

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

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	Nirvana Center RI LLC You must attach the following documents to this Form: <ul style="list-style-type: none"> Articles of Incorporation filed with RI Secretary of State (SOS) Certificate of Good Standing from the RI SOS Evidence of filing a Fictitious Business Name Statement with the SOS, if applicable
	APPLICATION ZONE#	Zone 6 (Note separate applications and application fees are required to apply in multiple zones)
2	BUSINESS STREET ADDRESS	[REDACTED]
3	CITY, STATE, ZIP	[REDACTED]
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	1980 East Main Road
5	CITY, STATE, ZIP	Portsmouth, RI 02871
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	PORT-000041-000000-000029

7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	2,416 SF
8	FEIN: (Federal Employer Identification Number)	██████████
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION ██████████ Ext. _____
11	TOLL FREE NUMBER (if not applicable, put "N/A")	AREA CODE NUMBER EXTENSION (<u> N/A </u>) _____ 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:	Giovanni Dolleton
	Title:	General Counsel and Chief Compliance Officer
	Mailing Address:	██
	Email Address:	██
	Phone Number	██████████ 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 #_____)

Nirvana Center RI LLC (includes all individual owners)

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:

Sheraz Warraich

Print Name: Sheraz Warraich

Print Title: Owner

DATE:

12/29/2025



AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Nirvana Center RI 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 Sheraz Warraich		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED] a	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Nirvana Center RI LLC		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>applicant</u> . [REDACTED]	
Name of person or entity Patrick Ford		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Nirvana Center RI LLC		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>applicant</u> . [REDACTED]	
Name of person or entity Nathan Florence		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	



Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Nirvana Center RI LLC		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>applicant</u> . [REDACTED]	
Name of person or entity Jeremy Bailey		SSN/FEIN [REDACTED]		DOB [REDACTED] 8	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Nirvana Center RI LLC		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>applicant</u> . [REDACTED]	
Name of person or entity		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <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> .	
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.					
<p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level</p>					
Name of person or entity Sheraz Warraich		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, with respect to the entity listed in the preceding box. Owner and CEO		List your title or role, if any, with respect to the <u>Applicant</u> Owner and CEO	

Name of person or entity Patrick Ford		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, with respect to the entity listed in the preceding box. Owner		List your title or role, if any, with respect to the Applicant Owner	
Name of person or entity Nathan Florence		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, with respect to the entity listed in the preceding box. Owner		List your title or role, if any, with respect to the Applicant Owner	
Name of person or entity Giovanni Dolleton		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, with respect to the entity listed in the preceding box. General Counsel & Chief Compliance Officer		List your title or role, if any, with respect to the Applicant General Counsel & Chief Compliance Officer	
Name of person or entity Jeremy Bailey		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, with respect to the entity listed in the preceding box. Owner		List your title or role, if any, with respect to the Applicant Owner	
<p>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> <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 Sheraz Warraich		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, if any, with respect to the entity listed in the preceding box. Owner and CEO			



Name of person or entity Patrick Ford		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, if any, with respect to the entity listed in the preceding box. Owner			
Name of person or entity Nathan Florence		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, if any, with respect to the entity listed in the preceding box. Owner			
Name of person or entity Giovanni Dolleton		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, if any, with respect to the entity listed in the preceding box. General Counsel and Chief Compliance Officer			
Name of person or entity Jeremy Bailey		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Nirvana Center RI LLC		List your title or role, if any, with respect to the entity listed in the preceding box. Owner			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			
D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).					
<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		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	
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, <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 N/A		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number



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

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

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

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

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

Section IV:

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



CERTIFICATION AS TO AUR FORM 2

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

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

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

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

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

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

Sheraz Warraich
Signature of Authorized Signatory

12/29/2025
Date

Sheraz Warraich
Printed Name
Print Title: Owner
Print Name of Applicant: Nirvana Center RI LLC



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>		

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

Sheraz Warraich
Signature of Authorized Signatory

12/29/2025
Date

Sheraz Warraich
Printed Name:
Print Title: Owner
Print Name of Applicant: Nirvana Center RI 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 Attached			

Applicant disclosed and provided any and all denial, suspension, revocation, fines, or other sanction of the license, registration or authorization listed above as instructed in AUR FORM 3.

Applicant hereby authorizes: (1) the Cannabis Control Commission to contact the agencies indicated above for information regarding Applicant and the licenses/registrations listed above; and (2) such other state agencies to provide any and all information requested by the Commission regarding the licenses/registrations. If requested by the Commission, Applicant will provide any additional authorization required by any of the state agencies to provide information requested by the Commission.

The undersigned hereby acknowledges and agrees that Applicant has a continuing obligation to disclose any changes and shall provide written notice to the Commission within sixty (60) days of any change of the information provided and the statements made in this AUR Form 4 and that each such notice shall include an updated AUR Form 4.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this AUR Form 4 are complete, true, correct, and accurate.

Sheraz Warraich
Signature of Authorized Signatory

12/29/2025
Date

Sheraz Warraich
Printed Name:
Print Title: Owner

Print Name of Applicant: Nirvana Center RI LLC

AUR FORMS ATTACHMENTS

The following documents are attached hereto:

Document	Relevant To:
Certificate of Good Standing	Form 1; Form 2
Applicant Entity Operating Agreement	Form 1; Form 2
Organizational Chart	Form 2
List of Interest Holders with Ownership %	Form 2, Section IV(C)
List of Interest Holders with Compensation	Form 2, Section IV(D)
List of Cannabis Licenses	Form 4



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:

Nirvana Center RI LLC

is a Rhode Island Limited Liability Company organized on **December 19, 2025.**

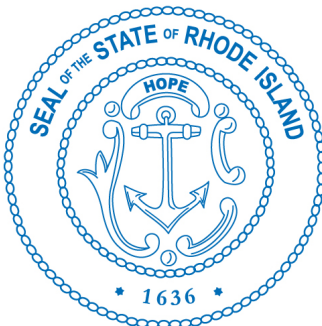
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

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

Secretary of State



Certificate Number: 25120115810

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

Processed by: lsmith

OPERATING AGREEMENT OF NIRVANA CENTER RI LLC

(A Rhode Island limited liability company)

This Operating Agreement (the “Agreement”) is entered into and effective as of December 15th, 2025 (the “Effective Date”), by and among the Members listed on **Exhibit A** (each, a “Member,” and collectively, the “Members”), of **Nirvana Center RI LLC**, a Rhode Island limited liability company (the “Company”).

1. Formation

1.1 Formation. The Company was formed as a Rhode Island limited liability company by the filing of Articles of Organization with the Rhode Island Secretary of State in accordance with the Rhode Island Limited Liability Company Act, as amended (the “Act”).

1.2 Name. The name of the Company is **Nirvana Center RI LLC**.

1.3 Principal Office. The principal office of the Company shall be at 1414 West Broadway Road, Suite 210A, Tempe, AZ 85282 or such other place as the Members may unanimously determine.

1.4 Registered Agent and Office. The Company’s registered agent and registered office in Rhode Island shall be as stated in the Company’s Articles of Organization, as may be amended from time to time.

1.5 Term. The Company shall continue until dissolved in accordance with this Agreement and the Act.

2. Purpose

2.1 Business Purpose. The purpose of the Company is to apply for, obtain, hold, and operate under an adult-use cannabis retail license in the State of Rhode Island, and to engage in any lawful activities ancillary or related thereto, subject to all applicable laws and regulations.

2.2 Cannabis Regulatory Compliance. The Company and each Member shall use good faith efforts to comply with all Rhode Island cannabis statutes and regulations applicable to adult-use cannabis retail operations, including all licensing, ownership, control, financial interest, and reporting requirements imposed by the appropriate Rhode Island authorities.

3. Members, Interests, and Capital

3.1 Members and Percentage Interests. The Members and their respective Percentage Interests are set forth on **Exhibit A**. Percentage Interests shall govern voting, allocations, and distributions only to the extent specifically stated in this Agreement. Except as expressly provided herein, each Member has equal management rights as described in Section 5.

3.2 Capital Contributions. Initial capital contributions (if any) are described on **Exhibit A**. No Member shall be required to make additional capital contributions unless unanimously approved in writing by all Members.

3.3 Capital Accounts. A capital account shall be established and maintained for each Member in accordance with federal tax principles applicable to partnerships.

4. Management

4.1 Member-Managed. The Company shall be **member-managed**. Each Member is an agent of the Company for carrying on the Company's business in the ordinary course, subject to the approval requirements in this Agreement.

4.2 Officers and Delegation. The Members may unanimously appoint officers (such as President, Treasurer, Secretary, Compliance Officer) and may unanimously delegate limited authority to one or more Members or officers for day-to-day administrative tasks, provided that such delegation shall not override the unanimous-consent requirements in Section 5.

4.3 Fiduciary Duties. To the extent permitted by the Act, each Member shall perform their duties in good faith and in a manner the Member reasonably believes to be in the best interests of the Company. Each Member shall comply with all applicable cannabis licensing requirements applicable to that Member.

5. Decisions, Voting, and Deadlock Resolution

5.1 Unanimous Consent Required. Except as expressly provided in Section 5.4 (Deadlock), **all decisions, actions, approvals, consents, waivers, and authorizations of the Company require the unanimous consent of all four (4) Members**, whether taken at a meeting or by written consent.

5.2 Matters Covered. The unanimous-consent requirement includes, without limitation:

- Submitting, amending, or withdrawing the adult-use license application.
- Any statement to a regulator regarding ownership, control, financial interests, management, operations, security, inventory, or compliance.
- Entering into leases, management agreements, financing, vendor contracts, construction contracts, or security contracts.
- Hiring or terminating key personnel (including the licensee-in-charge or equivalent).
- Material expenditures, budgets, or commitments.
- Opening bank accounts, adding signers, borrowing money, granting liens, or guaranteeing obligations.
- Admitting new members, transfers, or changes in Percentage Interests.
- Any action that could reasonably affect the Company's licensing eligibility or compliance.

5.3 Good Faith Decision Process. Before invoking the deadlock mechanism in Section 5.4, the Members shall make good faith efforts to reach unanimous agreement, which shall include:

- At least one meeting (in person or by video) with all Members present.
- Circulating relevant information reasonably necessary to evaluate the decision.
- A discussion period of not less than ten (10) business days after the issue is first formally raised in writing, unless time-sensitive regulatory deadlines require faster action.

5.4 Deadlock Resolution: Largest Stakeholder Decision Authority. If the Members cannot reach unanimous consent after complying with Section 5.3, then the Member who holds the largest Percentage Interest (the “Majority Interest Member”) shall have authority to decide the matter for and on behalf of the Company, and such decision shall be binding on the Company and the Members, provided that:

- The Majority Interest Member must certify in writing that the good faith process in Section 5.3 was followed.
- The decision must be reasonably related to the Company’s purpose in Section 2 and must not knowingly cause the Company to violate applicable law or cannabis licensing requirements.
- The decision must be documented in written minutes or a written consent describing the decision and the rationale.

5.5 Tie for Largest Stakeholder. If there is a tie for largest Percentage Interest, then the deadlock mechanism in Section 5.4 shall not apply unless the tied Members unanimously agree in writing on which tied Member will act as the Majority Interest Member for that specific decision.

5.6 Emergency Regulatory Deadlines. If a regulatory deadline requires immediate action and unanimous consent cannot be obtained in time despite good faith efforts, the Majority Interest Member may take the minimum necessary action to meet the deadline, subject to the documentation requirements above and prompt notice to the other Members.

6. Meetings and Notices

6.1 Meetings. Meetings may be called by any Member with at least five (5) business days’ notice, unless the Members unanimously agree to shorter notice.

6.2 Written Consents. Actions may be taken by written consent signed by the required approving Members.

6.3 Notice Method. Notices may be delivered by email to the addresses listed on Exhibit A (with confirmation of delivery) and shall be deemed given when sent.

7. Banking, Accounting, and Records

7.1 Bank Accounts. Company funds shall be deposited in Company accounts. Signers shall be designated by unanimous consent.

7.2 Books and Records. The Company shall maintain complete and accurate books and records at the principal office and shall provide reasonable access to each Member.

7.3 Fiscal Year. The fiscal year of the Company shall end on December 31 unless unanimously changed.

8. Tax Matters; Allocations and Distributions

8.1 Tax Classification. The Company shall be treated as a partnership for federal and state tax purposes unless unanimously changed.

8.2 Tax Representative. The Members shall unanimously designate a Partnership Representative (or equivalent) for federal tax purposes.

8.3 Allocations. Profits and losses shall be allocated among the Members in proportion to their Percentage Interests, unless otherwise required by applicable tax rules.

8.4 Distributions. Distributions shall be made at times and in amounts unanimously determined by the Members, subject to regulatory and cash flow needs. Distributions shall be made in proportion to Percentage Interests unless unanimously agreed otherwise.

8.5 No Distributions in Violation of Law. No distribution shall be made if it would violate the Act, cannabis licensing requirements, or any applicable law.

9. Transfers and Admissions

9.1 Transfer Restrictions. No Member may sell, assign, pledge, encumber, or otherwise transfer all or any portion of their interest in the Company without the **unanimous written consent** of all other Members.

9.2 Regulatory Approval Condition. Any permitted transfer is expressly conditioned upon obtaining all required approvals, clearances, and confirmations from applicable Rhode Island cannabis regulators and any other required governmental approvals.

9.3 Substituted Members. A transferee may become a substituted Member only with unanimous consent and execution of a joinder to this Agreement.

10. Member Withdrawal; Death; Incapacity

10.1 No Voluntary Withdrawal. No Member may voluntarily withdraw from the Company without unanimous written consent of the other Members.

10.2 Events Affecting Eligibility. If a Member becomes ineligible under applicable cannabis licensing requirements (including due to disqualifying events), the Members shall meet promptly to determine a compliant path forward, which may include mandatory transfer, divestiture, or other restructuring as required by regulators, subject to unanimous consent unless Section 5.4 applies and the matter is deadlocked.

11. Liability and Indemnification

11.1 Limited Liability. No Member shall be personally liable for the debts, obligations, or liabilities of the Company solely by reason of being a Member, except as required by law or by a written agreement signed by that Member.

11.2 Indemnification. To the fullest extent permitted by the Act, the Company shall indemnify each Member and officer for acts performed on behalf of the Company in good faith and in a manner reasonably believed to be in the Company's best interests, except for fraud, willful misconduct, or knowing violation of law.

12. Confidentiality

Each Member shall keep confidential the Company's non-public information, including licensing strategy, security information, financial information, trade secrets, and vendor terms, except as required to comply with regulators or law.

13. Dispute Resolution

13.1 Good Faith Negotiation. The Members shall first attempt in good faith to resolve disputes informally.

13.2 Mediation. If a dispute is not resolved within fifteen (15) business days after written notice of dispute, any Member may request non-binding mediation in Rhode Island, with fees shared equally unless otherwise agreed.

13.3 Equitable Relief. Nothing prevents a Member from seeking injunctive relief to protect confidential information, prevent irreparable harm, or preserve licensing eligibility.

14. Dissolution and Winding Up

14.1 Dissolution Events. The Company shall dissolve upon the earliest of:

- Unanimous written consent of all Members.

- Sale or disposition of substantially all Company assets.
- Final denial of the adult-use retail license application with no further administrative or judicial appeal pursued, unless the Members unanimously decide to pursue another lawful purpose.
- Any event requiring dissolution under the Act.

14.2 **Winding Up.** Upon dissolution, the Company's affairs shall be wound up, assets liquidated, creditors paid, and remaining assets distributed to Members in accordance with positive capital account balances or, if none, in proportion to Percentage Interests, subject to law.

15. Amendments

This Agreement may be amended only by **unanimous written consent** of all Members.

16. Miscellaneous

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

16.2 **Severability.** If any provision is unenforceable, the remainder shall remain in effect.

16.3 **Entire Agreement.** This Agreement constitutes the entire agreement among the Members regarding the subject matter and supersedes prior understandings.

16.4 **Counterparts; Electronic Signatures.** This Agreement may be executed in counterparts and by electronic signature, each of which is deemed an original.

Exhibit A

Members, Percentage Interests, and Capital Contributions

1. **Member 1:** Sheraz Warraich
Address: [REDACTED]
Percentage Interest: [REDACTED]
Initial Capital Contribution: [REDACTED]
2. **Member 2:** Patrick Ford
Address: [REDACTED]
Percentage Interest: [REDACTED]
Initial Capital Contribution: [REDACTED]
3. **Member 3:** Nathan Florence
Address: [REDACTED]
Percentage Interest: [REDACTED]
Initial Capital Contribution: [REDACTED]
4. **Member 4:** Jeremy Bailey
Address: [REDACTED]
Percentage Interest: [REDACTED]
Initial Capital Contribution: [REDACTED]

Majority Interest Member (Largest Stakeholder): The Member with the highest Percentage Interest as listed above (subject to Section 5.5 tie rule).

Signature Page

IN WITNESS WHEREOF, the Members have executed this Operating Agreement as of the Effective Date.

Member 1: _____ Date: _____

Member 2: _____ Date: _____

Member 3: _____ Date: _____

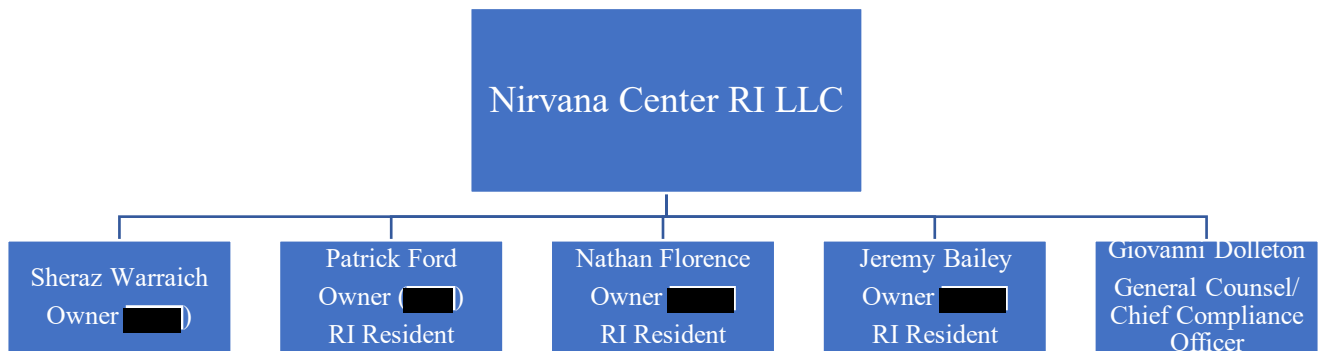
Member 4: _____ Date: _____

AUR Form 2 – Disclosure of Owners and Other Interests

Section IV

- B. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.

Nirvana Center RI LLC – Organizational Chart



AUR Form 2 – Disclosure of Owners and Other Interests

Section IV

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.

Name of Interest Holder	Effective Ownership %	Dollar Amount
Sheraz Warraich		
Patrick Ford		
Nathan Florence		
Jeremy Bailey		
Giovanni Dolleton		

*All owners would be entitled to proceeds and/or dividends from the operation based on their effective ownership percentage.

AUR Form 2 – Disclosure of Owners and Other Interests

Section IV

D. Attach a list of all Interest Holders identified in Section I(A), I(B), I(C) and I(E) 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.

Name of Interest Holder	Annual Compensation/Remuneration
Sheraz Warraich	
Patrick Ford	
Nathan Florence	
Jeremy Bailey	
Giovanni Dolleton	

*No Interest Holders have been paid and/or remunerated and/or promised any form of payment/remuneration with respect to the Applicant, its operations, the license and/or licensed facilities for the last five years. Nor have they been paid and/or remunerated and/or promised any form of payment/remuneration should Applicant be awarded a license.

AUR Form 4 – Business License Identification Form

The following list applies to Nirvana Center RI LLC owner Sheraz Warraich (49% stakeholder):

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
Arizona Bureau of Marijuana Licensing	Cultivation, Processing, and Retail	Arizona Tree Equity 2, LLC	No. 0000170ESTVQ68678199
Arizona Bureau of Marijuana Licensing	Cultivation, Processing, and Retail	MMJ Apothecary Nirvana Center	No. 00000100ESEC12878172
Arizona Bureau of Marijuana Licensing	Cultivation, Processing, and Retail	SSW Ventures, LLC	No. 00000111ESTX14447382
New Mexico Cannabis Control Division	Retail	Vice Cannabis, LLC	No. CCD-2022-0086-001
Maryland Cannabis Administration	Retail	Charm City Relief Partners LLC	No. DA-23-00089
Maryland Cannabis Administration	Retail	Déjà vu MD, LLC	No. D-19-00015
Michigan's Cannabis Regulatory Agency	Retail	Royal Oak Treatment, LLC	No. AU-ER-003592
Michigan's Cannabis Regulatory Agency	Retail	Nirvana Escanaba	No. AU-R-000984
Michigan's Cannabis Regulatory Agency	Retail	Nirvana Lowell, LLC	No. AU-R-001006
Michigan's Cannabis Regulatory Agency	Retail	Nirvana Kalamazoo, LLC	No. AU-R-000950
Michigan's Cannabis Regulatory Agency	Retail	Nirvana Center Menominee	No. AU-R-001084
Michigan's Cannabis Regulatory Agency	Retail	Nirvana Center Bay City	
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Center Bay City	AU-R-000474
Michigan Cannabis Regulatory Agency (CRA)	Provisioning Center (Medical)	Nirvana Operations MI, LLC	PC-000636
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Center Center Line	AU-R-000390
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Center Coldwater	AU-R-000557
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Center Marquette	AU-R-000806

Michigan Cannabis Regulatory Agency (CRA)	Processor	Nirvana Center Processing	AU-P-000286
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Houghton	AU-R-001095
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Center Menominee	AU-R-001084
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Center Monroe	AU-R-000740
Michigan Cannabis Regulatory Agency (CRA)	Processor	Nirvana Processing Monroe	AU-P-000493
Michigan Cannabis Regulatory Agency (CRA)	Class C Marihuana Grower (Adult-Use)	NU Group, LLC	AU-G-C-001170
Michigan Cannabis Regulatory Agency (CRA)	Class C Marihuana Grower (Adult-Use)	NU Group, LLC	AU-G-C-001152
Michigan Cannabis Regulatory Agency (CRA)	Retail	Nirvana Center Michigan	AU-R-000816
Michigan Cannabis Regulatory Agency (CRA)	Retail	Royal Treatment	AU-R-001226
Maryland Cannabis Administration (MCA)	Retail	Charm City Relief Partners, LLC	D-19-00015
Maryland Cannabis Administration (MCA)	Retail	Charm City Relief Partners, LLC	DA-23-00089
Maryland Cannabis Administration (MCA)	Dispensary (Medical)	Dr. Dots Dispensary	D-20-00004
Maryland Cannabis Administration (MCA)	Retail	Alternative Medicine Maryland, LLC	DA-23-00109
Ohio Department of Commerce, Division of Cannabis Control	Dispensary (Medical)	CREAM Apothecaries I, LLC	CCD000041-00
New Mexico Regulation and Licensing Department (RLD), Cannabis Control Division (CCD)	Retail (Adult-Use / Integrated)	VICE Cannabis	CCD-2022-0616-001