industry Acknowledgment. The Member acknowledges that certain Company activities may be subject to enhanced regulatory oversight and agrees that the Company shall operate in a manner consistent with maintaining all required licenses and approvals.

ARTICLE IV – MANAGEMENT AND AUTHORITY

4.1 Member-Managed Company. The Company shall be managed by the Member, who shall have full, exclusive, and complete authority to manage and control the business and affairs of the Company.

4.2 Authority of the Member. The Member is authorized to execute agreements, incur obligations, open and manage bank accounts, borrow money, hire employees and contractors, and take all actions necessary or appropriate to operate the Company.

4.3 Reliance by Third Parties. Any person dealing with the Company may rely conclusively on the authority of the Member.

ARTICLE V – CAPITAL CONTRIBUTIONS

5.1 Initial Contribution. The Member has made an initial capital contribution in such amount and form as determined by the Member.

5.2 Additional Contributions. The Member shall have no obligation to make additional capital contributions.

ARTICLE VI – PROFITS, LOSSES, AND DISTRIBUTIONS

6.1 Allocations. All profits and losses of the Company shall be allocated entirely to the Member.

6.2 Distributions. Distributions shall be made at such times and in such amounts as determined by the Member, subject to applicable law.

ARTICLE VII – TAX MATTERS

7.1 Tax Classification. The Company shall be classified as a disregarded entity for federal and state income tax purposes unless the Member elects otherwise.

7.2 Tax Filings. The Member shall cause all required tax filings to be completed and submitted.

ARTICLE VIII – CREDITORS AND LOANS

8.1 Loans from Third Parties. The Company may incur indebtedness to lenders or other creditors in the ordinary course of business.

8.2 No Equity Rights. No lender or creditor shall be deemed a member of the Company or have any ownership, voting, or management rights solely by virtue of extending credit.

8.3 Priority. Creditor claims shall be satisfied in accordance with applicable law and governing loan documents.

ARTICLE IX – LIMITATION OF LIABILITY AND INDEMNIFICATION

9.1 Limited Liability. Except as otherwise required by law, the Member shall not be personally liable for Company obligations.

9.2 Indemnification. The Company shall indemnify the Member to the fullest extent permitted by law.

ARTICLE X – BOOKS, RECORDS, AND ACCOUNTING

10.1 Books and Records. The Company shall maintain complete and accurate books and records.

10.2 Inspection Rights. The Member shall have access to Company records at reasonable times.

ARTICLE XI – TRANSFER RESTRICTIONS

11.1 Transfers. The Member shall not transfer any interest in the Company except as permitted by applicable law.

11.2 Effect of Transfer. Any permitted transfer shall not relieve the Member of obligations incurred

prior to such transfer.

ARTICLE XII – DEATH OR INCAPACITY

12.1 Continuity. The death, incapacity, or bankruptcy of the Member shall not automatically dissolve the Company.

12.2 Estate Administration. The Member's legal representative may exercise economic rights pending lawful transfer.

ARTICLE XIII – DISSOLUTION AND WINDING UP

13.1 Dissolution. The Company may be dissolved upon written decision of the Member or as required by law.

13.2 Winding Up. Upon dissolution, assets shall be distributed in accordance with the Act.

ARTICLE XIV – MISCELLANEOUS

14.1 Governing Law. This Agreement shall be governed by the laws of the State of Rhode Island.

14.2 Amendments. This Agreement may be amended only by a written instrument executed by the Member.

14.3 Severability. Invalid provisions shall not affect the remainder of this Agreement.

14.4 Entire Agreement. This Agreement constitutes the entire agreement of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Operating Agreement as of the date first written above.

Signed by:

Allison Borges

12/24/2025

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Allison Borges
Sole Member

Cover Page

AUR Form 2 - Disclosure of Owners and Other Interest Holders

Attachment A:

Attach all organizational, governance documents, corporate bylaws, contractual agreements or similar

1. Line of Credit w. Kristopher Lipari


Interest Holders:

Allison Borges

Kristopher Lipari (Lender)

DRAFT COMMERCIAL LINE OF CREDIT AGREEMENT AND NOTE




Agreement Effective Date: December 23, 2025

Line of Credit Limit:	Draw Expiration Date:	Maturity Date:
	Borrower may borrow up to the line of credit limit through the Maturity Date.	December 23, 2030

LINE OF CREDIT AGREEMENT AND NOTE. This Commercial Line of Credit Agreement and Note will be referred to in this document as the “Agreement”.



LENDER. “Lender” means Kristopher Lipari, an individual.

BORROWER. “Borrower” means Newport Naturals LLC, a Rhode Island Limited Liability Company.

PROMISE TO PAY. For value received, receipt of which is hereby acknowledged, on or before the Maturity Date, the Borrower promises to pay the principal amount of 
 or such lesser amount as shall have been advanced by Lender to or on behalf of Borrower under this Agreement, and all interest and any other charges, to the order of Lender at its office a  at such other place as Lender may designate in writing. The Borrower will make all payments in lawful money of the United States of America.


PAYMENT SCHEDULE. This Agreement will be paid according to the following required payment schedule: Beginning on the date of the first draw, monthly payments of accrued and unpaid interest. All payments received by the Lender from the Borrower for application to the Line of Credit may be applied to the Borrower’s obligations under the Line of Credit in such order as determined by the Lender.

ADVANCES BY LENDER. Borrower and Lender agree that Borrower may borrow up to the maximum amount of principal more than one time. Additional principal advances thereafter will be made to the Borrower subject to the following conditions:


- Advances of principal may be made under this Agreement, but Lender in its sole discretion, may refuse to make advances hereunder during any period(s) this Agreement is in default.
- Advances under this Agreement may be requested orally or in writing by the Borrower or by an authorized person.
- The total of an advance requested and unpaid principal cannot exceed 
.

All advances made will be charged to a loan account in Borrower's name on Lender's books, and the Lender shall debit such account the amount of each advance made to, and credit to such account the amount of each repayment made by Borrower. Lender shall provide to Borrower periodic statements of Borrower's loan account, which shall be deemed to be correct, accepted by, and binding upon Borrower unless Lender receives a written statement of exception from Borrower within ten (10) days after such statement is furnished.

SUSPENSION AND TERMINATION. Advances under this Agreement will be available on an ongoing basis for the duration of the term of this Agreement. The Maturity Date is the date the Line of Credit expires, the date the Line of Credit is cancelled by Borrower, or the date the Line of Credit is cancelled by Lender due to an occurrence of default, whichever is earlier.

INTEREST RATE. The fixed simple interest rate on this Agreement will be  per annum.

Nothing contained herein shall be construed as to require the Borrower to pay interest at a greater rate than the maximum allowed by law. If, however, from any circumstances, Borrower pays interest at a greater rate than the maximum allowed by law, the obligation to be fulfilled will be reduced to an amount computed at the highest rate of interest permissible under applicable law and if, for any reason whatsoever, Lender ever receives interest in an amount which would be deemed unlawful under applicable law, such interest shall be automatically applied to amounts owed, in Lender's sole discretion, or as otherwise allowed by applicable law.

LATE PAYMENT CHARGE. If any required payment is more than three (3) days late, then at Lender's option, Lender will assess a late payment charge of .

LINE OF CREDIT TERMS. This is an obligatory agreement. The Borrower and Lender agree that the Borrower may request an advance of all or part of the Line of Credit Limit if, at the time of the request, none of the following conditions exist.

- Maximum amount on this Agreement is outstanding.
- Undersigned has breached any of the terms, provisions, representations, requirements or promises contained in this Agreement or any other agreement noted below.
- The Agreement or any other agreement relating thereto is in default.
- Undersigned makes a request for an advance after the Maturity Date cited above.
- The Lender has deemed itself insecure or there has been a material adverse change of conditions.
- The Lender is precluded by law from making the advance.

DEFAULT. Upon the occurrence of any one of the following events (each, an "Event of Default" or "default" or "event of default"), Lender's obligations, if any, to make any advances will, at

Lender's option, immediately terminate and Lender, at its option, may declare all indebtedness of Borrower to Lender under this Agreement to be immediately due and payable without further notice of any kind notwithstanding anything to the contrary in this Agreement or any other agreement. (a) Borrower's failure to make any payment on time or in the amount due; (b) any default by Borrower under the terms of this Agreement; (c) any default by Borrower under the terms of any other loan agreement, security agreement, or other document in favor of Lender; (d) the death, dissolution, or termination of existence of Borrower; (e) Borrower is generally not paying Borrower's debts as such debts become due; (f) the commencement of any proceeding under bankruptcy or insolvency laws by or against Borrower or any guarantor or the appointment of a receiver; (g) any default under the terms of any other indebtedness of Borrower to any other creditor; (h) any part of Borrower's business is sold to or merged with any other business, individual, or entity.

BORROWER'S WAIVER OF NOTICES; LENDER'S DELAY IS NOT A WAIVER. To the extent permitted by law, the Borrower severally waives any required notice of presentment, demand, acceleration, intent to accelerate from Lender. No failure or delay on the part of Lender shall operate as a waiver of such power or right.

SEVERABILITY. If a court of competent jurisdiction determines any term or provision of this Agreement is invalid or prohibited by applicable law, that term or provision will be ineffective to the extent required. Any term or provision that has been determined to be invalid or prohibited will be severed from the rest of this Agreement without invalidating the remainder of this Agreement.

SURVIVAL. The rights and privileges of the Lender hereunder shall inure to the benefits of its successors and assigns, and this Agreement shall be binding on all heirs, executors, administrators, assigns and successors of Borrower.

ASSIGNABILITY. Lender and Borrower agree not to assign this Agreement or any benefit accruing to it hereunder without the express written consent of the other Party.

ORAL AGREEMENTS DISCLAIMER. This Agreement represents the final agreement between the parties with respect to the subject matter and may not be contradicted by evidence of prior, contemporaneous or subsequent oral agreements of the parties. There are no unwritten oral agreements between the parties.

GOVERNING LAW. This Agreement is governed by the laws of the state of Rhode Island exclusive of its laws governing conflicts of law.

HEADING AND GENDER. The headings preceding text in this Agreement are for general convenience in identifying subject matter but have no limiting impact on the text which follows any particular heading. All words used in this Agreement shall be construed to be of such gender or number as the circumstances require.

By signing this Agreement, the Parties acknowledge reading, understanding, and agreeing to all its provisions and receipt thereof.

BORROWER: NEWPORT NATURALS LLC

Signed by:

Allison Borges

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12/23/2025

By: Allison Borges

Date

LENDER: KRISTOPHER LIPARI

DocuSigned by:

Kristopher Lipari

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12/24/2025

By: Kristopher Lipari

Date

Cover Page

AUR Form 2 - Disclosure of Owners and Other Interest Holders

Attachment B:

Attach an organizational chart

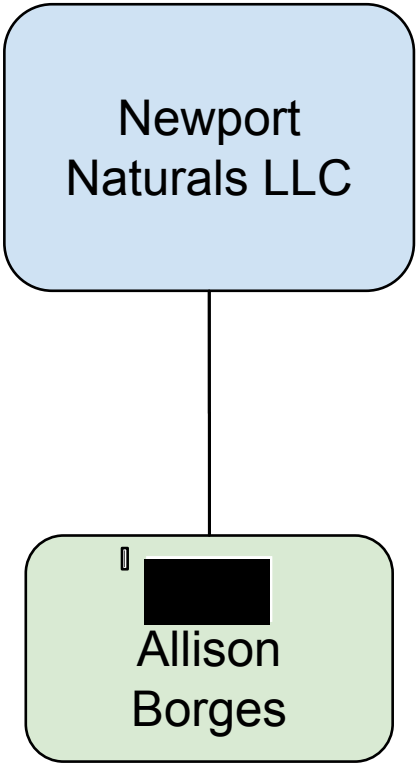
1. Organizational Chart

Interest Holder:

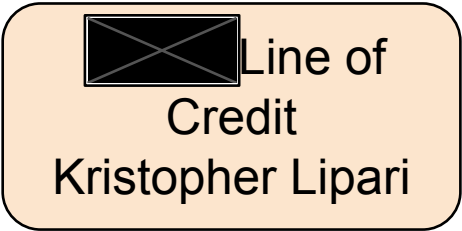
Allison Borges

Kristopher Lipari (Lender)

Newport Naturals LLC
Organizational/Ownership
Chart



Funding From:



Cover Page

AUR Form 2 - Disclosure of Owners and Other Interest Holders

Attachment 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.

1. List Attached

Interest Holder:

Allison Borges

Kristopher Lipari (Lender)

AUR Form 2: Section IV
Attachment 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.

Narragansett Naturals LLC

Name	Effective Ownership Percentage	Dollar Amount of each Interest Holder’s Interest
Allison Borges		
Kristopher Lipari		

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AUR Form 2 - Disclosure of Owners and Other Interest Holders

Attachment 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.

1. List Attached

Interest Holders:


Allison Borges

Kristopher Lipari (Lender)

AUR Form 2: Section IV
Attachment 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.

Newport Naturals LLC

Name	Dollar Amount of Annual Compensation
Allison Borges	



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>_____</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>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3. Is any Owner or Interest Holder employed by the State of Rhode Island? If “Yes” please describe below.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Click or tap here to enter text.</p>		

cccinquiry@ccc.ri.gov



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.

Signed by:

Allison Borges

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Signature of Authorized Signatory

12/25/2025

Date

Allison Borges

Printed Name:

Print Title: Member & Chief Compliance Officer

Print Name of Applicant: Newport Naturals LLC



AUR Form 4 – Business License Identification Form

Applicant hereby state(s) as follows:

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

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
See Attachment.			

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.

Signed by:

Allison Borges

Signature of Authorized Signatory

12/25/2025

Date

Allison Borges

Printed Name:

Print Title: Member & Chief Compliance Officer

Print Name of Applicant: Newport Naturals LLC

Cover Page

AUR Form 4 - Business License Identification Form

Attachment:

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

1. Business License Identification Form

Interest Holders:

Allison Borges

Kristopher Lipari (Lender)

Attachment to AUR Form 4 – Business License Identification Form

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
California Department of Cannabis Control	Type 10: storefront retailer	MOM SLO LLC	C10-0000728-LIC
California Department of Cannabis Control	Type 10: storefront retailer	MOM GO LLC	C10-0001389-LIC
California Department of Cannabis Control	Type 10: storefront retailer	MOM EC LLC	C10-0001176-LIC
California Department of Cannabis Control	Type 10: storefront retailer	MOM SY LLC	C10-0001242-LIC
California Department of Cannabis Control	Type 10: storefront retailer	MOM WEHO LLC	C10-0001049-LIC
New Jersey Cannabis Regulatory Commission	Annual Class 5 Cannabis Retailer (pre-operational)	MOM New Jersey LLC	Not Applicable