
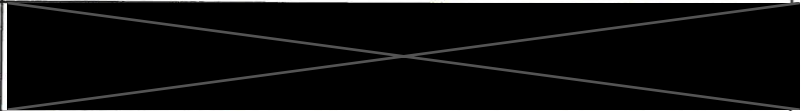


## AUR Form 1 – General Contact Information, Taxpayer Identification and Affirmations

1	<b>APPLICANT NAME</b>  (legal name, and any d/b/a name(s), if applicable)	<p>Ocean State Dispensary Workers' Cooperative Inc. dba Ocean State Dispensary</p> <p>You must attach the following documents to this Form:</p> <ul style="list-style-type: none"> <li>Articles of Incorporation filed with RI Secretary of State (SOS)</li> <li>Certificate of Good Standing from the RI SOS</li> <li>Evidence of filing a Fictitious Business Name Statement with the SOS, if applicable</li> </ul>
	<b>APPLICATION ZONE#</b>	<p>3</p> <p>(Note separate applications and application fees are required to apply in multiple zones)</p>
2	<b>BUSINESS STREET ADDRESS</b>	751 Centre of New England Blvd.,
3	<b>CITY, STATE, ZIP</b>	West Greenwich, RI 02816
4	<b>STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS</b>	751 Centre of New England Blvd
5	<b>CITY, STATE, ZIP</b>	West Greenwich, RI 02816
6	<b>PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS</b>	A.P. 1 – Lot 4-3

7	<b>SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS</b>	4,400 SF
8	<b>FEIN:</b> (Federal Employer Identification Number)	
9	<b>TELEPHONE NUMBER</b>	<b>AREA CODE    NUMBER                      EXTENSION</b> (508) 282-7744_    Ext. _____
11	<b>TOLL FREE NUMBER</b> (if not applicable, put "N/A")	<b>AREA CODE    NUMBER                      EXTENSION</b> (       )       -       Ext. _____
12	<b>COMPLIANCE OFFICER Identification and Contact Information</b>	<p>The Applicant must appoint a Compliance Officer to whom information, notices, and documents will be sent. The Commission reserves the right to contact and/or send notices and other correspondence to the Applicant by email and/or post mail. It is the Applicant's responsibility to ensure that the Compliance Officer information is correct and up to date at all times following application and throughout licensure.</p>
	<b>Name:</b>	Karan Goswami
	<b>Title:</b>	Compliance Officer and Director
	<b>Mailing Address:</b>	
	<b>Email Address:</b>	Karangoswami1001@gmail.com
	<b>Phone Number</b>	(508) 282-7744_    Ext. _____ <b>AREA CODE    NUMBER                      EXTENSION</b>

## TAXPAYER STATUS

All persons and entities applying for or renewing any license, registration, permit, or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by R.I. Gen. Laws Ch. 5-76, except as noted below.

### **PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE**

☒ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

☐ I am currently pursuing administrative review of taxes owed to the state.

☐ I am in federal bankruptcy. (Case # \_\_\_\_\_)

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

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

Ocean State Dispensary Workers' Cooperative Inc.  
SOS ID Number: 001799487



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**

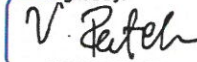
The undersigned attests that the Applicant understands and will adhere to all requirements of the Act and the Regulations, including but not limited to those listed above, and that the undersigned has the authority to bind the Applicant to all such requirements.

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:**

  
9E47EB5DE877419...

**Print Name: Vinus Patel**

**Print Title: President and Director**

**DATE:**

11/20/2025

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

Name of Applicant: Ocean State Dispensary Workers' Cooperative Inc.

### Section I: Owners and Other Interest Holders

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

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

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

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

Name of person or entity Vinus Patel	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address vinusce2010@gmail.com
Address (residence if person; business address if entity) City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (773) 580-2434
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Ocean State Dispensary Workers' Cooperative Inc.	Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]	Ownership interest in <b>applicant</b> [REDACTED]	
Name of person or entity Vishal Patel	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address Vpatel.ms610@gmail.com
Address (residence if person; business address if entity) City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (610) 606-8880
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Ocean State Dispensary Workers' Cooperative Inc.	Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]	Ownership interest in <b>applicant</b> [REDACTED]	
Name of person or entity Karan Goswami	SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address Karangoswami1001@gmail.com
Address (residence if person; business address if entity) City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Phone Number (508) 282-7744



Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Ocean State Dispensary Workers' Cooperative Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <b>applicant</b> . [REDACTED]	
Name of person or entity Omer Akisik		SSN/FEIN [REDACTED]		DOB [REDACTED] Email Address Paceenergycorp@gmail.com	
Address (residence if person; business address if entity) City [REDACTED]		State [REDACTED] ZIP [REDACTED]		Phone Number (617) 529-6627	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Ocean State Dispensary Workers' Cooperative Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <b>applicant</b> . [REDACTED]	
Name of person or entity Jack Albano		SSN/FEIN [REDACTED]		DOB [REDACTED] Email Address Albanojack10@gmail.com	
Address (residence if person; business address if entity) City [REDACTED]		State [REDACTED] ZIP [REDACTED]		Phone Number (401) 996-3056	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Ocean State Dispensary Workers' Cooperative Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <b>applicant</b> . [REDACTED]	
Name of person or entity Metin Orhan		SSN/FEIN [REDACTED]		DOB [REDACTED] Email Address metinserralorin@gmail.com	
Address (residence if person; business address if entity) City [REDACTED]		State [REDACTED] ZIP [REDACTED]		Phone Number (401) 226-9605	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Ocean State Dispensary Workers' Cooperative Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <b>applicant</b> . [REDACTED]	
Name of person or entity		SSN/FEIN		DOB	
Address (residence if person; business address if entity) City		State		ZIP	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <b>applicant</b> .	
Name of person or entity		SSN/FEIN		DOB	
Address (residence if person; business address if entity) City		State		ZIP	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <b>applicant</b> .	
<p><b>B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.</b></p> <p>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</p>					
Name of person or entity Vinus Patel		SSN/FEIN [REDACTED]		DOB [REDACTED] Email vinusce2010@gmail.com	
Address (residence if person; business address if entity) City [REDACTED]		State [REDACTED] ZIP [REDACTED]		Phone Number (773) 580-2434	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc.		List your title or role, with respect to the entity listed in the preceding box. President, Director		List your title or role, if any, with respect to the <b>Applicant</b> President, Director	
Name of person or entity Vishal B Patel		SSN/FEIN [REDACTED]		DOB [REDACTED] Email Vpatel.ms610@gmail.com	



Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
					(610) 606-8880
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		List your title or role, if any, with respect to the <b>Applicant</b>
Ocean State Dispensary Workers' Cooperative Inc.					Treasurer, Director
Name of person or entity		SSN/FEIN	DOB	Email	
Karan Goswami				Karangoswami1001@gmail.com	
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
					(508) 282-7744
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 <b>Applicant</b>
Ocean State Dispensary Workers' Cooperative Inc.			Compliance Officer, Director		Compliance Officer, Director
Name of person or entity		SSN/FEIN	DOB	Email	
Omer Akisik				Paceenergycorp@gmail.com	
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
					(617) 529-6627
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 <b>Applicant</b>
Ocean State Dispensary Workers' Cooperative Inc.			Vice President, Director		Vice President, Director
Name of person or entity		SSN/FEIN	DOB	Email	
Jack Albano				Albanjack10@gmail.com	
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
					(401) 996-3056
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 <b>Applicant</b>
Ocean State Dispensary Workers' Cooperative Inc.			Secretary, Director		Secretary, Director
<p><b>C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).</b></p> <p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>					
Name of person or entity		SSN/FEIN	DOB	Email	
Vinus Patel				vinusce2010@gmail.com	
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
					(773) 580-2434
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.		
Ocean State Dispensary Workers' Cooperative Inc.			President, Director		
Name of person or entity		SSN/FEIN	DOB	Email	
Vishal Patel				Vpatel.ms610@gmail.com	
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
					(610) 606-8880

Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. Treasurer, Director	
Name of person or entity Karan Goswami		SSN/FEIN [REDACTED]	DOB [REDACTED] Email Karangoswami1001@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED] Phone Number (508) 282-7744
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. Compliance Officer, Director	
Name of person or entity Omer Akisik		SSN/FEIN [REDACTED]	DOB [REDACTED] Email Paceenergycorp@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED] Phone Number (617) 529-6627
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc.		List your title or role, if any, with respect to the entity listed in the preceding box. Vice President, Director	
Name of person or entity Jack Albano		SSN/FEIN [REDACTED]	DOB [REDACTED] Email Albanojack10@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED] Phone Number (401) 996-3056
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc.		List your title or role, if any, with respect to the entity listed in the preceding box. Secretary, Director	
Name of person or entity Metin Orhan		SSN/FEIN [REDACTED]	DOB [REDACTED] Email metinserralorin@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED] Phone Number (401) 226-9605
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc		List your title or role, if any, with respect to the entity listed in the preceding box. Director	
<b>D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).</b>			
<p>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.</p>			
Name of person or entity Vinus Patel		SSN/FEIN [REDACTED]	DOB [REDACTED] Email vinusce2010@gmail.com
Address (residence if person; business address if entity) [REDACTED]	City [REDACTED]	State [REDACTED]	ZIP [REDACTED] Phone Number (773) 580-2434
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc.		Describe the financial interest in entity listed in preceding box Investor Class B Preferred Shares	Describe the financial interest in Applicant, if different Same
Name of person or entity Vishal Patel		SSN/FEIN [REDACTED]	DOB [REDACTED] Email Vpatel.ms610@gmail.com



Address (residence if person; business address if entity)		City	State	ZIP	Phone Number	
					(610) 606-8880	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc.			Describe the financial interest in entity listed in preceding box Investor Class B Preferred Shares		Describe the financial interest in <u>Applicant</u> , if different Same	
Name of person or entity Omer Akisik			SSN/FEIN		DOB	Email Paceenergycorp@gmail.com
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number	
					(617) 529-6627	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc.			Describe the financial interest in entity listed in preceding box Investor Class B Preferred Shares		Describe the financial interest in <u>Applicant</u> , if different Same	
Name of person or entity Jack Albano			SSN/FEIN		DOB	Email Albanojack10@gmail.com
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number	
					(401) 996-3056	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Ocean State Dispensary Workers' Cooperative Inc.			Describe the financial interest in entity listed in preceding box Investor Class B Preferred Shares		Describe the financial interest in <u>Applicant</u> , if different Same	
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	
<b>E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.</b>						
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.						
Name of person or entity			SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest			



Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	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


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

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

**Section IV:**

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





## CERTIFICATION AS TO AUR FORM 2

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

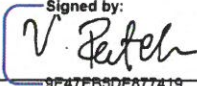
(A) With respect to Applicant, all persons and entities that:

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

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

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

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

Signed by:  
  
9287EB9DE877419...  
\_\_\_\_\_  
Signature of Authorized Signatory

11/20/2025  
\_\_\_\_\_  
Date

Vinus Patel

\_\_\_\_\_  
Printed Name

Print Title: President, Director



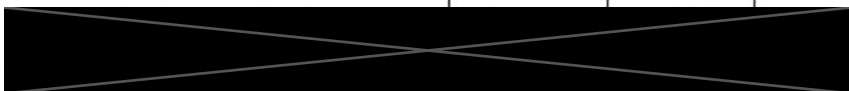
Print Name of Applicant: Ocean State Dispensary Workers' Cooperative Inc.



## ADDENDUM

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

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

Name of person or entity  Metin Orhan		SSN/FEIN  		DOB  	Email  metinserralorin@gmail.com
Address (residence if person; business address if entity)  	City  	State  	ZIP  	Phone Number  (401) 226-9605	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)  Ocean State Dispensary Workers' Cooperative Inc.		List your title or role, with respect to the entity listed in the preceding box.  Director		List your title or role, if any, with respect to the <b><u>Applicant</u></b>  Director	

## **Workers' Cooperative Articles of Incorporation**



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

Fee: \$230.00

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

**Workers' Cooperative  
Articles of Incorporation**

(Chapter 7-6.2- of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the corporation is Ocean State Dispensary Workers' Cooperative Inc.

☐ This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended. (Uncheck if inapplicable.)

**ARTICLE II**

The total number of shares which the corporation has authority to issue is:  
(Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Class of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>
CNP	\$0.0000	500,000.00
PNP	\$0.0000	500,000.00
PNP	\$0.0000	15,000,000.00

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

THE COMPANY SHALL HAVE THREE AUTHORIZED CLASSES OF EQUITY INTERESTS, DESIGNATED AS CLASS A WORKER-MEMBER SHARES, CLASS B PREFERRED SHARES, AND CLASS C PREFERRED CAPITAL SHARES.

**ARTICLE III**

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 1 PARK ROW, STE. 5

City or Town: PROVIDENCE

State: RI

Zip: 02903

The name of its initial registered agent at such address is JEFFREY PADWA, ESQ.



#### ARTICLE IV

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

#### ARTICLE V

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

##### INDEMNIFICATION OF DIRECTORS

I. TO THE FULLEST EXTENT PERMITTED BY THE RHODE ISLAND BUSINESS CORPORATION ACT, AS THE SAME MAY BE AMENDED FROM TIME TO TIME, THE CORPORATION SHALL INDEMNIFY ANY PERSON WHO IS OR WAS A DIRECTOR OF THE CORPORATION, AND MAY INDEMNIFY ANY PERSON WHO IS OR WAS AN OFFICER, EMPLOYEE, OR AGENT OF THE CORPORATION, OR WHO IS OR WAS SERVING AT THE REQUEST OF THE CORPORATION AS A DIRECTOR, OFFICER, EMPLOYEE, OR AGENT OF ANOTHER CORPORATION, PARTNERSHIP, JOINT VENTURE, TRUST, OR OTHER ENTERPRISE, AGAINST ANY AND ALL EXPENSES (INCLUDING ATTORNEYS' FEES), JUDGMENTS, FINES, AND AMOUNTS PAID IN SETTLEMENT ACTUALLY AND REASONABLY INCURRED BY SUCH PERSON IN CONNECTION WITH ANY THREATENED, PENDING, OR COMPLETED ACTION, SUIT, OR PROCEEDING, WHETHER CIVIL, CRIMINAL, ADMINISTRATIVE, OR INVESTIGATIVE, TO WHICH SUCH PERSON IS OR WAS A PARTY OR IS THREATENED TO BE MADE A PARTY BY REASON OF THE FACT THAT SUCH PERSON IS OR WAS SERVING IN SUCH CAPACITY.

II. THE RIGHT TO INDEMNIFICATION CONFERRED BY THIS ARTICLE SHALL BE A CONTRACT RIGHT AND SHALL INCLUDE THE RIGHT TO BE PAID BY THE CORPORATION THE EXPENSES INCURRED IN DEFENDING ANY SUCH PROCEEDING IN ADVANCE OF ITS FINAL DISPOSITION, PROVIDED THAT, IF AND TO THE EXTENT REQUIRED BY LAW, THE PAYMENT OF SUCH EXPENSES IN ADVANCE SHALL BE MADE ONLY UPON DELIVERY TO THE CORPORATION OF AN UNDERTAKING BY OR ON BEHALF OF THE INDEMNIFIED

PERSON TO  
REPAY SUCH AMOUNTS IF IT SHALL ULTIMATELY BE DETERMINED THAT SUCH  
PERSON IS  
NOT ENTITLED TO BE INDEMNIFIED UNDER THIS ARTICLE OR OTHERWISE.

III. THE RIGHTS OF INDEMNIFICATION AND ADVANCEMENT OF EXPENSES  
PROVIDED BY  
THIS ARTICLE SHALL NOT BE DEEMED EXCLUSIVE OF ANY OTHER RIGHTS TO  
WHICH ANY  
PERSON SEEKING INDEMNIFICATION OR ADVANCEMENT OF EXPENSES MAY BE  
ENTITLED  
UNDER ANY BYLAW, AGREEMENT, VOTE OF SHAREHOLDERS OR DISINTERESTED  
DIRECTORS.  
OR OTHERWISE, BOTH AS TO ACTION IN THE PERSON'S OFFICIAL CAPACITY AND  
AS TO  
ACTION IN ANOTHER CAPACITY WHILE HOLDING SUCH OFFICE, AND SHALL  
CONTINUE AS  
TO A PERSON WHO HAS CEASED TO BE A DIRECTOR, OFFICER, EMPLOYEE, OR  
AGENT AND  
SHALL INURE TO THE BENEFIT OF SUCH PERSON'S HEIRS, EXECUTORS, AND  
ADMINISTRATORS.

IV. THE CORPORATION MAY PURCHASE AND MAINTAIN INSURANCE ON BEHALF  
OF ANY  
PERSON WHO IS OR WAS A DIRECTOR, OFFICER, EMPLOYEE, OR AGENT OF THE  
CORPORATION, OR WHO IS OR WAS SERVING AT THE REQUEST OF THE  
CORPORATION IN  
ANY SUCH CAPACITY FOR ANOTHER ENTITY, AGAINST ANY LIABILITY ASSERTED  
AGAINST  
SUCH PERSON AND INCURRED BY SUCH PERSON IN ANY SUCH CAPACITY,  
WHETHER OR NOT  
THE CORPORATION WOULD HAVE THE POWER TO INDEMNIFY SUCH PERSON  
UNDER THIS  
ARTICLE OR UNDER RHODE ISLAND LAW.

#### ARTICLE VI

The name and address of the each incorporator is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	JEFFREY PADWA	1 PARK ROW, STE. 5 PROVIDENCE, RI 02903 USA

#### ARTICLE VII



These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing.

Later Effective Date:

**Signed this 17 Day of November, 2025 at 12:06:58 PM by the incorporator(s).** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

<BR> JEFFREY PADWA

Form No. 100  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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

office on this day:

November 17, 2025 12:05 PM

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

Gregg M. Amore  
*Secretary of State*





## **Workers' Cooperative Fictitious Business Name Statement**



**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

**Workers' Cooperative**

**Fictitious Business Name Statement**

(Section 7-6.2-402 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant business corporation is: Ocean State Dispensary Workers' Cooperative Inc.

**SECTION II**

The fictitious business name to be used is: Ocean State Dispensary

**SECTION III**

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

**SECTION IV**

The date of incorporation is 11/17/2025

**SECTION V**

The address of its registered office within Rhode Island is:

No. and Street: 1 PARK ROW, STE. 5

City or Town: PROVIDENCE

State: RI Zip: 02903

Name: JEFFREY PADWA, ESQ.

**SECTION VI**

The business in which it is engaged

APPLICANT FOR ADULT USE RETAIL LICENSE FROM THE RI CANNABIS CONTROL COMMISSION TO CONDUCT RETAIL SALES OF CANNABIS.

**SECTION VII**

Applicant is otherwise authorized to do business in the state of Rhode Island.

**Signed this 17 Day of November, 2025 at 3:40:59 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

Ocean State Dispensary Workers' Cooperative Inc.

Name of Applicant Corporation

JEFFREY PADWA

Signature of Authorized Officer

Form No. 624

Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

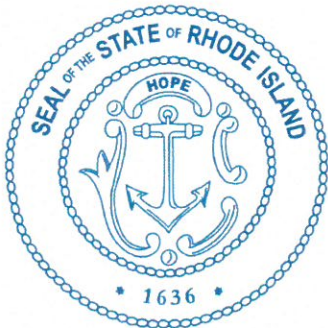
**Gregg M. Amore, Secretary of State**

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

November 17, 2025 03:40 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*



**Ocean State Workers' Cooperative Inc.**

**Certificate of Good Standing**



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:

**Ocean State Dispensary Workers' Cooperative Inc.**

is a Rhode Island Workers' Cooperative organized on **November 17, 2025**. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

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



SIGNED and SEALED on

November 28, 2025

Secretary of State

Certificate Number: 25120005850

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

Processed by: mewing



# **Ocean State Workers' Cooperative Inc.**

## **Bylaws**

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**BYLAWS**  
**OCEAN STATE DISPENSARY WORKERS COOPERATIVE, INC.**

**I. Name and Purpose**


- A. The name of the cooperative is Ocean State Dispensary Workers Cooperative, Inc. (hereinafter the “Company”).
- B. The Company is organized to operate a worker-owned enterprise engaged in retail cannabis sales, conducted on a cooperative basis for the mutual benefit of its worker-members. The Company is organized as a workers’ cooperative corporation under applicable Rhode Island law and shall be operated on a cooperative basis with democratic control by its worker-members. Its primary objectives include providing employment opportunities, improving wages and working conditions, and distributing net margins to worker-members on the basis of labor patronage.

**II. Membership**

- A. **Eligibility.** Membership shall be open to natural persons who are employed by the Company on a regular basis and who meet the requirements established by the Board, provided that no person shall be eligible for admission as a member unless the person has



- 1. For purposes of calculating eligibility hours, compensated hours shall include all hours for which the worker received wages or salary, including paid time off, sick leave, and holiday pay, but excluding unpaid leave or time off. Only worker-members who are employees of the Company may hold any membership interests or voting equity in the Company. Except as expressly authorized in the Article II under Initial Capitalization and Conditional Financing, no class of investor or non-member equity is authorized, and the Company shall not issue any equity, membership, or voting interests to non-members.
- 2. Any nonvoting preferred equity issued pursuant to this Article II shall not constitute a membership interest, shall confer no voting or governance rights other than the limited class consents expressly provided in this Article II, and shall not entitle the holder to serve as a director.
- 3. If at any time additional member classes are authorized by amendment in compliance with applicable law, worker-members shall at all times hold not less than a majority of the Company’s member voting power and all seats on the Board.

- B. **Admission.** A new worker may become a member upon (a)  (b) satisfaction of the eligibility hours threshold set forth in the Eligibility provisions of this Article II, Section B, (c) approval by majority vote of the Board, and (d) payment of the required capital contribution, which shall be credited to the

member's capital account. The Board may permit the required capital contribution to be paid in installments on terms it establishes.

**C. Rights and Obligations.**

1. Each member shall have one vote, regardless of capital contribution, and shall participate in governance, patronage, and cooperative education programs.
2. Membership interests and capital accounts are personal to the member and may not be assigned or transferred, except to the Company as provided in these Bylaws or as required by law.
3. Each member, by becoming a member, consents to receive written notices of allocation and, to the extent required by the Internal Revenue Code, to include in income the stated dollar amount of any qualified written notices of allocation.
4. Members shall comply with policies adopted by the Board, including internal dispute resolution procedures requiring good-faith mediation in Rhode Island prior to litigation, except for claims seeking temporary or preliminary injunctive relief or where such delay would cause irreparable harm.
5. Capital accounts shall be maintained in accordance with Article VI, and members acknowledge the Board's authority to retain a portion of annual patronage allocations as written notices of allocation and to redeem such amounts on a revolving basis consistent with cooperative practice and the Company's financial condition.

**D. Termination.** Membership shall terminate upon (a) cessation of employment with the cooperative, (b) voluntary withdrawal upon thirty (30) days' written notice to the Secretary, (c) death or incapacity, or (d) expulsion for cause by majority vote of the Board after written notice specifying the grounds for expulsion and a reasonable opportunity to be heard, which shall include the right to appear in person or by counsel, present evidence, and cross-examine witnesses.

1. Grounds for expulsion shall be limited to: (i) violation of these bylaws or Company policies, (ii) conduct materially harmful to the Company's interests, (iii) fraud or misrepresentation, or (iv) failure to fulfill membership obligations.

**E. Return of Capital.** Upon termination, a member's capital account shall be repaid in accordance with the Company's financial condition and applicable law.

1. The Company shall redeem the departing member's capital account within twelve (12) months following the end of the fiscal year in which the member's termination became effective, unless the Board determines that earlier or extended payment is necessary to maintain the Company's financial viability.
2. Payment may be made in installments over a period not to exceed five (5) years if necessary to protect the Company's financial condition.



3. No redemption or other payment under this Section shall be made if, after giving effect to such payment, the Company would be unable to pay its debts as they become due in the usual course of business, if the Company's total liabilities would exceed its total assets, if such payment would breach any financial covenant, negative pledge, or similar restriction in any agreement binding the Company, or if prohibited by applicable law.
4. Redemption shall be at book value as reflected on the Company's records as of the end of the fiscal year in which termination became effective, and is subordinated to the rights of the Company's creditors.
5. The Board may offset against redemption any amounts then due from the member to the Company.
6. The Board may establish a revolving capital plan under which written notices of allocation and other capital credits are redeemed in the order and on the schedule it determines based on the Company's financial condition, provided that such plan treats similarly situated members equitably.
7. Any redemption deferred or scheduled pursuant to this Section shall not bear interest unless otherwise expressly authorized by the Board in writing.

### **III. Member Meetings**

- A. **Annual Meeting.** The annual meeting of members shall be held each year at a time and place designated by the Board for election of directors and transaction of other business.
1. Meetings may be held in person, by means of remote communication, or both, as determined by the Board; participation by such means constitutes presence in person for all purposes.
- B. **Special Meetings.** May be called by the Board or upon petition by at least ten percent (10%) of members.
- C. **Notice.** Written notice stating the date, time, place, and purpose of the meeting shall be given at least ten (10) days but not more than sixty (60) days prior to any meeting. Notice may be delivered personally, by mail to the member's last known address as shown on the Company's records, or by electronic transmission if the member has consented to receive notice electronically. Notice shall be deemed given when deposited in the U.S. mail, postage prepaid, or when sent electronically. Members are responsible for maintaining current contact information with the Company.
- D. **Quorum.** A quorum shall consist of a majority of all members entitled to vote. Members participating by authorized remote communication are deemed present for quorum and voting.
- E. **Voting.**

1. Each member shall have one vote.
2. Proxy voting is not permitted.
3. Members may vote in person or by absentee or electronic ballot if authorized by the Board.
4. The following Major Actions shall require the affirmative vote of two-thirds (2/3) of all members entitled to vote: (i) dissolution, (ii) merger, consolidation, or conversion, and (iii) the sale, lease, exchange, or other disposition of all or substantially all of the Company's assets, except as otherwise required by applicable law. Notice of any meeting at which a Major Action will be voted upon must specifically state that such Major Action will be considered.

#### **F. Method of Voting.**

1. Unless otherwise required by these bylaws or applicable law, the method of voting at member meetings shall be determined by the presiding officer or by the Board in advance of the meeting.
2. The presiding officer may conduct votes by voice vote, show of hands, or written ballot.
3. A written ballot shall be used for election of directors and must be used if requested by any member present for any matter being voted upon.
4. Votes may be conducted by paper or secure electronic ballot, including outside of a meeting if authorized by the Board.
5. When a vote is conducted outside a meeting by written or electronic ballot, the number of ballots returned must meet the quorum requirement, and the matter shall be approved if it receives a majority of the votes cast unless a greater vote is required by these bylaws or applicable law.
6. Elections of directors shall be by secret ballot.

### **IV. Board of Directors**

#### **A. Authority.**

1. The Board shall manage the business and affairs of the Company.
2. All directors owe fiduciary duties to the Company and its members, including but not limited to the authority to approve the annual budget.
3. The Board shall present the approved annual budget to the members at the annual meeting for informational purposes.

4. Without limiting the foregoing, the Board may adopt and amend policies; determine patronage allocation methodologies and timing consistent with Article VI; authorize interim distributions, in all cases subject to applicable solvency tests, contractual covenants binding the Company, and law; establish reserves and capital plans, including a revolving capital plan; approve member loan programs; issue nonvoting preferred equity, which shall (A) comply with R.I. Gen. Laws § 7-6.2-1 et seq.; (B) confer no member voting or governance rights

(D) be non-participating in residual distributions except to the extent permitted by such statute; (E) be redeemable only out of legally available funds consistent with such statute; (F) permit conversion only to the extent such conversion does not confer member voting rights or otherwise conflict with such statute; and (G) automatically adjust all preferred terms, including distribution priority, to the highest lawful priority and to the extent permitted by such statute; and issue subordinated notes or other subordinated indebtedness; borrow money and grant security interests; open or discontinue lines of business; and delegate authority to officers and committees.

- B. **Composition.** The Board shall consist of six (6) directors, all of whom must be worker-members.
- C. **Election and Term.** Directors shall be elected by the membership, on a one-member/one-vote basis, for staggered two-year terms at the annual meeting.
- D. **Vacancies.** Vacancies may be filled by the Board until the next annual meeting.
- E. **Removal.** Any director may be removed, with or without cause, by a majority of the votes cast by the members entitled to vote at a special meeting called for that purpose, provided that written notice of the meeting stating that removal of the director is among the purposes of the meeting has been given.
- F. **Meetings.** The Board shall meet at least quarterly. A quorum for the transaction of business shall consist of three (3) directors. The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board, unless a greater vote is required by these bylaws or applicable law. Directors may participate in meetings by telephone or video conference, and such participation shall constitute presence in person at the meeting.
- G. **Officers.** The Board shall elect from among its members a President, Vice President, Secretary, and Treasurer, who shall serve one-year terms. Officers may be removed by a majority vote of the Board at any time, with or without cause.
- H. **Conflicts of Interest.** Any director who has a direct or indirect financial or personal interest in any matter before the Board must promptly and fully disclose such interest to



the Board in writing or as reflected in the minutes of the meeting, prior to any Board discussion or action on the matter. The interested director shall not vote on the matter and may participate in discussion only to provide factual information at the request of the Board. A transaction involving a conflict shall not be void or voidable solely for that reason if, after full disclosure, it is approved in good faith by a majority of the disinterested directors or is fair to the Company. An interested director may be counted for purposes of establishing a quorum. The Board shall establish procedures to manage and resolve conflicts of interest in accordance with applicable law.

## **V. Officers**


- A. **President.** Presides over meetings and oversees operations.
- B. **Vice President.** Acts in the absence of the President.
- C. **Secretary.** Maintains records, minutes, and filings.
- D. **Treasurer.** Manages financial records and reports to the Board and membership.

## **VI. Capital and Patronage**

### **A. Capital Contributions.**

1. Each member shall make an initial capital contribution of an equal amount as determined by the Board.
2. The Company shall have three authorized classes of equity interests, designated as Class A Worker-Member Shares, Class B Preferred Shares, and Class C Capital Shares.
3. The Board may permit installment payment of capital contributions and may authorize additional voluntary member capital contributions or member loans on such terms as it establishes.
4. Initial and additional capital contributions shall be credited to the member's capital account as the member's buy-in.

## **VII. Initial Capitalization and Conditional Financing.**

- A. The Company's initial capitalization  as determined by the Board. This initial funding target does not create any personal obligation of any member beyond the member's required capital contribution unless separately agreed in writing.
- B. Upon the Company's receipt of an Adult Use Retail License from the Rhode Island Cannabis Control Commission authorizing retail cannabis operations, the Board is

authorized [REDACTED]  
[REDACTED]

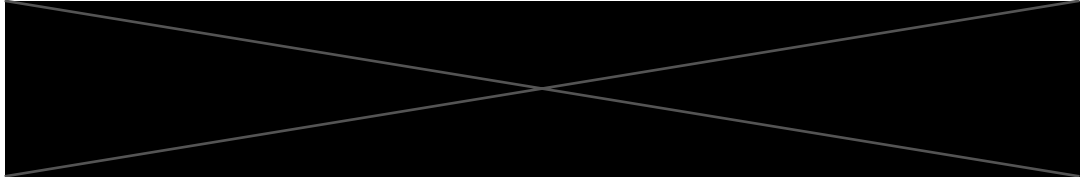
C. Authorized Share Classes. The Company shall have three authorized classes of equity interests, designated as Class A Worker-Member Shares, Class B Preferred Shares, and Class C Capital Shares, as follows:

1. Class A – Worker-Member Shares.

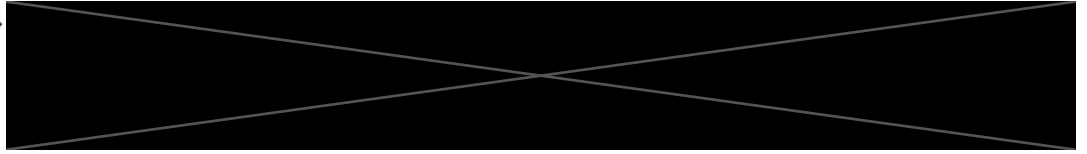
- a. Ownership and Voting. Class A Shares shall be held only by active worker-members who meet the eligibility requirements of Article II. Each Class A Share shall entitle its holder to one (1) vote on all matters submitted to the membership for approval.
- b. Patronage and Redemption. Holders of Class A Shares shall be entitled to allocations and distributions of net margins on the basis of labor patronage, as provided in Article VI. Redemption of member capital accounts shall be subordinate to (i) all creditor obligations and (ii) the payment of accrued and unpaid preferred returns and return of capital on Classes B and C.
- c. Transfer Restrictions. Class A Shares are personal to the worker-member and may not be assigned or transferred except to the Company upon termination of membership.
- d. Worker-members holding Class A Shares shall at all times possess not less than fifty-one percent (51%) of the Company's total voting power and all seats on the Board of Directors, consistent with R.I. Gen. Laws § 7-6.2-3. Nothing in these Bylaws shall be construed to diminish worker control.

2. [REDACTED]

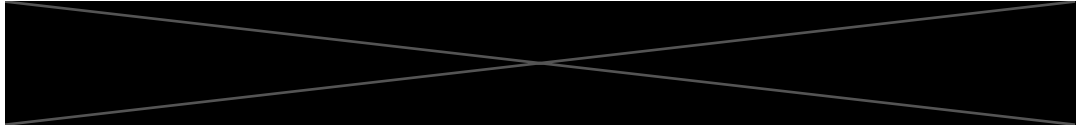
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- b. [REDACTED]
- c. [REDACTED]
- d. [REDACTED]



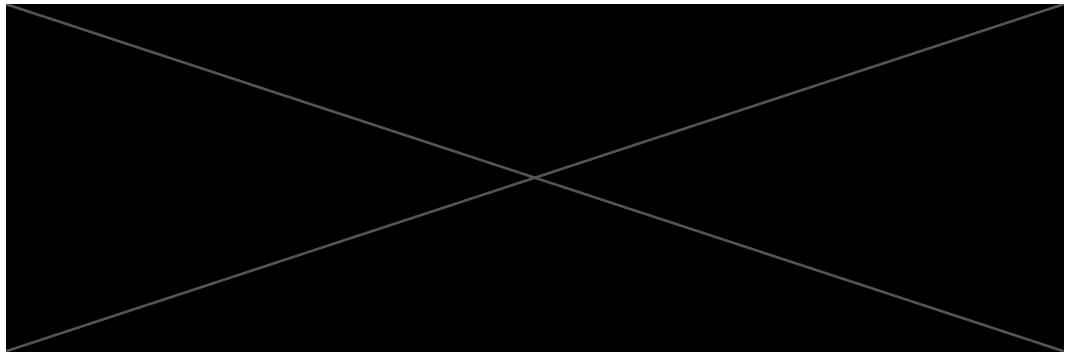
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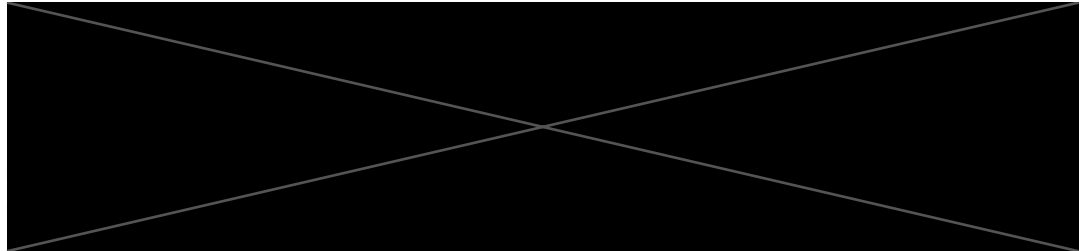
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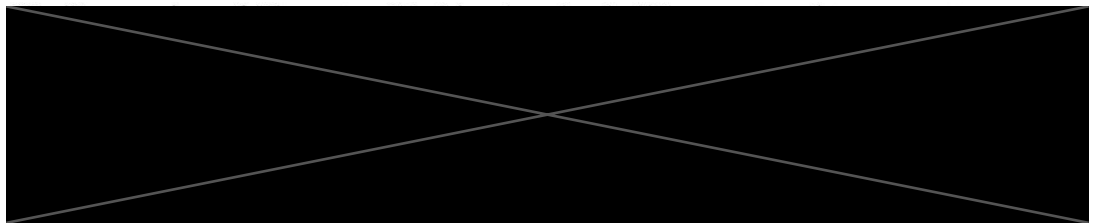
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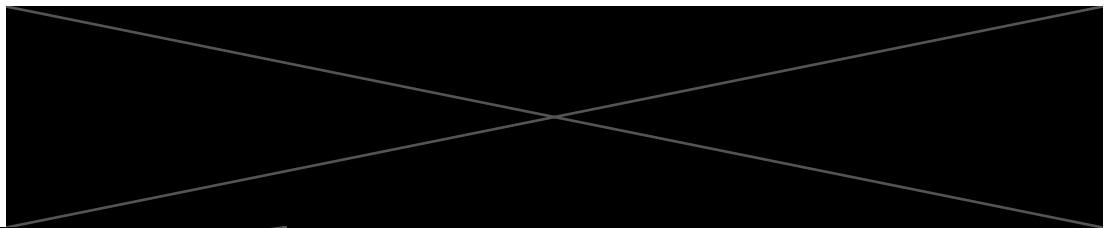
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i.



j.

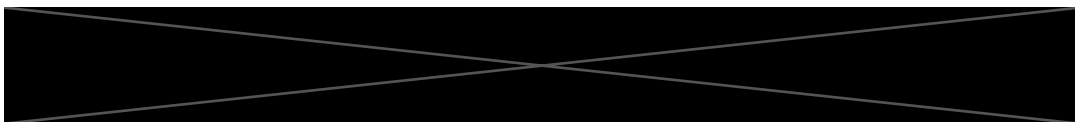


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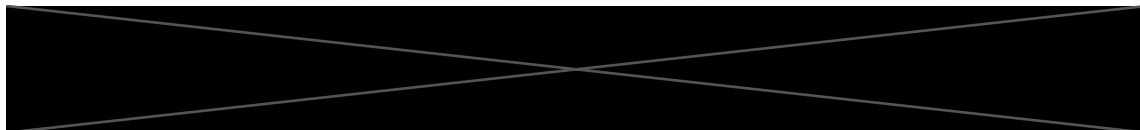




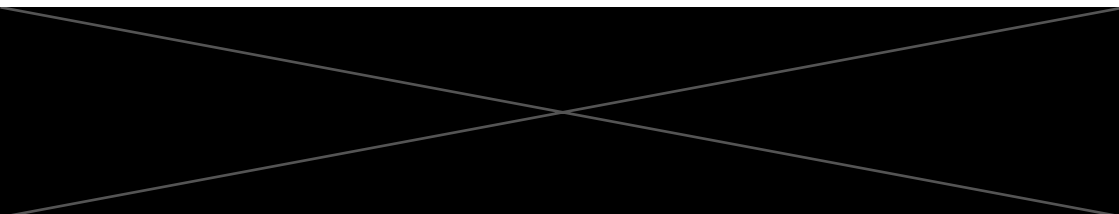
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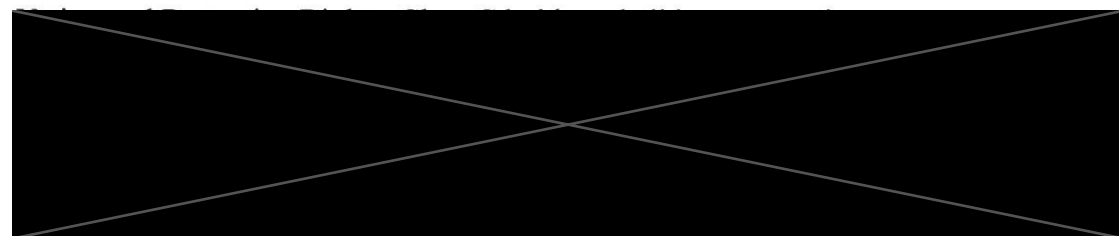
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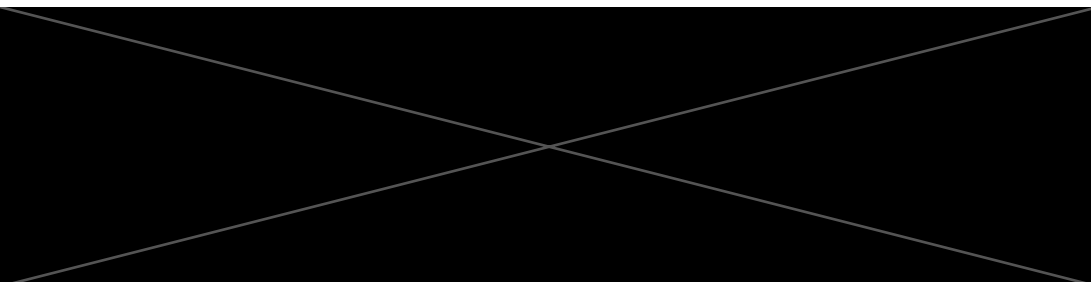
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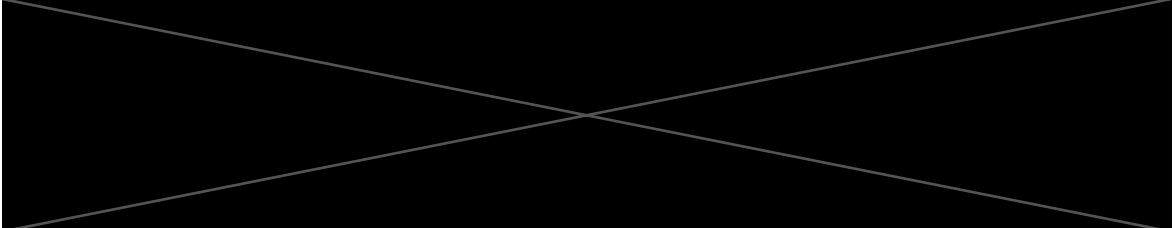
e.

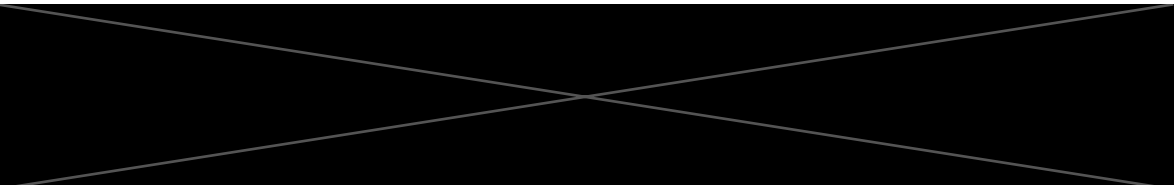


#### **4. Member Accounts.**

- a. Each member shall have a capital account reflecting such member's contributions, allocated net patronage margins, and any allocated net operating losses.
- b. Net operating losses, if any, shall first, in the discretion of the Board and to the extent permitted by law, be carried forward to offset future net patronage margins; to the extent not so carried forward, such losses shall be allocated to member capital accounts in proportion to each member's compensated hours worked during the fiscal year in which the loss arose.
- c. No member shall have personal liability for any losses allocated to such member's capital account beyond the amount of such member's capital contribution and capital account balance.
- d. Losses allocated to a member's capital account shall reduce that account balance but shall not create a negative balance or obligation to contribute additional capital.

- e. Amounts credited to capital accounts, including written notices of allocation and capital credits, may be redeemed only at the discretion of the Board, on a revolving basis and subject to the Company's financial condition, in accordance with the Company's capital redemption policy as may be adopted by the Board from time to time; in all cases such redemptions are subordinate to the rights of creditors and, to the maximum extent permitted by R.I. Gen. Laws § 7-6.2-1 et seq., subject to the prior rights of any outstanding Preferred Equity with respect to return of contributed capital and accrued and unpaid preferred return, in that order, only to the extent such priority does not violate the statute's requirements for worker cooperative structure; such amounts are not transferable except as provided in these bylaws, and do not bear interest unless expressly authorized by the Board for member loans (not capital accounts).
  - f. Notwithstanding the foregoing, no redemption or other payment with respect to a member capital account (including redemption of written notices of allocation and other equity credits) shall be made unless, after giving effect thereto, (i) the Company would be able to pay its debts as they become due in the usual course of business, (ii) the Company's total assets would exceed the sum of its total liabilities plus the amount that would be needed to satisfy any preferential rights upon dissolution of holders of equity interests whose preferential rights are superior to those receiving the distribution, and (iii) such payment would not violate or result in a default under any applicable loan agreement, debt instrument, or regulatory requirement. No redemption shall be made in priority to, or on a parity with, payment of any accrued and unpaid preferred return or mandatory redemption amounts then due on any outstanding Preferred Equity, unless the holders of a majority of such Preferred Equity by contributed capital consent in writing.
5. **Patronage Allocation.** For each fiscal year, the Company's net patronage margins, after provision for reserves under Section 6 of this Article VII, shall be allocated and distributed to worker-members in proportion to their labor patronage, measured by compensated hours worked for the Company during that fiscal year (including hours worked by worker-members on leave of absence as determined by Board policy), or pursuant to such other reasonable and uniformly applied measure of labor patronage as the Board may adopt consistent with applicable law and cooperative principles.

6. 

7. 

- a. The Board may authorize interim distributions based on estimated patronage during the fiscal year, subject to later adjustment.
- b. Notwithstanding the foregoing, and subject to R.I. Gen. Laws § 7-6.2-1 et seq., no cash distribution or redemption of capital credits shall be made unless, after giving effect thereto, (i) the Company would be able to pay its debts as they become due in the usual course of business and its total assets would exceed its total liabilities, (ii) such payment would not violate or result in a default under any applicable loan agreement, debt instrument, or regulatory requirement, and (iii) to the extent permitted by R.I. Gen. Laws § 7-6.2-1 et seq., no accrued and unpaid preferred return is outstanding on any Preferred Equity, unless the holders of a majority of such Preferred Equity by contributed capital consent in writing.

## **VIII. Fiscal Matters**

- A. **Fiscal Year.** The fiscal year shall end on December 31.
- B. **Audits.** The accounts shall be reviewed annually by an independent accountant.
- C. **Depositories.** Funds shall be deposited in such banks as the Board may designate.
- D. **Signatories.** Authorized signatories shall be designated by Board resolution.
- E. **Borrowing Authority.**
  - a. The Board may incur debt, borrow money, issue guarantees, and grant security interests on behalf of the Company in the ordinary course of business without member approval.
  - b. Any single borrowing, series of related borrowings, guarantee, or other indebtedness that would (i) cause the Company's total indebtedness to exceed an amount equal to seventy-five percent (75%) of the Company's total assets as shown on the most recent year-end financial statements, or (ii) pledge or otherwise encumber all or substantially all of the Company's assets (other than purchase-money security interests or liens in specific assets acquired), shall require approval by a majority of the votes cast by worker-members at a meeting of members or by written consent in accordance with applicable law.
  - c. Subordinated Notes shall be expressly subordinated in right of payment to all senior indebtedness and shall not include covenants that would impair worker control of the Company, director elections, or member governance.

## **IX. Indemnification**

- A. To the fullest extent permitted by Rhode Island law, as it may be amended from time to time, the Company shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding,

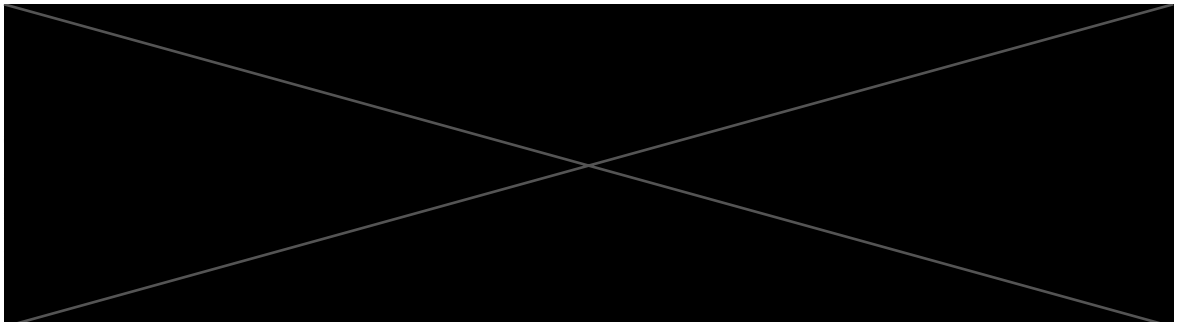
whether civil, criminal, administrative, or investigative, by reason of the fact that such person is or was a director, officer, employee, member acting at the request of the Company, or agent of the Company, or is or was serving at the request of the Company in any such capacity for another enterprise, against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit, or proceeding, provided that such person acted in good faith and in a manner reasonably believed to be in or not opposed to the best interests of the Company and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct was unlawful.

- B. Expenses incurred by an indemnified person in defending any action, suit, or proceeding shall be paid by the Company in advance of the final disposition of such action, suit, or proceeding upon receipt of an undertaking by or on behalf of such person to repay such amount if it shall ultimately be determined that such person is not entitled to be indemnified by the Company.
- C. The Company may purchase and maintain insurance on behalf of any such person against any liability asserted against such person in any such capacity.
- D. The rights to indemnification and advancement provided in this Article IX are not exclusive of any other rights to which any person may be entitled under any statute, agreement, vote of the Board or members, or otherwise.
- E. Indemnification shall not be provided for acts or omissions involving intentional misconduct, knowing violation of law, or any transaction from which the director, officer, employee, member, or agent derived an improper personal benefit.

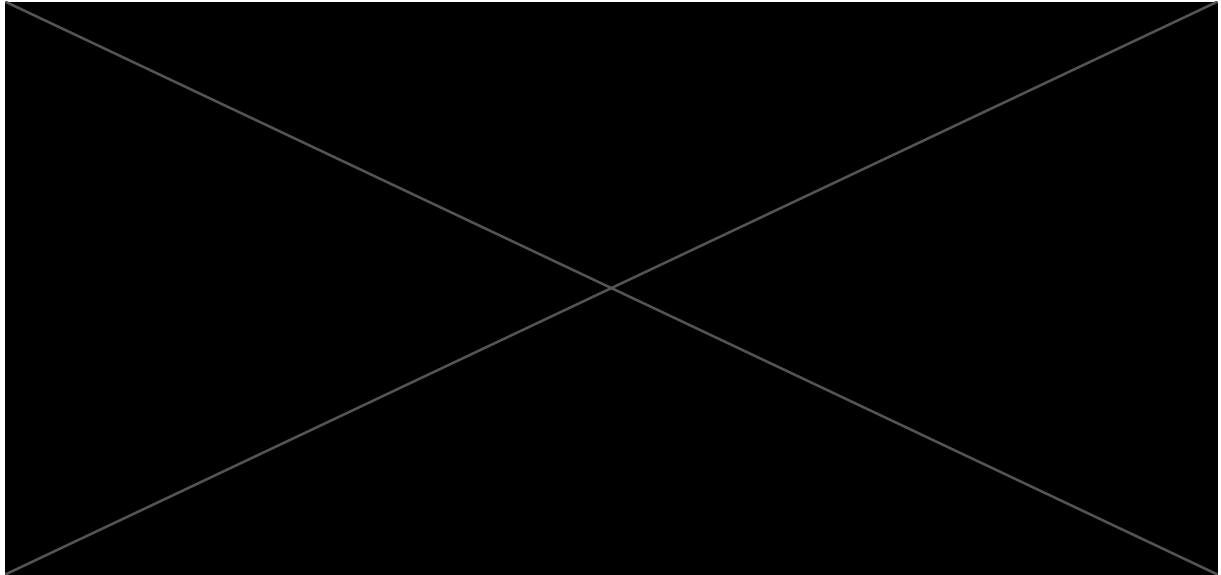
## **X. Amendments**

- A. These bylaws may be amended by a majority of the votes cast by worker-members at any regular or special meeting, provided that notice of the proposed amendment has been given in the meeting notice; provided, however, that any amendment that would (i) materially diminish the governance rights of worker-members, (ii) reduce worker-members' majority voting power or their exclusive entitlement to all seats on the Board, (iii) alter the method of allocating or distributing patronage, (iv) authorize the issuance of any voting interests to non-members or grant any voting or governance rights to any class or series of nonvoting preferred equity, or (v) change the dissolution priorities set forth herein shall require the affirmative vote of at least two-thirds (2/3) of the votes cast by worker-members.

B.




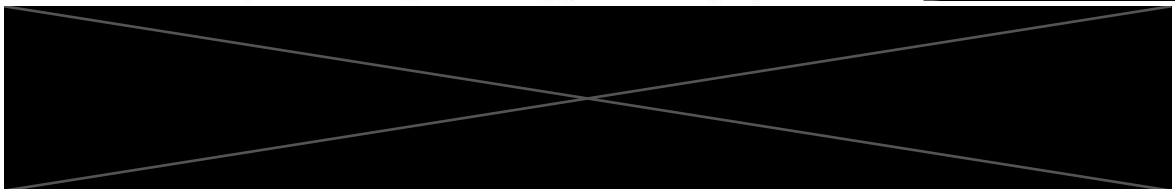





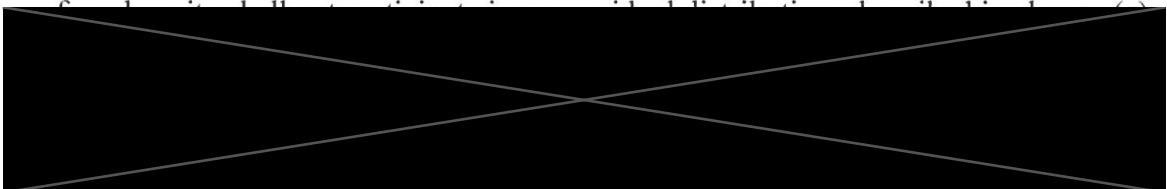
- C. No amendment may permit any distribution, redemption, or other payment in violation of applicable solvency tests or in breach of any contractual financial covenants then binding on the Company.

## **XI. Dissolution**

- A. Upon dissolution, and subject to applicable law and to the maximum extent permitted by R.I. Gen. Laws § 7-6.2-1 et seq., assets shall be distributed (a) to pay or provide for all debts and liabilities (including the expenses of liquidation) in accordance with their respective priorities, including giving effect to any contractual subordination applicable to Subordinated Notes, (b) to the extent permitted by R.I. Gen. Laws § 7-6.2-1 et seq., to the holders of any outstanding nonvoting preferred equity as follows: 



provision for creditors as set forth in clause (a), and to the maximum extent permitted by R.I. Gen. Laws § 7-6.2-1 et seq., (c) thereafter, to return member capital accounts, including outstanding written notices of allocation and other equity credits, in the order and to the extent of the Company's available assets and subject to the priorities in clauses (a) and (b), and (d) any remainder to members in proportion to their aggregate labor patronage with the Company during their period of membership, or over a representative look-back period determined by the Board to be equitable and consistent with cooperative principles, which shall not be less than the preceding five (5) fiscal years. 



Adopted this 19<sup>th</sup> day of November 2025, by the incorporators of Ocean State Dispensary Workers Cooperative, Inc.

Ocean State Dispensary Workers Cooperative, Inc.



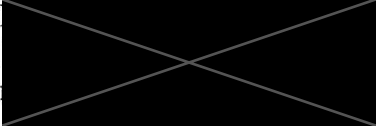



Signed by:  
  
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\_\_\_\_\_  
Jack Albano, Secretary

**Ocean State Workers' Cooperative Inc.**

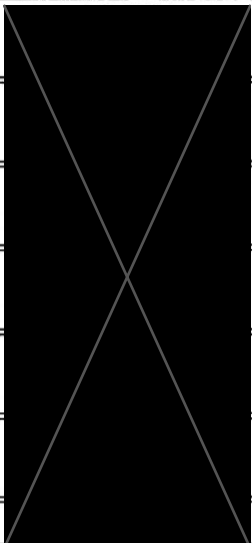
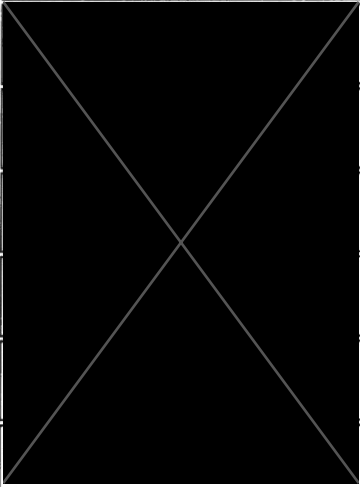
**Capitalization Table**

**Capitalization Table**  
**Ocean State Dispensary Workers' Cooperative Inc.**  
**As of December 1, 2025**

**Authorized Equity**


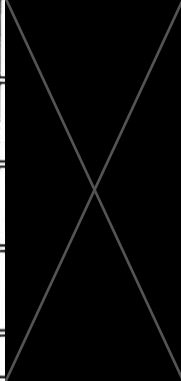
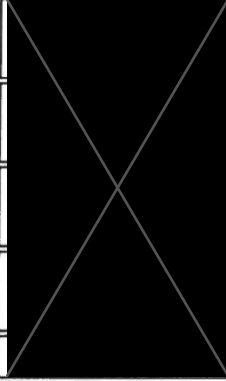
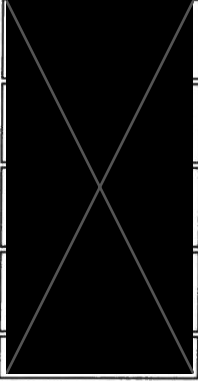

Class	Description	Authorized	Issued & Outstanding	Unissued
Class A Worker-Member Shares	One-member/one-vote worker ownership shares	Unlimited		Remainder
		As provided in Bylaws		Remainder
		Authorized, not issuable	0	All

**Class A Worker-Member Shares**

Member Name	Shares	% of Class A	Notes
Vinus M. Patel	1		
Vishal B. Patel	1		
Karan Goswami	1		
Omer Akisik	1		
Jack Albano	1		
Metin Orhan	1		
TOTAL	6		





Investor / Director	Capital Contribution	Shares Issued		Notes
Vinus M. Patel				
Vishal B. Patel				
Karan Goswami				
Omer Akisik				
TOTAL				

**Ocean State Workers' Cooperative Inc.**

**Written Consent of Members and Directors**

# OCEAN STATE DISPENSARY WORKERS' COOPERATIVE INC.

## Written Consent of Members

The undersigned Worker-Members of Ocean State Dispensary Workers' Cooperative Inc., a Rhode Island Workers' Cooperative company ("Company"), by consent in writing pursuant to the authority contained in the Rhode Island Workers' Cooperative Act, the Rhode Island Business Corporations Act (together the "Act"); the Company's Articles of Incorporation, dated November 17, 2025 ("Articles"), and the Bylaws of the Company ("Bylaws"), hereby affirm, approve, and consent to the following:

VOTED: That every action undertaken by Jeffrey Padwa, Esq., as Incorporator of the Company on behalf of the Company is hereby ratified, adopted and affirmed with the full knowledge of said acts as the acts having been fully and accurately stated and explained to the Members.

VOTED: That the resignation of the Incorporator, Jeffrey Padwa, Esq. is hereby accepted.

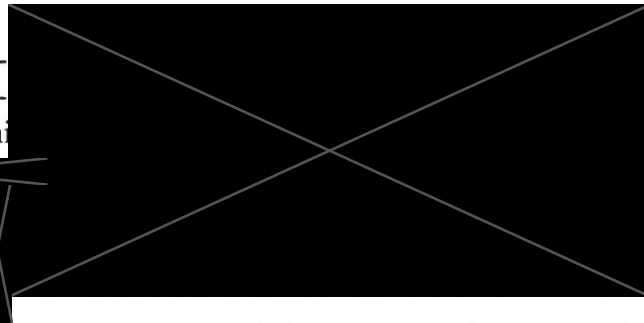
VOTED: That the consideration received or to be received by the Company from each and every Worker-Member is adequate.

VOTED: That the fiscal year of the Company shall hereby commence on January 1<sup>st</sup> and end on December 31<sup>st</sup> of each year.

VOTED: That the Company shall elect to be treated as a Workers' Cooperative.

VOTED: That the following Worker-Members shall be appointed as Directors of the Company:

1. Vinus M Patel -
2. Vishal B Patel -
3. Karan Goswami
4. Omer Akisik -
5. Jack Albano -
6. Metin Orhan -



VOTED: That the Worker-Members appointed the following persons as Officers of the Company:

- Vinus M Patel as President,
- Omer Akisik as Vice-President;
- Vishal B Patel as Treasurer; and
- Jack Albano as Secretary; and
- Karan Goswami as Compliance Officer

in order to manage the business and affairs of the Company.

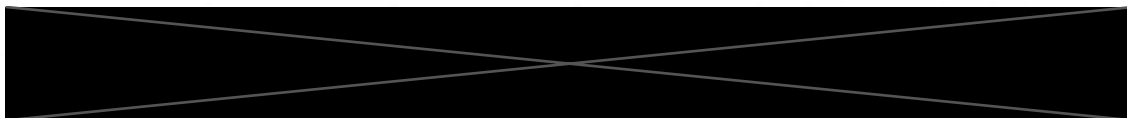
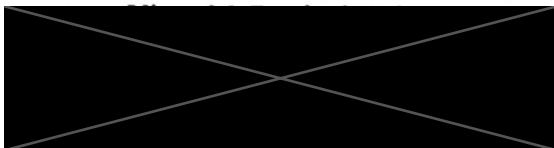
## OCEAN STATE DISPENSARY WORKERS' COOPERATIVE INC.

VOTED: Each of the Officers is authorized to negotiate, approve and execute any and all agreements that are reasonably necessary to conduct business, including, but not limited to, any asset purchase agreements, purchase and sale agreements, lease agreements, management services agreements, as well as agreements for legal and/or accounting services.

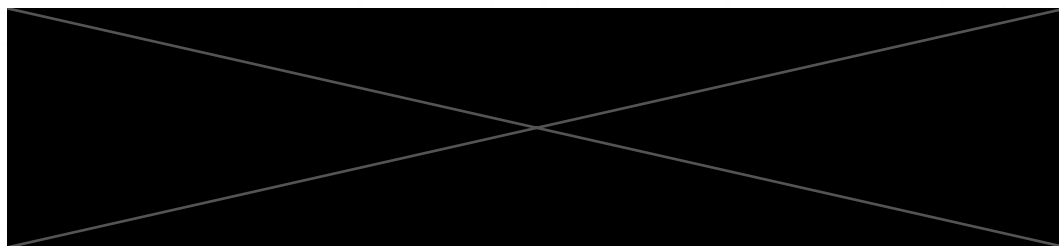
VOTED: The application and filing for the Company's federal employer identification number are hereby ratified and confirmed.

VOTED: That the Bylaws of the Company, previously circulated to the Members and reviewed in full, are hereby adopted, approved, and ratified as the Bylaws of Ocean State Dispensary Workers' Cooperative Inc. dba Ocean State Dispensary, and the Officers are authorized to insert the final executed Bylaws into the corporate record book.

VOTED: That pursuant to Article VII of the Bylaws, and for the purpose of providing initial capitalization to the Company, the Company is hereby authorized to accept capital contributions from the following four (4) Directors as follows:



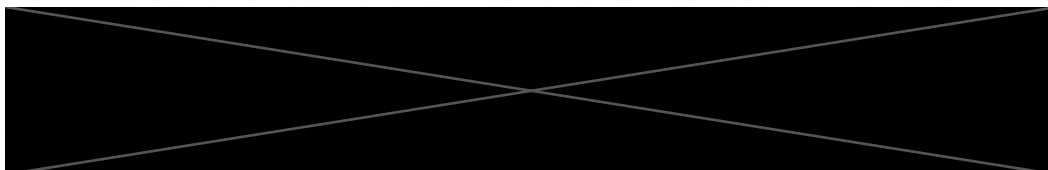
VOTED:



VOTED: That the Officers of the Company are hereby authorized and directed to:

- (a) receive and record the capital contributions;
- (b) enter the Class B Preferred Share issuances in the Company's capitalization ledger;
- (c) document digital share entries in the Company's records; and
- (d) take all other steps necessary or advisable to carry out the foregoing resolutions.

VOTED:





## OCEAN STATE DISPENSARY WORKERS' COOPERATIVE INC.

VOTED:

Each of the Officers are hereby authorized to open, maintain, and close account(s) of the Company at one or more banks, trust companies, or other similar financial institutions as may be necessary for the conduct of the Company's business and purposes.

Each of the Officers are hereby authorized to deposit, or cause to be deposited, funds of the Company, including, without limitation, cash, and cash equivalents, in any authorized account of the Company, and to endorse checks, drafts or other instruments for such deposit.

Each of the Officers are hereby authorized to sign or countersign (a) checks, drafts, or other orders for the payment of money issued in the name of the Company against any funds deposited in an authorized account, and (b) instruments or documents for the withdrawal of money from and authorized account of the Company.

Each of the Officers are hereby authorized to execute and deliver all documents and instruments, and to take all necessary actions on behalf of the Company, as may be necessary or appropriate to implement the foregoing resolutions, and such other organizational matters of the Company as may be necessary.

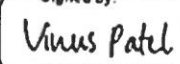
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[Signature Page to follow]

## OCEAN STATE DISPENSARY WORKERS' COOPERATIVE INC.

This Consent is executed pursuant to the provisions of the Act as well as the Company's Articles and Bylaws. This Consent shall be treated for all purposes as votes taken at a meeting.

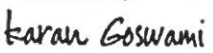
MEMBER & DIRECTOR

Signed by:  
  
DP417E83CF877418  
Vinus M Patel

MEMBER & DIRECTOR

  
Vishal B Patel

MEMBER & DIRECTOR

Signed by:  
  
055CF3FE42094DA  
Karan Goswami

MEMBER & DIRECTOR

Signed by:  
  
C5A5388E608D43C  
Omer Akisik

MEMBER & DIRECTOR

Signed by:  
  
E0A166DEB327406  
Jack Albano

MEMBER & DIRECTOR

Signed by:  
  
CB0A4F1074E043E  
Metin Orhan

**Ocean State Workers' Cooperative Inc.**

**Investment Acknowledgement & Receipt of Funds Certificate**

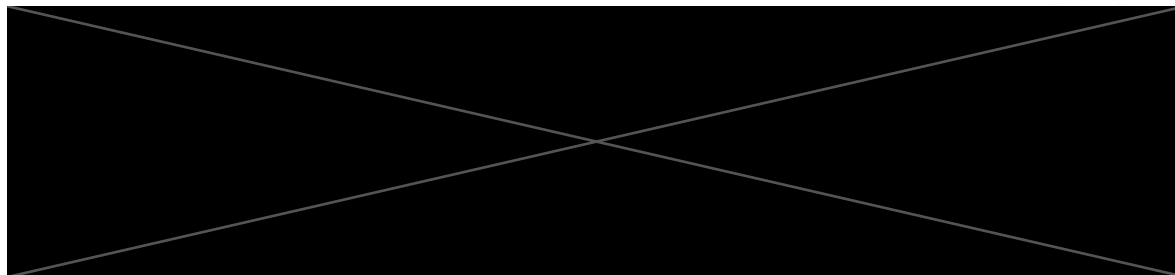
**OCEAN STATE DISPENSARY WORKERS' COOPERATIVE INC.**

**Investment Acknowledgment & Receipt of Funds Certificate**

*(Class B Preferred Shares)*

This Investment Acknowledgment & Receipt of Funds Certificate ("Acknowledgement & Receipt") is issued by Ocean State Dispensary Workers' Cooperative Inc., dba Ocean State Dispensary a Rhode Island Workers' Cooperative corporation (the "Company"), to the undersigned investors in connection [REDACTED] the Company.

**1. Receipt of Capital Contribution**



**2. Consideration for** [REDACTED]

The Company confirms that said capital contributions were accepted as full consideration for the issuance of [REDACTED] the above-named investors pursuant to:

- Article VII of the Company's Bylaws;
- the Resolution approved by the Members and Directors; and
- the Company's applicable equity authorization.

**3. Confirmation of Issuance**

The Company further certifies that:

- the investors have been entered into the Company's Capitalization Ledger as record [REDACTED]
- such shares are fully paid and non-assessable; and
- such shares carry the rights, preferences, and limitations set forth in the Company's Bylaws, including the [REDACTED]

[The remainder of this page is left intentionally blank]

[Signature Page to follow]



IN WITNESS WHEREOF, the undersigned, being the duly elected Treasurer of the Company, hereby executes this Certificate on behalf of Ocean State Dispensary Workers' Cooperative Inc.

Ocean State Dispensary Workers' Cooperative Inc.



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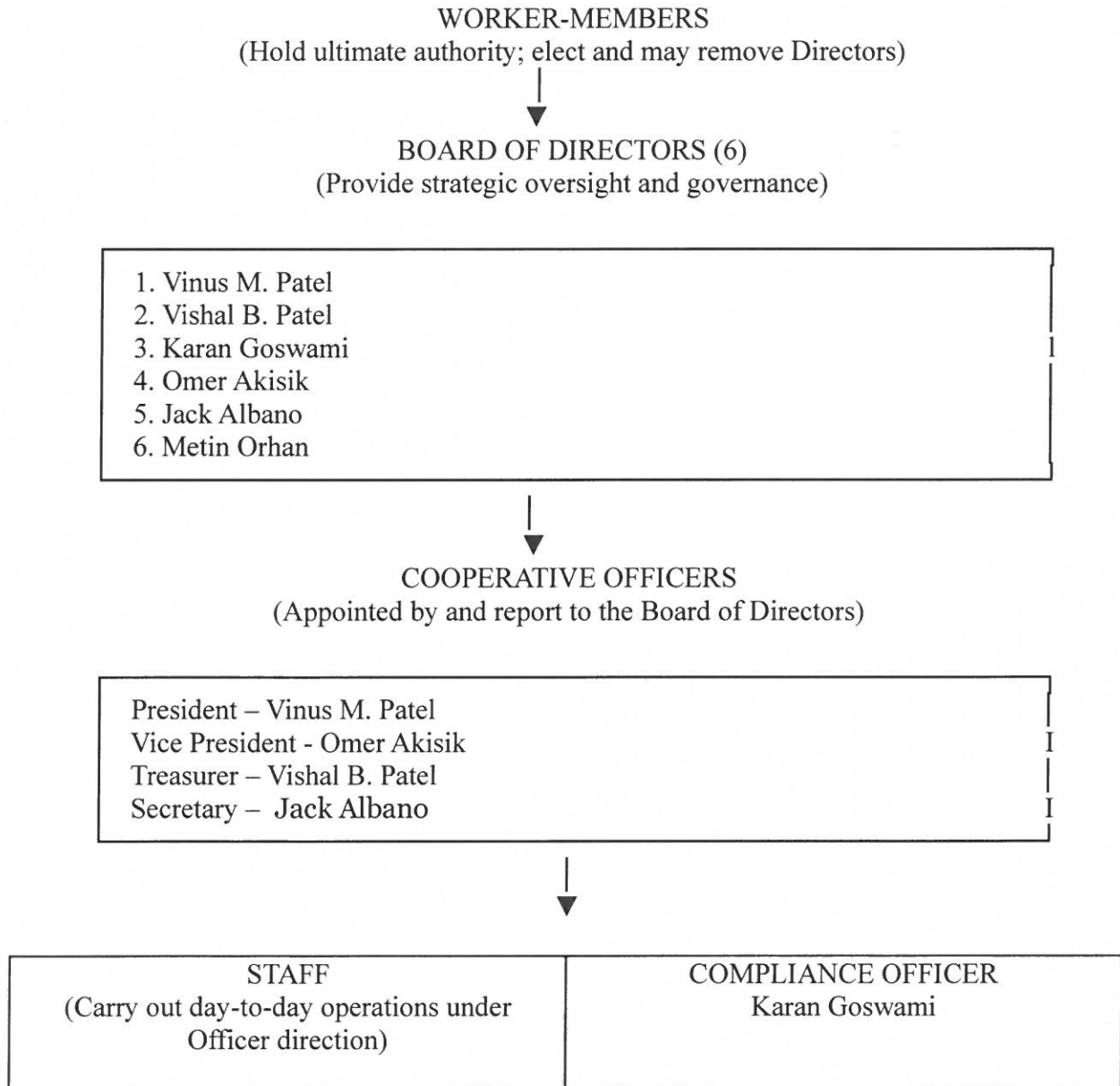
Vishal B. Patel, Treasurer

**Ocean State Workers' Cooperative Inc.**

**Organizational Chart**

**Ocean State Dispensary Workers' Cooperative Inc.**

**Organizational Chart**



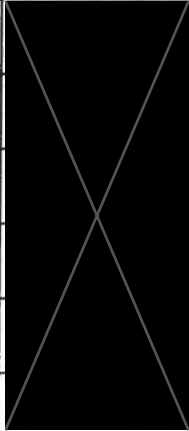
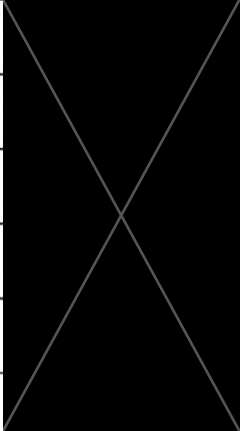
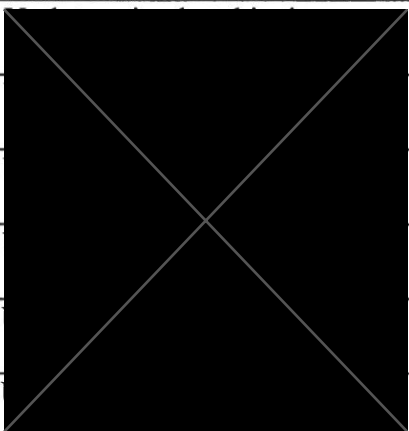
**Ocean State Workers' Cooperative Inc.**

**Interest Holders – Ownership Percentage and Compensation**

FORM 2 – SECTION IV  
Items C and D

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.

Interest Holder	Effective Ownership Percentage	Dollar amount of each Interest Holder's Interest	Dollar amount of Annual Compensation/remuneration paid/to be paid
Vinus M. Patel			
Vishal B. Patel			
Karan Goswami			
Omer Akisik			
Jack Albano			
Metin Orhan			





## 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](mailto: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: V. Patel 11/20/2025  
9E47EB5DE077418...  
 Signature of Authorized Signatory Date

Vinus B. Patel

Printed Name:

Print Title: President, Director

Print Name of Applicant: Ocean State Dispensary Workers' Cooperative Inc.





## AUR Form 4 – Business License Identification Form

Applicant hereby state(s) as follows:

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

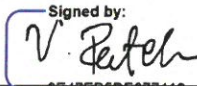
State & Name of Agency	Type of License	Name of Licensee	License or Registration #
NONE			

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:  
  
Signature of Authorized Signatory

11/20/2025  
Date

Vinus B. Patel

Printed Name:

Print Title: President, Director

**Print Name of Applicant:** Ocean State Dispensary Workers' Cooperative Inc.