



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

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	Pure Blossom 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	48 Valley Road
3	CITY, STATE, ZIP	Middletown, RI 02842
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	217 Goddard Row
5	CITY, STATE, ZIP	Newport, RI 02840
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	Plat # 24 / Lot # 10-217



7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	922 Sq. Ft.
8	FEIN: (Federal Employer Identification Number)	REDACTED
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION REDACTED REDACTED Ext. <u>N/A</u>
11	TOLL FREE NUMBER (if not applicable, put "N/A")	AREA CODE NUMBER EXTENSION <u>(N/A)</u> - Ext. <u>N/A</u>
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:	Jordan Bruseloff
	Title:	Chief Operating Officer
	Mailing Address:	48 Valley Road, Middletown, RI 02832
	Email Address:	REDACTED
	Phone Number	REDACTED REDACTED Ext. <u>N/A</u> 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 #_____)

Pure Blossom RI, LLC / 001799562

REDACTED

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:

DocuSigned by:

Jason Gold

78EBB742EA7B4BC...

DATE:

12/28/2025

Print Name: Jason Gold

Print Title: Manager

AUR FORM 1

Applicant: PURE BLOSSOM RI, LLC

Section 1 – Articles of Incorporation, Certificate of Good Standing, Fictitious Name

[Articles of Organization and Certificate of Good Standing are attached]

[Applicant has not filed for a Fictitious Business Name]

RI SOS Filing Number: 202580239210 Date: 11/18/2025 10:55:00 AM



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

Fee: \$150.00

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

Limited Liability Company

Articles of Organization

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: pure blossom ri, llc

ARTICLE II

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

No. and Street: 48 VALLEY RD
City or Town: MIDDLET State: RI Zip: 02842

The name of the resident agent at such address is: JASON GOLD

ARTICLE III

Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:

Check one box only

☒ disregarded as an entity separate from its member ☐ a partnership ☐ a corporation

ARTICLE IV

The address of its principal office of the limited liability company if it is determined at the time of organization:

No. and Street: 48 VALLEY RD
City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

ARTICLE V

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other

provision which may be included in an operating agreement:

ANY AND ALL PURPOSES

ARTICLE VII

The limited liability company is to be managed by its ___ Members* or X Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JASON GOLD	48 VALLEY RD MIDDLETOWN, RI 02842 USA

ARTICLE VIII

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

Later Effective Date: 11/18/2025

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

Signed this 18 Day of November, 2025 at 10:56:08 AM by the Authorized Person.

JASON GOLD

Address of Authorized Signer:

48 VALLEY RD

Form No. 400
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved

RI SOS Filing Number: 202580239210 Date: 11/18/2025 10:55:00 AM



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

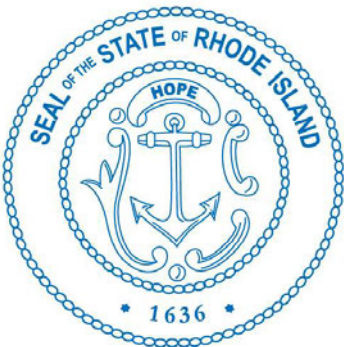
I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 18, 2025 10:55 AM

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

Gregg M. Amore
Secretary of State





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

CERTIFICATE OF GOOD STANDING

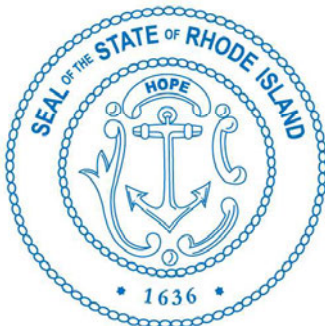
I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

pure blossom ri, llc

is a Rhode Island Limited Liability Company organized on **November 18, 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

November 24, 2025

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

Secretary of State

Certificate Number: 25110101410

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

Processed by: lsmith



AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: Pure Blossom 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
Andrew's At Eastgate Ltd.

SSN/FEIN
REDACTED

REDACTED

Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title
Applicant - Member

Ownership interest in entity listed in preceding box
(Ex. ownership percentage, number of shares, etc.)
REDACTED

Ownership interest in applicant.
REDACTED

Name of person or entity
Jason Gold

SSN/FEIN

REDACTED

DOB

Email Address

REDACTED

Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title
Andrew's At Eastgate Ltd. – President and Shareholder

Ownership interest in entity listed in preceding box
(Ex. ownership percentage, number of shares, etc.)
REDACTED

Ownership interest in applicant.
REDACTED

Name of person or entity
Alexander Havenick

SSN/FEIN

REDACTED

DOB

Email Address

Address (residence if person; business address if entity) City

State

ZIP

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 Applicant - Member		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 Patrizia Zita		SSN/FEIN REDACTED		DOB REDACTED	
Address (residence if person; business address if entity)		City		State	
REDACTED		REDACTED		REDACTED	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Applicant - Member & Manager		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 Joshua Spont		SSN/FEIN REDACTED		DOB REDACTED	
Address (residence if person; business address if entity)		City		State	
REDACTED		REDACTED		REDACTED	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Applicant - Member		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 Jordan Bruseloff		SSN/FEIN REDACTED		DOB REDACTED	
Address (residence if person; business address if entity)		City		State	
REDACTED		REDACTED		REDACTED	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title Applicant - Member and Chief Operating Officer		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	
Address (residence if person; business address if entity)		City		State	
REDACTED		REDACTED		REDACTED	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .	
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 Andrew's of Eastgate Ltd.		SSN/FEIN REDACTED		DOB REDACTED	
Address (residence if person; business address if entity)		City		State	
REDACTED		REDACTED		REDACTED	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, with respect to the entity listed in the preceding box. member		List your title or role, if any, with respect to the <u>Applicant</u> member	
Name of person or entity Jason Gold		SSN/FEIN REDACTED		DOB REDACTED	



Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
REDACTED					
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) 1. Applicant; 2. Andrew's At Eastgate Ltd.		List your title or role, with respect to the entity listed in the preceding box. 1. Manager; 2. Sole Shareholder and President		List your title or role, if any, with respect to the <u>Applicant</u> Manager	
Name of person or entity Alexander Havenick		SSN/FEIN	DOB	Email	
		REDACTED			
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
REDACTED					
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, with respect to the entity listed in the preceding box. Member		List your title or role, if any, with respect to the <u>Applicant</u> Member	
Name of person or entity Patrizia Zita		SSN/FEIN	DOB	Email	
		REDACTED			
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
REDACTED					
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, with respect to the entity listed in the preceding box. Member		List your title or role, if any, with respect to the <u>Applicant</u> Member	
Name of person or entity SEE SEPARATE OVERFLOW SHEET FOR ADD'L PERSONS		SSN/FEIN	DOB	Email	
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the <u>Applicant</u>	
<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 Jason Gold		SSN/FEIN	DOB	Email	
		REDACTED			
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
REDACTED					
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) 1. Applicant; 2. Andrew's At Eastgate Ltd.		List your title or role, if any, with respect to the entity listed in the preceding box. 1. Manager; 2. President			
Name of person or entity Joshua Spont		SSN/FEIN	DOB	Email	
		REDACTED			
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
REDACTED					



Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, if any, with respect to the entity listed in the preceding box. Manager		
Name of person or entity Jordan Bruseloff		SSN/FEIN REDACTED	DOB REDACTED	Email REDACTED
Address (residence if person; business address if entity) REDACTED		City REDACTED	State REDACTED	ZIP REDACTED
Address (residence if person; business address if entity) REDACTED		Phone Number REDACTED		
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Applicant		List your title or role, if any, with respect to the entity listed in the preceding box. Chief Operating Officer		
Name of person or entity		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP
Address (residence if person; business address if entity)		Phone Number		
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.		
Name of person or entity		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP
Address (residence if person; business address if entity)		Phone Number		
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.		
Name of person or entity		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP
Address (residence if person; business address if entity)		Phone Number		
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.		
Name of person or entity		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP
Address (residence if person; business address if entity)		Phone Number		
<p>D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).</p> <p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>				
Name of person or entity None, other than those persons/entities listed in Sections A, B & C)		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP
Address (residence if person; business address if entity)		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 Applicant, if different
Name of person or entity		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP
Address (residence if person; business address if entity)		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 Applicant, 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 Applicant, 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 Applicant, 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 Applicant, 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 Applicant, 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 Applicant, if different	
<p>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.</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 None		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the management or operational role or interest			
Name of person or entity		SSN/FEIN		DOB	Email



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

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

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



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

Name of person or entity	Address	Date of Birth	SSN/FEIN	Email Address	Phone Number	Describe the Interest
None						

Section IV:

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



CERTIFICATION AS TO AUR FORM 2

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

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

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

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

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

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

DocuSigned by:

 76EBB742EA7B4DC...

Signature of Authorized Signatory

12/28/2025

Date

Jason Gold

Printed Name

Print Title: Manager

Print Name of Applicant: Pure Blossom RI, LLC

AUR FORM 2**Applicant: PURE BLOSSOM RI, LLC****Separate Sheet (Overflow Disclosures Only)****Section I: Owners and Other Interest Holders****B. List All Officers, Directors, Managers, or Agents of Applicant and any Other Entities Described in Section A.**

Name of person or entity	SSN / FEIN	DOB	Email
Joshua Spoont	REDACTED		
Address (residence if person; business address if entity)	City	State	ZIP
REDACTED			
Name of business this person or entity is association 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 <u>Applicant</u> .	
Applicant	Member & Manager	Member & Manager	

Name of person or entity	SSN / FEIN	DOB	Email
Jordan Bruseloff	REDACTED		
Address (residence if person; business address if entity)	City	State	ZIP
REDACTED			
Name of business this person or entity is association 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 <u>Applicant</u> .	
Applicant	Member & Chief Operating Officer	Member & Chief Operating Officer	

AUR FORM 2

Applicant: PURE BLOSSOM RI, LLC

Section IV.A – Organizational, Governance Documents, Etc.

[attached]

AMENDED AND RESTATED OPERATING AGREEMENT OF PURE BLOSSOM RI LLC

This AMENDED AND RESTATED OPERATING AGREEMENT (this “*Agreement*”) of PURE BLOSSOM RI LLC, a Rhode Island limited liability company (the “*Company*”), effective as of December 17, 2025 (the “*Effective Date*”), is entered into by and between (i) the Company, and (ii) the undersigned members of the Company (together with each Person who may hereafter be admitted as a member in accordance with the terms of this Agreement, collectively, the “*Members*”). For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Definitions. As used in this Agreement:

(a) “*Act*” means the Rhode Island Limited Liability Company Act, or any successor thereto.

(b) “*Book Value*” means, with respect to any asset of the Company, the asset’s adjusted basis for federal income tax purposes (which the Managers may determine to adjust to equal the fair market value thereof in accordance with the rules set forth in Treasury Regulations Section 1.704-1(b)(2)(iv)(f)).

(c) “*Charter*” means the certificate of formation (or equivalent formation document) of the Company, as in effect as of the Effective Date and as hereafter amended from time to time.

(d) “*Governing State*” means the State of Rhode Island.

(e) “*Person*” means any individual, corporation, limited liability company, partnership, joint venture, association, joint-stock company, trust, unincorporated organization or government or any agency or political subdivision thereof.

2. Purpose; Fictitious Names. The Company may engage in any lawful activity for which limited liability companies may be formed under the Act, and engage in any and all activities necessary or incidental to the foregoing. The Company may register fictitious names and do business under such fictitious names and such other names as the Managers may from time to time determine.

3. Principal Office; Registered Agent.

(a) Principal Office. The principal office of the Company shall be at such location as the Managers may from time to time designate.

(b) Registered Agent. The registered agent and office of the Company for service of process in the Governing State shall be as reflected in the Company’s Charter. In the event the registered agent ceases to act as such for any reason or the registered office shall change, the Managers shall promptly designate a replacement registered agent or file a notice of change of address, as the case may be, in the manner provided by law.

4. Members.

(a) Members. The name, mailing address and number of Units (as defined below) of

each Member are as set forth opposite such Member's name on Exhibit A attached hereto (the "**Cap Table**"), which may be amended from time to time in accordance with the provisions of this Agreement.

(b) Additional Members. One or more additional members may be admitted to the Company with the consent of the Managers. Prior to the admission of any such additional members to the Company, the Managers shall amend this Agreement to make such changes as the Managers shall determine to reflect the fact that the Company shall have such additional members. The admission of any such additional member is conditional upon such additional member's written agreement to be bound by this Agreement.

(c) Withdrawal; No Return of Capital. No Member shall have the right to resign or withdraw from the Company, and no Member shall have the right to receive the return of all or any part of the Member's capital contribution or capital account, or any other distribution, except as expressly provided in this Agreement or such other written agreement entered into between such Member and the Company. No interest shall accrue or be paid on any capital contribution or capital account.

(d) No Management Authority. Except as expressly provided elsewhere in this Agreement, no Member, by virtue of being a Member, shall have any authority to manage the operations or affairs of the Company or to make any decisions regarding the business of the Company. All such authority shall be vested in the Managers in accordance with this Agreement.

5. Units. The Company's membership interests shall be in the form of membership interest units ("**Units**"). As of the Effective Date, the Company is authorized to issue 10,000 Units, for any consideration and on any terms and conditions established by the Managers. The Managers may, from time to time, increase the authorized number of Units of the Company with the prior written consent of the Member(s) holding more than fifty percent (50%) of the outstanding Units of the Company (the "**Majority Members**"). As of the Effective Date, 10,000 Units are issued and outstanding. The Company has not and need not issue certificates to evidence ownership of Units.

6. Transfer of Units. No Member may sell, assign, exchange, gift, bequest, pledge, hypothecate, transfer or otherwise dispose of or encumber any of such Member's Units without the written consent of the Managers. Notwithstanding the foregoing, the Managers' consent shall not be unreasonably withheld for the following transfers: (i) a transfer by a Member who is an individual to an entity that is majority-owned by such Member, (ii) a transfer by a Member that is an entity to the owner(s) of such entity, (iii) a transfer by any Member to a trust or other estate planning vehicle for bona fide estate planning purposes, or (iv) a transfer by any Member who is an individual upon his or her death, by will or intestacy or distribution from a trust without any payment of consideration by the transferee(s).

7. Management.

(a) Authority; Powers and Duties of the Managers. The exclusive and complete authority and discretion to manage the operations and affairs of the Company and to make all decisions regarding the business of the Company shall be vested in one or more managers (each, a "**Manager**", and collectively, the "**Managers**"), who shall be appointed in accordance with Section 7(b) below. Each Manager shall serve in such capacity until such Manager's death, removal (in accordance with this Agreement), or resignation. Each Manager shall have one (1) vote on all matters to be voted upon by the Managers. No resolution, action or decision required or permitted to be taken, adopted or made by the Managers may be so taken, adopted or made without the approval of the Managers acting by majority vote

(i.e., by more than fifty percent (50%) of the Managers then serving), and, except where this Agreement *expressly* requires that the Managers act by unanimous vote or some other specified voting threshold, any reference in this Agreement to the consent, approval, vote or act of “the Managers” or the Company means the Managers acting by majority vote. Any such action taken by the Managers shall constitute the act of and serve to bind the Company. Persons dealing with the Company are entitled to rely conclusively on the power and authority of the Managers as set forth in this Agreement. Subject to the terms and conditions of this Agreement, the Managers shall have all rights and powers of a “manager” under the Act, and shall have such authority, rights, and powers in the management of the Company to do any and all other acts and things necessary, proper, convenient or advisable to effectuate the purposes of this Agreement. If at any time the Company has only one Manager, all references in this Agreement to the “Managers” shall mean and refer to the sole Manager, acting alone.

(b) Number and Appointment of Managers. As of the Effective Date, the Company shall have two (2) Managers, who shall initially be Jason Gold and Joshua Spont. Any Manager may be removed, and any vacancy may be filled, at any time for any reason, only by the affirmative vote of the Member(s) holding more than seventy-five percent (75%) of the outstanding Units of the Company (the “**Super-Majority Members**”). The number of Managers of the Company may be increased or decreased at any time by the Super-Majority Members; provided, however, that there shall always be at least one (1) Manager serving.

(c) Officers. The Managers may appoint and remove officers from time to time.

(d) Execution of Documents. Any Manager may execute any agreement or other document on behalf of the Company, including, without limitation, such documents as are necessary to open bank accounts or other accounts maintained by a financial institution.

8. Indemnification.

(a) Definition of Covered Persons. For the purposes of this Section 8, the term “**Covered Person**” means any Person who is or was a Member, any successors or heirs of any such Member, and any Person who is or was a Manager or officer of the Company.

(b) Liability.

(i) Except as otherwise provided by this Agreement, the debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and no Covered Person shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a Covered Person.

(ii) Without limiting the preceding subsection (i), each Member’s liability for the debts and obligations of the Company shall be limited to the greatest extent permitted under the Act and other applicable law.

(c) Exculpation.

(i) No Covered Person shall be liable to the Company or any other Covered Person for any loss, damage or claim incurred by the Company or that Covered Person for any reason, except to the extent to which such loss, damage or claim is attributable to the Covered Person’s fraud or

other willful misconduct or material violation of this Agreement.

(ii) A Covered Person shall be fully protected in relying in good faith upon the records of the Company and upon such information, opinions, reports or statements presented to the Company by any person as to matters the Covered Person reasonably believes are within such other person's professional or expert competence and who has been selected with reasonable care by or on behalf of the Company, including information, opinions, reports or statements as to the value and amount of the assets, liabilities, profits, losses, or any other facts pertinent to the existence and amount of assets from which distributions to Members might properly be paid.

(d) Duties and Liabilities of Covered Persons. To the extent that, at law or in equity, a Covered Person has duties (including fiduciary duties) and liabilities relating thereto to the Company or to any other Covered Person, a Covered Person acting under this Agreement shall not be liable to the Company or to any other Covered Person for his, her or its good faith reliance on the provisions of this Agreement.

(e) Indemnification. To the fullest extent permitted by applicable law, a Covered Person shall be entitled to indemnification from the Company for any loss, damage or claim incurred by such Covered Person by reason of any act or omission performed or omitted by such Covered Person, except that no Covered Person shall be entitled to be indemnified in respect of any loss, damage or claim incurred by such Covered Person by reason of such Covered Person's gross negligence or willful misconduct with respect to such acts or omissions or material violation of this Agreement; provided, however, that any indemnity under this Section 8 shall be provided out of and to the extent of Company assets only, and no Covered Person shall have any personal liability on account thereof.

(f) Expenses. To the fullest extent permitted by applicable law, expenses (including reasonable legal fees) incurred by a Covered Person in defending any claim, demand, action, suit or proceeding shall, from time to time (within thirty days following receipt of an invoice therefor), be advanced by the Company prior to the final disposition of such claim, demand, action, suit or proceeding upon receipt by the Company of an undertaking by or on behalf of the Covered Person to repay such amount if it shall be determined that the Covered Person is not entitled to be indemnified as authorized in Section 8(e).

9. Term. The term of the Company shall be perpetual unless the Company is dissolved and terminated in accordance with Section 16.

10. [Reserved].

11. Additional Contributions. No Member is required to make any additional capital contribution to the Company. However, any Member may, with the prior written consent of the Managers, voluntarily make capital contributions to the Company at any time.

12. Capital Accounts. The Managers shall maintain for each Member one or more capital accounts in accordance with the requirements of the Internal Revenue Code of 1986, as amended (the "Code"), and the Treasury Regulations promulgated thereunder. At no time during the term of the Company or upon dissolution and liquidation thereof shall a Member with a negative capital account balance have any obligation to the Company or the other Members to eliminate or restore such negative balance.

13. Allocations of Profits and Losses.

(a) Capital Account Allocations. After making any special allocations as determined by the Managers in good faith, any profits or losses for any fiscal year, and to the extent the Managers determine in their reasonable judgment it is necessary or appropriate, individual items of income, gain, loss and deduction of the Company, shall be allocated among the Members in such a manner as to reduce or eliminate, to the extent possible, any difference, as of the end of such fiscal year, between (a) the sum of (i) the capital account of each Member, (ii) such Member's share of minimum gain (as determined according to Treasury Regulation Section 1.704-2(g)) and (iii) such Member's partner nonrecourse debt minimum gain (as defined in Treasury Regulation Section 1.704-2(i)(2)) and (b) the respective net amounts, positive or negative, which would be distributed to them or for which they would be liable to the Company under this Agreement and the Act, determined as if the Company were to (A) sell the assets of the Company for an amount equal to their Book Value (B) satisfy all Company liabilities in accordance with their terms (limited, in the case of any nonrecourse liability to the Book Value of the Company assets securing such liability) and (C) distribute the proceeds of such sale pursuant to Section 14(a).

(b) Tax Allocations. The Members' distributive share of income, gain, loss, deduction, or credit (or item thereof) shall be determined and allocated in accordance with Section 13(a) to the fullest extent permitted by the Code.

14. Distributions.

(a) Distributions of available cash shall be made to the Members at the times and in the amounts determined by the Managers. Distributions pursuant to this Section 14(a) shall be allocated among the Members in the same proportion as their ownership of Units.

(b) The Company shall be entitled to deduct and withhold from distributions to the Members any amounts required under applicable law, and any amounts so deducted and withheld from distributions to a Member shall be treated as distributed to such Member for all purposes of this Agreement.

15. Fiscal Year, Tax Matters.

(a) The fiscal year of the Company for accounting and tax purposes shall begin on January 1 and end on December 31 of each year, except for the short taxable years, if any, in the years of the Company's formation and termination and as otherwise required by the Code and the Treasury Regulations.

(b) The Members intend the Company be classified as a partnership for United States federal, state and local income tax purposes and the Members shall not take any action inconsistent with such treatment.

(c) The Managers shall make such elections under the Code and other relevant tax laws as to the treatment of items of the Company's income, gain, loss, deduction and credit, as well as to all other relevant matters, as the Managers deem necessary or appropriate.

(d) To the extent required under the Code, the Managers shall appoint an individual to act as the "partnership representative" under the Code and in any similar capacity under any law. The Managers may remove and replace the partnership representative from time to time.

16. Dissolution; Liquidation.

(a) The Company shall dissolve, and its affairs shall be wound up upon the first to occur of the following: (i) the unanimous written consent of all Managers at least one (1) Member, or (ii) any other event or circumstance giving rise to the dissolution of the Company under the Act, unless the Company's existence is continued pursuant to the Act.

(b) Upon dissolution of the Company, the Company shall immediately commence to wind up its affairs and the Managers shall promptly liquidate the business of the Company. During the period of the winding up of the affairs of the Company, the rights and obligations of the Members under this Agreement shall continue.

(c) In the event of dissolution, the Company shall conduct only such activities as are necessary to wind up its affairs (including the sale of the assets of the Company in an orderly manner), and the assets of the Company shall be applied as follows: (i) first, to creditors, to the extent otherwise permitted by law, in satisfaction of liabilities of the Company (whether by payment or the making of reasonable provision for payment thereof); and (ii) thereafter, to the Members pro rata in accordance with their ownership of Units.

(d) Following dissolution and upon the commencement of the winding up of the Company, the Managers shall make such filings with the Governing State as are necessary to dissolve the Company in accordance with the Act.

17. Covenants.

(a) Confidentiality. Each Member shall maintain in confidence, and not disclose to any person, (i) this Agreement or its terms, or (ii) any information regarding the Managers, Members, or the Company and their respective affairs which is confidential, proprietary or trade secret, except, in each case, if such disclosure is (1) approved in writing by the Managers and the Super-Majority Members, (2) required under applicable law, including court order, (3) necessary to enforce this Agreement, (4) necessary to procure legal or tax advice from a legal or tax professional, (5) necessary to open or maintain a financial account or obtain financial accommodations from a financial institution, (6) made by a Member that is an entity to its owners, officers, or directors/managers on a confidential basis, or (7) made by a Member that is an individual to his or her spouse on a confidential basis.

(b) Other Business. Subject in all events to Section 17(a), no Member or Manager shall have any obligation of exclusivity to the Company, and each Member or Manager may, directly or indirectly, freely own, operate and participate in any other entity or business (collectively, "**Other Businesses**"), whether or not competitive with the Company. Nothing in this Agreement nor the relationship of the Members and Managers to the Company is intended to confer on any Member or Manager the right to own, operate or otherwise participate in any Member's or Manager's Other Businesses.

18. Miscellaneous.

(a) Amendments. Amendments to this Agreement may be made only with the prior written consent of the Majority Members; provided, however, that this Agreement may be amended by the

Managers without the consent of any Member (i) to correct any clerical errors or (ii) to reflect on Exhibit A hereto the withdrawal of any member or the admission of any additional member, provided that such admission is in accordance with this Agreement.

(b) Entire Agreement; Governing Law. This Agreement constitutes the entire “operating agreement” (as such term is used in the Act) of the Company, and except as set forth herein there are no other agreements, understandings or promises amongst the Members concerning the subject matter of this Agreement. This Agreement replaces and supersedes all prior operating agreements of the Company in their entirety, including the original Operating Agreement of the Company dated November 11, 2025. This Agreement shall be governed by the laws of the Governing State, without regard to the conflicts of laws principles thereof.

(c) Forum Selection; Jury Waiver. The sole and exclusive venues for any lawsuit or other proceeding arising out of or relating to (i) this Agreement, or (ii) any alleged act or omission by a Member or Manager relating to the Company, including any alleged violation of the Act, shall be the state or federal courts located in county encompassing the Company’s principal place of business (as of the date such lawsuit or other proceeding is filed). IN ANY SUCH LAWSUIT OR OTHER PROCEEDING THE COMPANY, THE MEMBERS AND THE MANAGERS WAIVE THE RIGHT TO A TRIAL BY JURY.

(d) Severability. In the event that any provision of this Agreement shall be declared to be invalid, illegal or unenforceable, such provision shall survive to the extent it is not so declared, and the validity, legality and enforceability of the other provisions hereof shall not in any way be affected or impaired thereby, unless such action would substantially impair the benefits to any party of the remaining provisions of this Agreement.

(e) Counterparts. This Agreement may be executed and delivered electronically (e.g., www.docusign.com) and in counterparts, each of which shall be deemed to be an original and binding upon the party who executed the same, but all of such counterparts shall constitute the same agreement.

(f) Assignment. No party may assign and of its rights hereunder, or delegate any of its obligations hereunder, without the prior written consent of all Managers and all Members, except that a transferee of Units that becomes a Member of the Company and bound by this Agreement shall succeed to the rights of the transferor Member with respect to the Units so transferred.

(g) Construction. This Agreement shall be construed as jointly drafted by the Company and the Members, and if any ambiguity or question of intent arises in connection with this Agreement, no so-called rule of strict construction shall apply against any party hereto as a result of such party (or such party’s attorney) having drafted the provision in question. The paragraph headings in this Agreement were inserted for convenience of reference purposes only and shall be disregarding in construing the provisions of this Agreement.

(h) Remedies. If any current or former Member or Manager breaches this Agreement, money damages may not provide an adequate remedy at law. Accordingly, the Company and the other Members shall have the right to seek injunctive and other equitable relief with respect to such breach, without the requirement of posting a bond (or by posting a nominal bond, if one is required by law). Such equitable remedies shall be cumulative to all other remedies available at law or in equity.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned have executed this Amended and Restated Operating Agreement, to be effective as of the date first above written.

COMPANY:

PURE BLOSSOM RI LLC

DocuSigned by:

By: 76EBB742EA7B4DC...
Name: Jason Gold
Title: manager

DocuSigned by:

By: C2894ED31C294E9
Name: Joshua Spoont
Title: manager

MEMBERS:

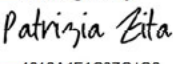
DocuSigned by:

9D0A4228D9F247E...
JORDAN BRUSELOFF

Signed by:

7503E1FEC8744E?
ALEXANDER HAVENICK

ANDREW'S AT EASTGATE LTD.
a Rhode Island corporation

DocuSigned by:

4816A4F4C8764C6...
PATRIZIA ZITA

DocuSigned by:

By: 76EBB742EA7B4DC
Name: Jason Gold
Title: owner

DocuSigned by:

C2894ED31C294E9
JOSHUA SPOONT

EXHIBIT A

CAPITALIZATION TABLE

PURE BLOSSOM RI LLC

(as of: December 17, 2025)

Name	Units	Percentage Ownership
Andrew's At Eastgate Ltd. REDACTED Attn: Jason Gold	REDACTED	
Alexander Havenick REDACTED		
Patrizia Zita REDACTED		
Joshua Spoont REDACTED		
Jordan Bruseloff REDACTED		
Total:	10,000	100.00%

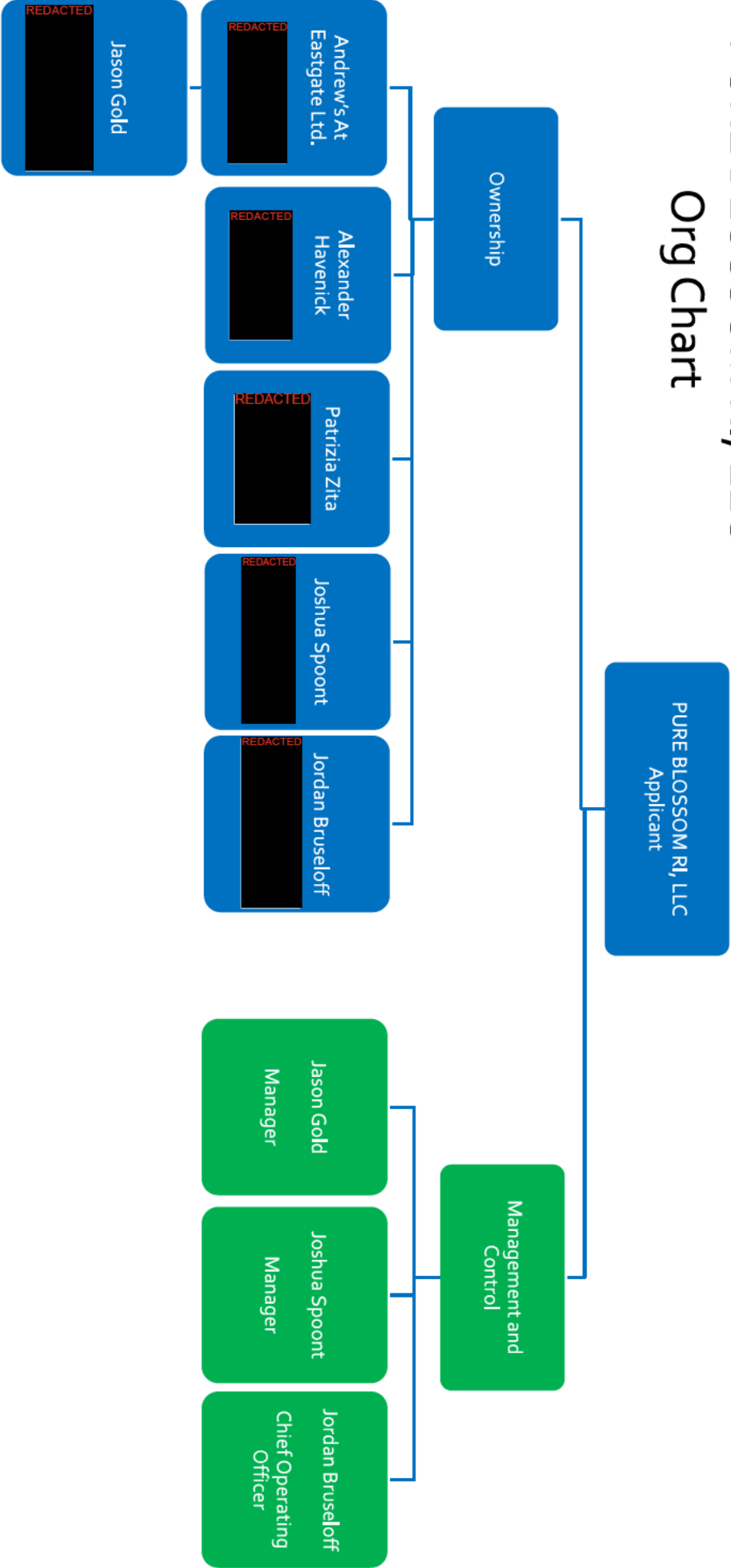
AUR FORM 2

Applicant: PURE BLOSSOM RI, LLC

Section IV.B – Organizational Chart

[attached]

PURE BLOSSOM RI, LLC Org Chart



AUR FORM 2

Applicant: PURE BLOSSOM RI, LLC

Section IV.C – List of Interest Holders and Effective Ownership

[attached]

AUR FORM 2

Applicant: PURE BLOSSOM RI, LLC

Section IV(C) – List of Natural Person Interest Holders

Name of Individual	Effective Ownership Percentage	Dollar Amount of Interest
Jason Gold	REDACTED	N/A
Alexander Havenick	REDACTED	N/A
Patrizia Zita	REDACTED	N/A
Joshua Spont	REDACTED	N/A
Jordan Bruseloff	REDACTED	N/A
TOTALS:	100.00%	

¹ Jason Gold owns REDACTED% of Andrew's At Eastgate Ltd., which in turn owns REDACTED of Pure Blossom RI, LLC.

AUR FORM 2

Applicant: PURE BLOSSOM RI, LLC

Section IV.D – List of Interest Holders and Compensation

[attached]

AUR FORM 2

Applicant: PURE BLOSSOM RI, LLC

Section IV(D) – Compensation / Remuneration Payable to Interest Holders

Name of Interest Holder	Expected Compensation / Remuneration from Applicant ¹
Andrew's At Eastgate, Ltd.	N/A
Jason Gold	N/A
Alexander Havenick	N/A
Patrizia Zita	N/A
Joshua Spoont	N/A
Jordan Bruseloff	REDACTED / year salary as chief operating officer, payable only after retail operations commence

¹ Not including distributions that the members of Pure Blossom RI, LLC may receive from time to time, if any, in accordance with its operating agreement.



AUR Form 3 – Owners and Interest Holders Certification Statement Form

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

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

cccinquiry@ccc.ri.gov



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

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

DocuSigned by:
Jason Gold
76EBB742FA7B4DC
Signature of Authorized Signatory

12/28/2025
Date

Jason Gold
Printed Name:
Print Title: Manager
Print Name of Applicant: Pure Blossom 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 #
New Jersey Cannabis Regulatory Commission	1. Class 1 Cultivator 2. Class 2 Manufacturer 3. Class 5 – Retailer 4. Class 5 – Retailer 5. Class 5 – Retailer 6. Medical Cultivator 7. Medical Manufacturer 8. Medical Retailer 9. Medical Retailer 10. Medical Retailer	Terrascend NJ LLC	1. C000006 2. M000005 3. RE000003 4. RE000004 5. RE000029 6. MC000406 7. MM000206 8. MRE000813 9. MRE000814 10. MRE000821
New Jersey Cannabis Regulatory Commission	Class 5 - Retailer	Pure Blossom LLC	RE000100
Rhode Island Office of Cannabis Regulation	1. CBD / Hemp-Derive Consumables License - Retailer 2. CBD / Hemp-Derive Consumables License - Distributor	Andrews At Eastgate	1. LCR209 2. LCD028

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.

DocuSigned by:
Jason Gold
76EBB742FA7B4DC...

Signature of Authorized Signatory

12/28/2025

Date

Jason Gold

Printed Name:

Print Title: Manager

Print Name of Applicant: Pure Blossom RI, LLC