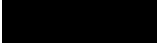


AUR Form 1 – General Contact Information, Taxpayer Identification and Affirmations

1	APPLICANT NAME (legal name, and any d/b/a name(s), if applicable)	RI Cannabis Company LLC
	APPLICATION ZONE#	6
2	BUSINESS STREET ADDRESS	94 William St.
3	CITY, STATE, ZIP	Newport, RI 02840
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	94 William St.
5	CITY, STATE, ZIP	Newport, RI 02840
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	28-091

7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	2,340 square feet
8	FEIN: (Federal Employer Identification Number)	
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION (<u> 774 </u>) <u> 722 </u> - <u> 3892 </u> Ext. <u> </u>
11	TOLL FREE NUMBER (if not applicable, put "N/A")	AREA CODE NUMBER EXTENSION (<u> NA </u>) <u> </u> - <u> </u> Ext. <u> </u>
12	COMPLIANCE OFFICER Identification and Contact Information	Thomas R Rogers III 21 Opechee Drive Barrington, RI 02806 capecodtommy@gmail.com 774-722-3892
	Name:	Thomas R Rogers III
	Title:	CEO
	Mailing Address:	21 Opechee Drive Barrington, RI 02806
	Email Address:	capecodtommy@gmail.com
	Phone Number	(<u> 774 </u>) <u> 722 </u> - <u> 3892 </u> Ext. <u> </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 # _____)

RI CANNABIS COMPANY LLC

Name of Taxpayer/Entity
Number

Social Security or Federal Tax Identification
Number

AFFIRMATIONS

Applicant hereby understands and affirms the following:

1. The burden of proving an Applicant's qualifications rests on the party applying for the license.
2. The Cannabis Control Commission may deny any Application that contains a material misstatement, omission, misrepresentation, or untruth.
3. An Application shall be complete in every material detail.
4. The Cannabis Control Commission may rescind its approval of an Adult-Use Cannabis Retail License if Applicant has not completed the pre-requisites for issuance of the license as described in the Regulations within nine (9) months of their approval.
5. Regarding the location of the licensed premises, Applicant commits to the following:
 - a. The premises is in full compliance with local zoning laws and the Applicant is in receipt of all required zoning approvals.
 - b. The operations of Applicant shall conform to local zoning requirements.
6. Applicant commits to not acquiring cannabis from anyone other than a licensed cultivator or licensed manufacturer in accordance with the Act and the Regulations.
7. Applicant commits to the limitations set forth in the Act and the Regulations and understands that they are limited to possessing cannabis only as permitted in the Act and the Regulations.
8. Applicant understands that the licensed premises may not be within 500 feet of the property line of a preexisting public or private school.
9. Applicant hereby acknowledges it shall enter into, maintain, and abide by the terms of a labor peace agreement, and shall submit to the Commission an attestation by a bona fide labor organization stating that the Applicant meets the requirements of Section 21-28.11-12.2 of the Cannabis Act.
10. Applicant understands that an Adult-Use Cannabis Retail licensee and any interest holders/key persons thereof may not have any material financial interest or control in Licensed Testing Facility or a Licensed Compassion Center and vice versa.
11. Applicant understands that an Adult-Use Cannabis Retail licensee and any interest holders/key persons thereof may not have any material financial interest or control in another Applicant in the same zone and vice versa.
12. Applicant understands that a person shall not be a majority owner in more than one (1) cannabis cultivator, cannabis product manufacturer, cannabis retailer, or compassion center. A person may invest in multiple licensed cannabis establishments provided that the investment does not qualify the person as a controlling person in more than one (1) cannabis establishment.

SIGNATURE FOR AUR FORM 1

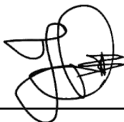
The undersigned attests that the Applicant understands and will adhere to all requirements of the Act and the Regulations, including but not limited to those listed above, and that the undersigned has the authority to bind the Applicant to all such requirements.

The undersigned Authorized Signatory of the Applicant hereby acknowledges and agrees that the Applicant has a continuing obligation to disclose any changes to the entirety of this Application for an Adult-Use Cannabis Retail License and shall provide written notice to the Commission within sixty (60) days of any change to the information provided herein, including all Forms, Annexes, Exhibits, Documents and Deliverables submitted in connection with or as part of the application process; each such notice shall include an updated Form, Annex, Exhibit, Document or Deliverable, as the case may be.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith are complete, true, correct and accurate.

AUTHORIZED SIGNATORY SIGNATURE

SIGNATURE:



Print Name:

Thomas R Rogers III

Print Title: CEO

DATE:

12/20/2025

Cover Page

Certificate of Good Standing, per Form 1 #1



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:

RI Cannabis Company LLC

is a Rhode Island Limited Liability Company organized on **November 05, 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 22, 2025



Secretary of State

Certificate Number: 25120121820

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

Processed by: kmeguy

Cover Page

Articles of Incorporation, per Form 1 #1



**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: RI Cannabis Company 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:

72 OXFORD ST.

City or Town:

PROVIDENCE

State: RI

Zip: 02905

The name of the resident agent at such address is:

THOMAS ROGERS

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:

TBD

City or Town:

TBD

State: RI

Zip: 00000

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:

ARTICLE VII

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

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

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	THOMAS RAYMOND ROGERS III	<div></div>
MANAGER	JONATHAN RICHARD NAPOLI	<div></div>

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.

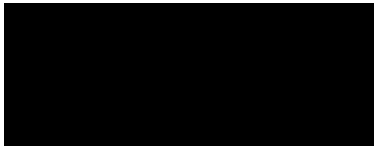
Later Effective Date: 11/05/2025

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 5 Day of November, 2025 at 1:04:55 PM by the Authorized Person.

THOMAS R ROGERS III

Address of Authorized Signer:





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

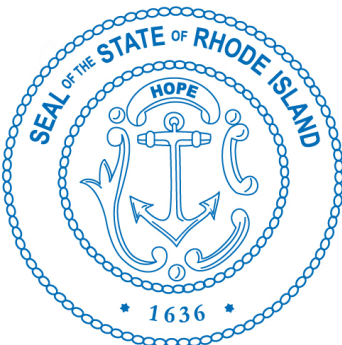
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 05, 2025 01:00 PM

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

Gregg M. Amore
Secretary of State





AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: RI CANNABIS COMPANY 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		SSN/FEIN		DOB	Email Address
Thomas R Rogers III		[REDACTED]		[REDACTED]	capecodtommy@gmail.com
Address (residence if person; business address if	City	State	ZIP	Phone Number	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	774-722-3892	
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> .	
NA		NA		[REDACTED]	
Name of person or entity		SSN/FEIN		DOB	Email Address
Jonathan Napoli		[REDACTED]		[REDACTED]	bostongardener@gmail.com
Address (residence if person; business address if entity)	[REDACTED]			Address (residence if person; business address if entity)	
[REDACTED]			617-816-7067		



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> .
Cadella LLC d/b/a Quincy Cannabis Company		50%		
Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .
Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .
Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .
Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .
Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in <u>applicant</u> .
Name of person or entity		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City	State	ZIP	Address (residence if person; business address if entity)
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, <i>etc.</i>), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level																			
Name of person or entity					SSN/FEIN					DOB					Email				
Thomas R Rogers III					[REDACTED]					[REDACTED]					capecodtommy@gmail.com				
Address (residence if person; business address if entity)				City		State		ZIP		Phone Number									
[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		774-722-3892									
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							
NA																			
Name of person or entity					SSN/FEIN					DOB					Email				
Jonathan Napoli					[REDACTED]					[REDACTED]					bostongardener@gmail.com				
										Address (residence if person; business address if entity)					NA				
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							
Cadella LLC d/b/a Quincy Cannabis Company						Managing Partner						Partner							
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)									
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		Address (residence if person; business address if entity)									
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	Address (residence if person; business address if entity)	
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 Thomas R Rogers III		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email capecodtommy@gmail.com
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number 774-722-3892	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) NA		List your title or role, if any, with respect to the entity listed in the preceding box.			
Name of person or entity Jonathan Napoli		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email bostongardener@gmail.com
Address (residence if person; business address if entity)		NA			
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Cadella LLC d/b/a Quincy Cannabis Company		List your title or role, if any, with respect to the entity listed in the preceding box. Managing Partner			
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)	
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)	
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)	
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)	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, if any, with respect to the entity listed in the preceding box.			

D. LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).

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 Thomas R Rogers III		[REDACTED]		Email capecodtommy@gmail.com
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number 774-722-3892
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) NA		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 Jonathan Napoli		[REDACTED]		Email bostongardener@gmail.com
[REDACTED]		Address (residence if person; business address if entity) NA		

Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) Cadella LLC d/b/a Quincy Cannabis Company		Describe the financial interest in entity listed in preceding box 50%		Describe the financial interest in <u>Applicant</u> , if different 49%	
Name of person or entity		SSN/FEIN		DOB	
Address (residence if person; business address if entity)		City		State	
Address (residence if person; business address if entity)		ZIP		Address (residence if person; business address if entity)	
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	
Address (residence if person; business address if entity)		City		State	
Address (residence if person; business address if entity)		ZIP		Address (residence if person; business address if entity)	
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	
Address (residence if person; business address if entity)		City		State	
Address (residence if person; business address if entity)		ZIP		Address (residence if person; business address if entity)	
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	
Address (residence if person; business address if entity)		City		State	
Address (residence if person; business address if entity)		ZIP		Address (residence if person; business address if entity)	
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	
Address (residence if person; business address if entity)		City		State	
Address (residence if person; business address if entity)		ZIP		Address (residence if person; business address if entity)	
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	
Address (residence if person; business address if entity)		City		State	
Address (residence if person; business address if entity)		ZIP		Address (residence if person; business address if entity)	

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

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

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

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
NA						

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
NA						

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.

Signature of Authorized Signatory

12/26/25.

Date

Thomas Rogers III

Printed Name

Print Title: CEO

Print Name of Applicant: RI Cannabis Company LLC

Cover Page

Operating Agreement

Document that connects the Interest Holders and establishes ownership and voting rights.
Pursuant to Section IV Subsection A

OPERATING AGREEMENT OF RI CANNABIS COMPANY LLC

ARTICLE 1. ORGANIZATION

1.1 Formation

RI Cannabis Company LLC (the "Company") is a limited liability company organized under the laws of the State of Rhode Island. The Company was formed upon the filing of Articles of Organization with the Rhode Island Secretary of State on November 5, 2025.

1.2 Name and Principal Place of Business

The name of the Company is RI Cannabis Company LLC. The principal place of business of the Company shall be 72 Oxford St., Providence, Rhode Island 02905, or such other location as the Members may from time to time designate.

1.3 Purpose

The Company is formed for the purpose of engaging in the cannabis business in accordance with Rhode Island cannabis laws and regulations, including but not limited to the Rhode Island Cannabis Act, and to engage in any lawful business, purpose, or activity permitted under the laws of the State of Rhode Island. The Company is specifically formed as a social equity cannabis business as defined under Rhode Island cannabis laws and regulations, including Title 21, Chapter 28.11 of the Rhode Island General Laws, and the Rhode Island Cannabis Control Commission Regulations, as may be amended from time to time.

1.4 Term

The term of the Company shall commence on the date of filing of the Articles of Organization with the Rhode Island Secretary of State and shall continue until dissolved in accordance with this Agreement or as otherwise provided by law.

1.5 Registered Agent and Office

The registered agent and office of the Company shall be as stated in the Articles of Organization, or as otherwise determined by the Members from time to time.

1.6 Definitions

For purposes of this Operating Agreement, the following terms shall have the meanings set forth below:

"Act" means the Rhode Island Limited Liability Company Act, as amended from time to time.

"Articles of Organization" means the Articles of Organization of the Company, as filed with the Rhode Island Secretary of State, as amended from time to time.

"Cannabis Control Commission" or "CCC" means the Rhode Island Cannabis Control Commission or any successor agency responsible for regulating cannabis businesses in Rhode Island.

"Cannabis Office" means the Rhode Island Cannabis Office or any successor agency responsible for regulating cannabis businesses in Rhode Island.

"Capital Account" means the account maintained for each Member in accordance with this Agreement and applicable tax regulations.

"Capital Contribution" means any contribution of cash, property, or services to the Company by a Member.

"Code" means the Internal Revenue Code of 1986, as amended from time to time.

"Company" means RI Cannabis Company LLC, a Rhode Island limited liability company.

"Majority Interest" means the Members who own, in the aggregate, more than fifty percent (50%) of the Percentage Interests in the Company.

"Member" means each Person who executes this Agreement as a member or who is subsequently admitted as a member of the Company.

"Operating Agreement" or "Agreement" means this Operating Agreement, as amended from time to time.

"Percentage Interest" means a Member's percentage interest in the Company as set forth in Exhibit A attached hereto.

"Person" means an individual, corporation, partnership, limited liability company, trust, estate, association, or any other entity.

"Qualifying Individual" means an individual who meets the criteria established by Rhode Island cannabis laws and regulations to qualify as a social equity applicant or participant.

"Social Equity Participant" means the Member identified in Exhibit A as the Social Equity Participant who meets the criteria established by Rhode Island cannabis laws and regulations to qualify as a social equity applicant or participant.

ARTICLE 2. CAPITAL CONTRIBUTIONS AND CAPITAL ACCOUNTS

2.1 Initial Capital Contributions

The Members shall make the initial Capital Contributions to the Company as set forth in Exhibit A attached hereto. No interest shall accrue on any Capital Contribution, and no Member shall have the right to withdraw or be repaid any Capital Contribution except as provided in this Agreement.

2.2 Additional Capital Contributions

No Member shall be required to make any additional Capital Contributions to the Company beyond those set forth in Exhibit A. Additional Capital Contributions may be made by Members only with the consent of all Members and in such amounts as the Members unanimously agree.

2.3 Capital Accounts

A separate Capital Account shall be maintained for each Member in accordance with the rules of Treasury Regulations Section 1.704-1(b)(2)(iv). Each Member's Capital Account shall be increased by (a) the amount of money contributed by such Member to the Company, (b) the fair market value of property contributed by such Member to the Company (net of liabilities secured by such contributed property that the Company is considered to assume or take subject to under Section 752 of the Code), and (c) allocations to such Member of Company income and gain (or items thereof), including income and gain exempt from tax. Each Member's Capital Account shall be decreased by (a) the amount of money distributed to such Member by the Company, (b) the fair market value of property distributed to such Member by the Company (net of liabilities secured by such distributed property that such Member is considered to assume or take subject to under Section 752 of the Code), and (c) allocations to such Member of Company loss and deduction (or items thereof).

2.4 No Interest on Capital Contributions

No Member shall be entitled to receive any interest on their Capital Contributions.

ARTICLE 3. MEMBERS AND MEMBERSHIP INTERESTS

3.1 Members

The names, addresses, initial Capital Contributions, and Percentage Interests of the Members are set forth in Exhibit A attached hereto.

3.2 Social Equity Ownership Requirement

At all times during the existence of the Company, at least fifty-one percent (51%) of the ownership and control of the Company shall be held by one or more Qualifying Individuals, as required by Rhode Island cannabis laws and regulations for social equity cannabis businesses. As of the date of this Agreement, the Social Equity Participant identified in Exhibit A owns at least fifty-one percent (51%) of the Company.

3.3 Maintenance of Social Equity Ownership

The Members acknowledge and agree that the ownership structure set forth in Exhibit

A, demonstrating that at least fifty-one percent (51%) ownership and control is held by the Social Equity Participant, must be maintained at all times. The Members further acknowledge and agree that this ownership structure must be verified by providing relevant documentation, including this Operating Agreement, to the Cannabis Control Commission (CCC) or other applicable regulatory authorities.

3.4 Prohibition on Changes Without Approval

The Members acknowledge and agree that the business structure of the Company, including the identity and ownership percentages of interest holders and the terms of this Operating Agreement, cannot be changed after receiving certification as a social equity cannabis business without prior approval from the Cannabis Office or Commission. Any attempted change to the business structure, interest holders, or this Operating Agreement without such prior approval shall be null and void.

3.5 Admission of Additional Members

Additional Members may be admitted to the Company only with the unanimous written consent of all existing Members and only if such admission would not violate the social equity ownership requirement set forth in Section 3.2. Prior to the admission of any additional Members, the Company must obtain approval from the Cannabis Office or Commission as required by Section 3.4.

3.6 Withdrawal of Members

No Member shall have the right to withdraw from the Company without the unanimous written consent of the non-withdrawing Members. Any attempted withdrawal without such consent shall be null and void. If a Member is permitted to withdraw by unanimous consent, the withdrawing Member shall be entitled to receive the fair value of their Membership Interest as determined by the Members in good faith, provided that such withdrawal does not violate the social equity ownership requirement set forth in Section 3.2 and has received prior approval from the Cannabis Office or Commission as required by Section 3.4.

3.7 Transfer of Membership Interests

No Member may sell, assign, pledge, hypothecate, transfer, exchange or otherwise dispose of all or any portion of their Membership Interest without (a) the unanimous written consent of all non-transferring Members, (b) compliance with the social equity ownership requirement set forth in Section 3.2, and (c) prior approval from the Cannabis Office or Commission as required by Section 3.4. Any attempted transfer in violation of this Section shall be null and void.

ARTICLE 4. MANAGEMENT AND OPERATION OF THE COMPANY

4.1 Member-Managed

The Company shall be managed by its Members. The Members shall have the right, power, and authority to manage, operate, and control the business and affairs of the Company and to do all things necessary to carry on the business of the Company. Should the Members fail to agree on any decision, the Social Equity Participant shall have final decision-making authority.

4.2 Authority of Members

Except as otherwise provided in this Agreement, the Members shall have full and complete authority, power, and discretion to manage and control the business, affairs, and properties of the Company, to make all decisions regarding those matters, and to perform any and all other acts or activities customary or incident to the management of the Company's business.

4.3 Social Equity Participant Control

The Social Equity Participant shall at all times maintain control over the Company as required by Rhode Island cannabis laws and regulations for social equity cannabis businesses. Such control shall include, but not be limited to, the authority to make decisions regarding the day-to-day operations of the Company, the hiring and firing of employees, and the management of the Company's finances.

4.4 Voting Rights

Each Member shall be entitled to vote on all matters submitted to a vote of the Members in proportion to their Percentage Interest. Except as otherwise provided in this Agreement or required by the Act, all decisions, determinations, approvals, and actions affecting the Company shall be made by the affirmative vote or written consent of Members holding a Majority Interest.

4.5 Meetings of Members

Meetings of the Members may be called by any Member. Written notice of the date, time, place, and purpose of any meeting shall be delivered to each Member not less than ten (10) days nor more than sixty (60) days before the date of the meeting. Meetings may be held in person, by telephone, or by any other means of communication by which all Members participating may simultaneously hear each other during the meeting. Any action required or permitted to be taken at a meeting of

Members may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of the Members.

4.6 Officers

The Members may, from time to time, designate one or more officers of the Company, including but not limited to, a President, Vice President, Secretary, and Treasurer. Any officers so designated shall serve at the pleasure of the Members and shall have such authority and perform such duties as the Members may, from time to time, delegate to them. Any two or more offices may be held by the same person.

ARTICLE 5. ALLOCATIONS AND DISTRIBUTIONS

5.1 Allocations of Profits and Losses

The Company's profits and losses shall be allocated to the Members in proportion to their Percentage Interests.

5.2 Distributions

Distributions of cash or other assets of the Company shall be made at such times and in such amounts as determined by Members holding a Majority Interest, provided that all distributions shall be made to the Members in proportion to their Percentage Interests. Notwithstanding the foregoing, no distribution shall be made if, after giving effect to the distribution, (a) the Company would not be able to pay its debts as they become due in the usual course of business, or (b) the Company's total assets would be less than the sum of its total liabilities.

5.3 Tax Distributions

To the extent the Company has available cash, the Company shall make distributions to each Member in amounts sufficient to enable the Members to pay income taxes on their respective allocable shares of the Company's taxable income. Such tax distributions shall be made on a quarterly basis, in such amounts as determined by the Members in good faith, taking into account the highest marginal federal, state, and local income tax rates applicable to any Member.

ARTICLE 6. BOOKS, RECORDS, AND ACCOUNTING

6.1 Books and Records

The Company shall maintain complete and accurate books and records of the Company's business and affairs as required by the Act, and such books and records shall

be kept at the Company's principal place of business. Such books and records shall include, but not be limited to, the following:

- A. A current and past list of the full name and last known address of each Member, together with the Capital Contribution and Percentage Interest of each Member;
- B. A copy of the Articles of Organization and all amendments thereto;
- C. Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six (6) most recent taxable years;
- D. A copy of this Operating Agreement and all amendments thereto;
- E. The Company's financial statements for the three (3) most recent fiscal years; and
- F. The Company's books and records as they relate to the internal affairs of the Company for at least the current and past four (4) fiscal years.

6.2 Inspection Rights

Each Member shall have the right, upon reasonable request and at such Member's expense, to inspect and copy the Company's books and records during normal business hours.

6.3 Bank Accounts

All funds of the Company shall be deposited in the Company's name in such bank accounts as determined by the Members. Withdrawals from such accounts shall be made only in the regular course of the Company's business and as authorized by the Members.

6.4 Tax Matters

The Members shall designate a "Tax Matters Partner" or "Partnership Representative" in accordance with the Code and Treasury Regulations. The Tax Matters Partner or Partnership Representative shall have all powers and responsibilities provided in the Code and Treasury Regulations. The initial Tax Matters Partner or Partnership Representative shall be the Social Equity Participant.

6.5 Fiscal Year

The fiscal year of the Company shall be the calendar year.

ARTICLE 7. INDEMNIFICATION AND LIABILITY

7.1 Indemnification

The Company shall indemnify, defend, and hold harmless each Member from and against any and all claims, demands, liabilities, costs, damages, expenses, and causes of action of any nature whatsoever arising out of or incidental to any act or omission of the Member on behalf of the Company or in furtherance of the Company's interests, except in the case of fraud, gross negligence, or willful misconduct by the Member.

7.2 Limitation of Liability

No Member shall be personally liable for any debt, obligation, or liability of the Company, whether arising in contract, tort, or otherwise, solely by reason of being a Member of the Company. The failure of the Company to observe any formalities or requirements relating to the exercise of its powers or management of its business or affairs under this Agreement or the Act shall not be grounds for imposing personal liability on the Members for liabilities of the Company.

7.3 Exculpation

No Member shall be liable to the Company or to any other Member for any act or omission performed or omitted by such Member in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on such Member by this Agreement, except for fraud, gross negligence, or willful misconduct by the Member.

ARTICLE 8. DISSOLUTION AND WINDING UP

8.1 Dissolution

The Company shall be dissolved and its affairs wound up upon the occurrence of any of the following events:

- A. The unanimous written consent of all Members;
- B. The entry of a decree of judicial dissolution under the Act;
- C. The sale or other disposition of all or substantially all of the Company's assets; or
- D. Any other event causing dissolution under the Act.

Notwithstanding the foregoing, the Company shall not be dissolved without prior approval from the Cannabis Office or Commission as required by Section 3.4.

8.2 Winding Up

Upon dissolution of the Company, the Members shall wind up the Company's affairs by liquidating the Company's assets and distributing the proceeds in the following order of priority:

- A. To creditors, including Members who are creditors, to the extent permitted by law, in satisfaction of the Company's liabilities;
- B. To the Members in proportion to their positive Capital Account balances, after taking into account all Capital Account adjustments for the Company's taxable year in which the liquidation occurs; and
- C. Any remaining amounts to the Members in proportion to their Percentage Interests.

8.3 Certificate of Cancellation

Upon the completion of the winding up of the Company, the Members shall file a Certificate of Cancellation with the Rhode Island Secretary of State as required by the Act.

ARTICLE 9. MISCELLANEOUS PROVISIONS

9.1 Amendment

This Operating Agreement may be amended only with the unanimous written consent of all Members and with prior approval from the Cannabis Office or Commission as required by Section 3.4. Any amendment made in accordance with this Section shall be binding upon all Members.

9.2 Entire Agreement

This Operating Agreement constitutes the entire agreement among the Members with respect to the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral, with respect to such subject matter.

9.3 Governing Law

This Operating Agreement shall be governed by and construed in accordance with the laws of the State of Rhode Island, without regard to principles of conflicts of laws.

9.4 Severability

If any provision of this Operating Agreement is held to be illegal, invalid, or unenforceable under present or future laws, such provision shall be fully severable, and

this Operating Agreement shall be construed and enforced as if such illegal, invalid, or unenforceable provision had never comprised a part of this Agreement.

9.5 Binding Effect

This Operating Agreement shall be binding upon and inure to the benefit of the Members and their respective heirs, executors, administrators, successors, and permitted assigns.

9.6 Counterparts

This Operating Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

9.7 Notices

All notices, requests, demands, and other communications required or permitted under this Operating Agreement shall be in writing and shall be deemed to have been duly given when delivered personally, when sent by electronic mail, when sent by certified mail, return receipt requested, or when sent by a nationally recognized overnight courier service, addressed to the Member at their address as shown in the Company's records.

9.8 No Third-Party Beneficiaries

Nothing in this Operating Agreement, express or implied, is intended to confer upon any person other than the Members and the Company any rights, benefits, or remedies of any nature whatsoever under or by reason of this Operating Agreement.

9.9 Compliance with Cannabis Laws

The Members acknowledge and agree that the Company is subject to Rhode Island cannabis laws and regulations, and that the Company and its Members shall at all times comply with such laws and regulations. The Members further acknowledge and agree that cannabis remains illegal under federal law, and that the Company and its Members assume all risks associated with engaging in a cannabis business.

9.10 Regulatory Compliance

The Members acknowledge and agree that the Company is subject to oversight by the Cannabis Control Commission and other regulatory authorities, and that the Company and its Members shall cooperate fully with such authorities, including by providing any information or documentation requested by such authorities.

ARTICLE 10. CERTIFICATION

IN WITNESS WHEREOF, the undersigned, being all of the Members of RI Cannabis Company LLC, have executed this Operating Agreement as of the date first written above.

MEMBERS:

THOMAS ROGERS III
Social Equity Participant



Signature

JONATHAN NAPOLI
Member

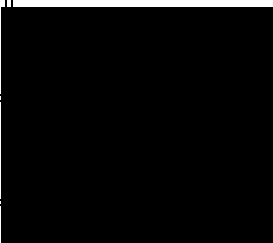


Jonathan Napoli (Dec 19, 2025 09:46:36 EST)

Signature

EXHIBIT A

MEMBERS, CAPITAL CONTRIBUTIONS, AND PERCENTAGE INTERESTS

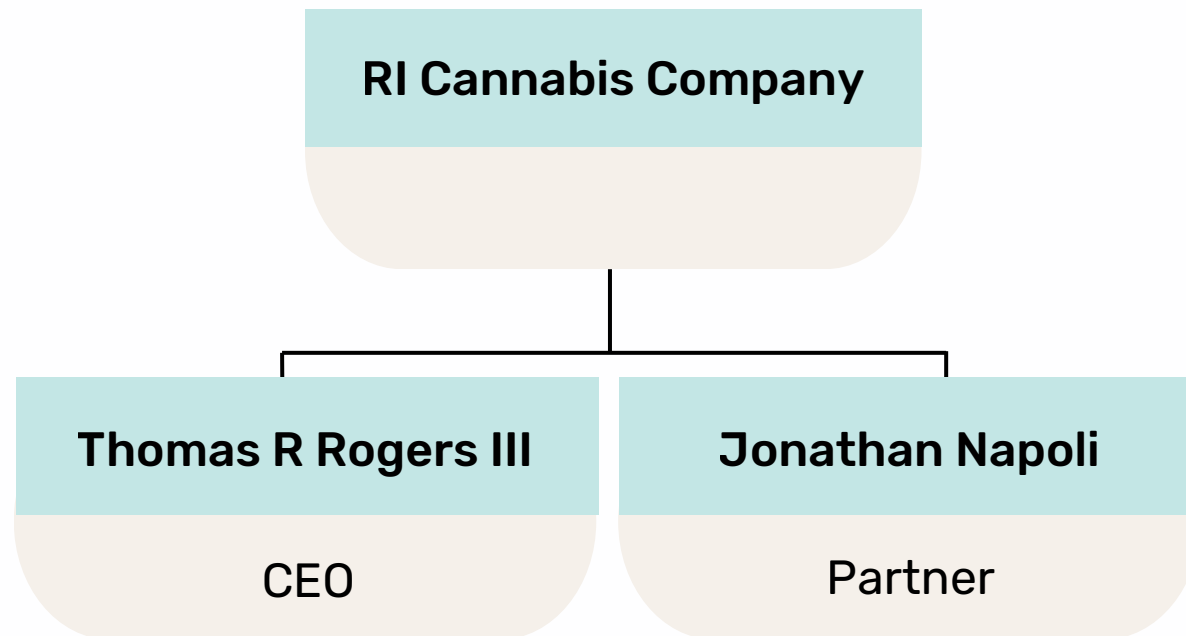
Member Name	Address	Initial Capital Contribution	Percentage Interest	Social Equity Status
THOMAS ROGERS III		\$51	51%	Social Equity Participant
JONATHAN NAPOLI		\$49	49%	Non-Social Equity Member

Cover Page

Organizational Chart

Applicant has depicted the relationship between all Interest Holders and the eventual operational leadership. Pursuant to Section IV Subsection B.

ORGANIZATION CHART



Cover Page

Ownership by Individual Persons

Applicant has listed all individual persons who are Interest Holders pursuant to Section IV Subsection C, with the following prompt:

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.

Person	Ownership	Cash Contribution
Thomas Rogers		
Jonathan Napoli		

Cover Page

Compensation to Individual Persons

If applicable in the future, Applicant will list all individual persons who are Interest Holders and have received compensation in the last five years pursuant to Section IV Subsection D, with the following prompt:

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.



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

4. Does Applicant, or any Owner or Interest Holder have any “material financial interest or control” (as defined in 560-RICR-10-10-1.2(A)(13)) in another Rhode Island cannabis establishment, or any ownership or interest in a Cannabis Testing Facility or vice versa. If “Yes” describe below:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Applicant acknowledges that it fully understands that:		
a. Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <i>et seq.</i>);	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. The manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges;	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. Any activity regarding cannabis that does not comply with Rhode Island law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Applicant must comply with all requirements pertaining to national criminal background checks prior to licensure and continuously report any changes to previously report results.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Applicant acknowledges that Application Fees are non-refundable.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Applicant acknowledges that in filing an Application for a license, the following: a. The Cannabis Control Commission is vested with certain authority and discretion under the Act and Regulations with respect to review and approval of an Adult-Use Cannabis Retail License; and b. The Cannabis Control Commission’s decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 <i>et seq.</i>	Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/>



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

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

12/26/25

Signature of Authorized Signatory

Date

Printed Name

Printed Name: Thomas R Rogers III

Print Title: CEO

Print Name of Applicant: RI Cannabis Company 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.

Applicant disclosed and provided any and all denial, suspension, revocation, fines, or other sanction

State & Name of Agency	Type of License	Name of Licensee	License or Registration #
Massachusetts Cannabis Control Commission	Marijuana Retailer	Cadella LLC	MR284556
Massachusetts Cannabis Control Commission	Marijuana Retailer	Northampton Enterprises, Inc.	MR282356
Massachusetts Cannabis Control Commission	Marijuana Retailer	Underground Legacy Social Club, LLC	MR284914
Massachusetts Cannabis Control Commission	Marijuana Cultivator	VanGarden Cannabis, LLC	MC281487
Massachusetts Cannabis Control Commission	Marijuana Product Manufacturer	CannAssist, LLC	MP281365

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.



Signature of Authorized Signatory

12/26/25

Date

Printed Name

Printed Name: Thomas Rogers III

Print Title: CEO

Print Name of Applicant: RI Cannabis Company LLC