

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

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	RCN 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 2
2	BUSINESS STREET ADDRESS	
3	CITY, STATE, ZIP	
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	314 Branch Avenue
5	CITY, STATE, ZIP	Providence, RI, 02904
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	074-0003-0000



7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	1500
8	FEIN: (Federal Employer Identification Number)	[REDACTED]
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 150px; height: 20px; margin-right: 10px;"></div> <div>Ext. _____</div> </div>
11	TOLL FREE NUMBER (if not applicable, put "N/A")	AREA CODE NUMBER EXTENSION <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:	Christopher Fevry
	Title:	Compliance Officer
	Mailing Address:	[REDACTED]
	Email Address:	[REDACTED]
	Phone Number	<div style="display: flex; align-items: center;"> <div style="background-color: black; width: 150px; height: 20px; margin-right: 10px;"></div> <div>Ext. _____</div> </div> 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 # _____)

RCN LLC

Name of Taxpayer/Entity
Number

Social Security or Federal Tax Identification

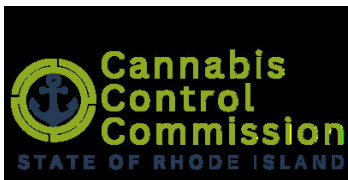
Christopher Ferry



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:

 *Christopher Fevry*

DATE:

12/25/2025

Print Name: Christopher Fevry

Print Title: Compliance Officer

Christopher Fevry



**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: RCN 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:

City or Town:

State:

Zip:

The name of the resident agent at such address is:

ARTICLE III

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

Check one box only

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

ARTICLE IV

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

No. and Street:

City or Town:

State:

Zip:

Country:

ARTICLE V

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

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

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

provision which may be included in an operating agreement:

ARTICLE VII

The limited liability company is to be managed by its ___ Membersⁿ 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	NORRIS POLK	[REDACTED]
MANAGER	CHRISTOPHER FEVRY	[REDACTED]
MANAGER	MASS INVEST GROUP LLC	[REDACTED]
MANAGER	RODNEY DEROGENE	[REDACTED]

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: 12/26/2025

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 24 Day of December, 2025 at 3:09:01 PM by the Authorized Person.

CHRISTOPHER FEVRY

Address of Authorized Signer:

[REDACTED]



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 24, 2025 03:08 PM

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

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

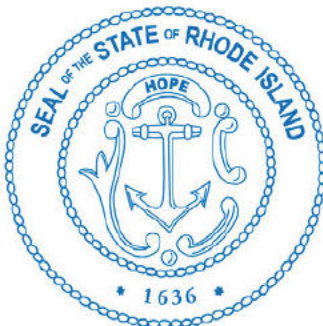
I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

RCN LLC

is a Rhode Island Limited Liability Company organized on **December 26, 2025**.

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

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



SIGNED and SEALED on
December 25, 2025

Secretary of State

Certificate Number: 25120135230

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

Processed by: dzainyeh

2025. Applicants are reminded that failure to submit a Change Request by this deadline may lead to delays in processing or rejection of the Change Request.

Attestation

Applicant attests that this Change Request has been completed in its entirety and that all relevant attachments have been submitted as directed in Section IV on page 9 of this Change Request form.

Applicant acknowledges that it has sole responsibility for ensuring that the above-listed individuals will own and control at least 51% of the applying entity at the time of application for a Social Equity Adult-Use Retail License. Applicant further acknowledges that should the Cannabis Control Commission determine that the above individuals do not, in fact, own and control at least 51% of the applying entity, the above-listed entity may not apply as a Social Equity Applicant. Applicant additionally acknowledges that all of the above individuals must have qualified for Social Equity Applicant Status under the same qualification criterion and, if they have not, the applicant entity will not be considered a Social Equity Applicant.

Applicant acknowledges that should the Cannabis Control Commission determine that the above individuals do not own and control at least 51% of the applying entity, it will be ineligible to apply for the Adult-Use Retail Cannabis Establishment licenses reserved for Social Equity Applicants. The applicant may still apply for a General or Workers' Cooperative Adult-Use Retail Cannabis Establishment provided applicant pays all application fees in the manner prescribed by the Cannabis Control Commission.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Social Equity Applicant Interest Holder Change Request are complete, true, correct, and accurate.

Christopher Fevry

Signature of Authorized Signatory

Christopher Fevry

Printed Name

Printed Name:

Print Title: **CEO**

12/28/25

Click here to enter a date.

Date

[REQUIRED FORM BEGINS ON FOLLOWING PAGE]

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 Christopher Fevry		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	Phone Number [REDACTED]	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title RCN LLC - Compliance Officer		Interest in entity listed in preceding box (percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>Applicant</u> [REDACTED]
Name of person or entity Norris Polk		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title RCN LLC		Interest in entity listed in preceding box (percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>Applicant</u> [REDACTED]
Name of person or entity Rodney Derogene		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	ZIP [REDACTED]	Phone Number [REDACTED]
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title RCN LLC		Interest in entity listed in preceding box (percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>Applicant</u> [REDACTED]
Name of person or entity MELLOW FELLOWS LLC		SSN/FEIN [REDACTED]	DOB N/A	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
		Phone Number [REDACTED]		

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

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 N/A		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	List your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the Applicant	
Name of person or entity		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	List your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the Applicant	
Name of person or entity		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	List your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the Applicant	

Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.			List your title or role, if any, with respect to the Applicant
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.			List your title or role, if any, with respect to the Applicant
<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 N/A		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		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	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	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	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	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	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.			
<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 N/A		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box		Describe the financial interest in 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 <u>Applicant</u> , if different
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box			Describe the financial interest in <u>Applicant</u> , if different
E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.					
<p>To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.</p>					
Name of person or entity N/A		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the 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 (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan, give, or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.

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

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

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

Section IV:

- A. Attach all organizational, governance documents, corporate bylaws, contractual agreements or similar that evidence the relationship between the Interest Holders listed above and the applicant entity.
- B. Attach an organizational chart that clearly depicts all Interest Holders identified in this from and their relationship to the applicant entity.



- 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.

INTEREST HOLDER DISCLOSURE

Organizational Chart, Ownership Percentages, and Compensation Statement

Applicant: RCN LLC

B. Organizational Chart of Interest Holders

RCN LLC is a limited liability company owned by four members. Each member holds a direct ownership interest. No trusts, holding companies, or third-party management entities exercise control over RCN LLC. Governance and operational authority are exercised pursuant to the Operating Agreement.

C. Interest Holder Ownership Disclosure

Rodney Derogene – Member – [REDACTED]

Norris Polk – Member – [REDACTED]

Christopher Fevry – Member – [REDACTED]

Mello – Member – [REDACTED]

D. Compensation Disclosure (Past Five Years)

No Interest Holder of RCN LLC has received any compensation during the past five (5) years.

Attestation

I hereby attest that the information contained in this document is true and accurate.

Authorized Signatory: Christopher Fevry

Title: Authorized Member, RCN LLC

Date: 12/29/25



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.

 Christopher Fevry
Signature of Authorized Signatory

12/29/25
Date

Christopher Fevry
Printed Name: Christopher Fevry
Print Title: Compliance Officer
Print Name of Applicant: RCN LLC



AUR Form 3 – Owners and Interest Holders Certification Statement Form

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

<p>1. Has Applicant or any Interest Holder thereof or any cannabis business entity or its equivalent in which such persons hold or have held an interest or a cannabis license, registration or authorization in another state or jurisdiction, ever been disciplined (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization) by any state or jurisdiction? If “Yes” provide a brief explanation, copies of all documentation and name/address/phone number/contact person for the licensing/registration/ authorization authority.</p> <hr/> <hr/> <hr/> <hr/>	<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> <hr/> <hr/> <hr/> <hr/>	<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>		



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.

 *Christopher Fevry*

Signature of Authorized Signatory

12/24/2025

Date

Christopher Fevry

Printed Name: Christopher Fevry
Print Title: Compliance Officer Print
Name of Applicant: RCN 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 #
Massachusetts Cannabis Control Commission	Delivery	Delivery Operator, Courier, Existing ME Transporter	MD1321, MX281395, DO100108
Massachusetts Cannabis Control Commission	Retail, Cultivation	Cultivation tier 1 + Marijuana Retail	MC282136, MR281811

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.

 Christopher Fevry
Signature of Authorized Signatory

12/24/2025
Date

Christopher Fevry
Printed Name: Christopher Fevry
Print Title: Compliance Officer
Print Name of Applicant: RCN LLC

LETTER OF INTENT

Cannabis Retail – Rhode Island Lottery

Property: 314 Branch Avenue, Providence, Rhode Island

Effective Date: December 29, 2025

This Letter of Intent (“LOI”) sets forth the principal business terms agreed upon in principle between Zaharioudakis Mario (“Landlord”) and RCN LLC (“Tenant”) regarding temporary site control and the negotiation of a long-term lease for a cannabis retail establishment. This LOI is intended to be binding only as expressly stated herein.

1. Property Control Period

Landlord shall grant Tenant exclusive site control of the property located at 314 Branch Avenue, Providence, Rhode Island (“Premises”) for the period February 1, 2026 through April 30, 2026 (“Property Control Period”).

- Tenant shall pay [REDACTED] ([REDACTED]) for the Property Control Period.
- During the Property Control Period, Landlord shall not lease, license, market, or otherwise offer the Premises to any third party.

2. Rent Commencement

Beginning May 1, 2026, Tenant shall occupy the Premises on a month-to-month basis and pay:

- **Base Rent:** [REDACTED] per month
- **Additional Rent:** [REDACTED]

Such month-to-month tenancy shall continue unless and until a long-term lease is executed.

3. Good-Faith Lease Negotiations, Base Lease Parameters & Rent Credit

During the Property Control Period and thereafter, the parties agree to negotiate in good faith toward a long-term lease.

The parties acknowledge and agree that the following represent the base parameters for the contemplated long-term lease:

- **Lease Structure:** [REDACTED] + [REDACTED]
[REDACTED]
- **Initial Lease Term:** [REDACTED]
- **Renewal Options:** [REDACTED]
[REDACTED]
- **Rent Increases (Renewals):** [REDACTED]
[REDACTED]
[REDACTED]

The parties further agree to the following rent credit structure:

- [REDACTED] of rent shall be [REDACTED], effectively reducing Tenant's monthly base rent during that period.
- This rent credit and amortization structure shall be **expressly memorialized in the definitive lease agreement**.

These terms are not a final lease but shall serve as the framework for good-faith negotiations.

4. Condition of Premises / Electrical Work

AS-IS Condition

Tenant shall accept the Premises in its current "AS IS, WHERE IS" condition, with all faults, and without any representations or warranties by Landlord as to condition, suitability, or fitness for Tenant's intended use.

Electrical Upgrades

Landlord shall be solely responsible, at Landlord's cost and expense, for upgrading the electrical service to approximately [REDACTED], subject to utility approvals and applicable permitting.

All such electrical work shall:

- Be performed in a commercially reasonable manner
- Comply with all applicable laws, codes, and permitting requirements
- Be further detailed and memorialized in the definitive lease agreement

5. Non-Termination Without Good Cause

Neither party may terminate lease negotiations without good cause.

Good cause shall include, without limitation:

- Failure to obtain a cannabis retail license
- Regulatory or zoning impediments
- Inability to agree on commercially reasonable lease terms despite good-faith negotiations

6. Inability to Reach Agreement

If, despite good-faith negotiations, Landlord elects not to proceed or the parties are unable to reach agreement on a long-term lease, then:

- Landlord shall pay [REDACTED] termination fee, and
- Upon payment, both parties shall be released from any further obligation.

7. Tenant Relocation After License Award

If Tenant:

- Is awarded a cannabis retail license, and
- Elects to relocate to a different property after winning the lottery but prior to occupying the Premises,

then Tenant shall pay Landlord [REDACTED] as a relocation fee, as liquidated damages, after which neither party shall have any further obligation.

8. Binding / Non-Binding Effect

This LOI is non-binding as to the execution of a long-term lease, but binding with respect to:

- Exclusive site control
- Payment obligations
- Good-faith negotiation requirements
- Termination fees, relocation fees, rent credit, and electrical work provisions

9. Governing Law

This LOI shall be governed by and construed in accordance with the laws of the **State of Rhode Island**.

10. Acceptance

Agreed and acknowledged as of the Effective Date.

11. Indemnification / Federal Risk

Tenant shall indemnify, defend, and hold Landlord harmless from any claims, losses, liabilities, or damages arising from Tenant's cannabis operations, including any federal enforcement actions or asset forfeiture claims, to the extent permitted by law.

12. Guarantees

Upon execution of the lease and only if Tenant is awarded a cannabis retail license, the following parties shall jointly and severally guarantee Tenant's obligations under the lease pursuant to guaranty agreements acceptable to Landlord:

Corporate Guarantor:

- **Mellow Fellows LLC**

Personal Guarantors:

- **Rodney Derogene**
- **Christopher Fevry**
- **Norris Polk**

No guaranty shall be effective unless and until the lease becomes fully effective following a successful lottery award.

13. Effectiveness

This LOI shall become effective and binding upon Landlord's receipt of the initial payment of [REDACTED] from Tenant.

Signatures

LANDLORD

Name: Zaharioudakis Mario

Signature: Mario Zaharioudakis

Date: 12 / 29 / 2025

TENANT

RCN LLC

By: Christopher Fevry

Name: Christopher Fevry

Title: LLC Manager

Date: 12 / 29 / 2025

GUARANTORS

(Effective only upon license award and lease execution)

Mellow Fellows LLC

Signature: 

Name: Matthew Richman

Title: CFO

Date: 12 / 29 / 2025

Rodney Derogene

Signature: Rodney Derogene

Date: 12 / 29 / 2025

Christopher Fevry

Signature: Christopher Fevry

Date: 12 / 29 / 2025

Norris Polk

Signature: Norris L Polk Jr

Date: 12 / 29 / 2025

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Document History



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12 / 29 / 2025

15:18:44 UTC

Sent for signature to Christop

), Matthew Richman

), Rodney Derogene

), Marios Zaharioudakis

) an

) from

IP: 124.106.181.100



VIEWED

12 / 29 / 2025

15:19:20 UTC

Viewed by Norris Polk

IP: 174.242.137.118



SIGNED

12 / 29 / 2025

15:22:33 UTC

Signed by Norris Polk

IP: 174.242.137.118



VIEWED

12 / 29 / 2025

15:22:35 UTC

Viewed by Christopher Fevry

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Status	● Signed

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SIGNED	15:23:19 UTC	[REDACTED]
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	12 / 29 / 2025	Viewed by Marios Zaharioudakis [REDACTED]
VIEWED	15:36:28 UTC	IP: 85.190.239.10 [REDACTED]
	12 / 29 / 2025	Signed by Matthew Richman [REDACTED]
SIGNED	15:38:20 UTC	IP: 96.233.70.244 [REDACTED]
	12 / 29 / 2025	Signed by Marios Zaharioudakis [REDACTED]
SIGNED	15:41:12 UTC	IP: 85.190.239.10 [REDACTED]
	12 / 29 / 2025	Viewed by Rodney Derogene [REDACTED]
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COMPLETED

15:48:28 UTC

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Via Email

November 14, 2025

Rodney Radley Derogene
[REDACTED]

Reference Number [REDACTED]

Attn: Rodney Radley Derogene, Contact Person

Re: Social Equity Applicant Status Certification Application Determination

Dear Rodney Radley Derogene:

Thank you for your interest in applying for Social Equity Applicant Status Certification ("SEASC"). Following a vote of the Cannabis Control Commission ("Commission"), your application for SEASC [REDACTED] has been approved and, as a result, the above listed Applicant has received Approved Social Equity Applicant Status.

As an Approved Social Equity Applicant, you may apply for one of the six Social Equity Retail Licenses and your application fee will be waived. If you are applying for a General Retail License or a Workers' Cooperative Retail License, your application fee(s) will also be waived as long as a verifiable Certification Reference Number is provided. **Please note that the Applicant for licensure *must* be the same entity/individual that was certified and is named in this letter; nonmatching Applicants who claim SEASC may have their applications rejected.** If selected for licensure those with Approved Social Equity Applicant Status will be eligible to apply for grant funding from the Social Equity Assistance Fund, in accordance with R.I. Gen. Laws § 21-28.11-31(b).

Important Note on Changes to Social Equity Applicant Interest Holders

Approved Social Equity Applicants are prohibited from changing their Interest Holders, as defined by 560-RICR-10-10-1.2(A)(12), without first receiving approval from the Commission. This includes, but is not limited to, individual applicants seeking to form an entity, either alone or with other owners, as well entity applicants seeking to bring on additional owners or other investors with a financial interest in the business.

Social Equity Applicants have until December 1 to submit Interest Holder Change Request Forms.

This request must be submitted in person or by certified mail to the address below. Submissions must be delivered in person or post-marked by **4:00 PM EST on December 1st, 2025.**



Cannabis Control Commission
Attn: Cannabis Office – Social Equity Applicant Interest Holder Change Request
560 Jefferson Blvd.
Warwick, RI 02886

Change Requests received after the above deadline will NOT be considered. It is incumbent on applicants to ensure that requests are delivered to the Commission prior to the deadline.

Interest Holder Change Request forms are available on the [Commission's website](#). Applicants for a Social Equity Retail License who have changed their interest holders without approval from the Commission may have their Approved Social Equity Applicant Status revoked and their application for licensure denied.

Thank you for your interest in participating in Rhode Island's cannabis industry.

Sincerely,

The Rhode Island Cannabis Control Commission

Via Email

November 14, 2025

Norris Leon Polk Jr.
[REDACTED]

Reference Number [REDACTED]

Attn: Norris Leon Polk Jr., Contact Person

Re: Social Equity Applicant Status Certification Application Determination

Dear Norris Leon Polk Jr.:

Thank you for your interest in applying for Social Equity Applicant Status Certification (“SEASC”). Following a vote of the Cannabis Control Commission (“Commission”), your application for SEASC [REDACTED] has been approved and, as a result, the above listed Applicant has received Approved Social Equity Applicant Status.

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Sincerely,

The Rhode Island Cannabis Control Commission