

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 CannCo 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#	6 (Note separate applications and application fees are required to apply in multiple zones)
2	BUSINESS STREET ADDRESS	XXXXXXXXXX
3	CITY, STATE, ZIP	XXXXXXXXXXXX
4	STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	2580 E. Main Rd
5	CITY, STATE, ZIP	Portsmouth, RI 02871
6	PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS	35/24

7	SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS	2208
8	FEIN: (Federal Employer Identification Number)	
9	TELEPHONE NUMBER	AREA CODE NUMBER EXTENSION (312) 504 - 6154 Ext. N/A
11	TOLL FREE NUMBER (if not applicable, put “N/A”)	AREA CODE NUMBER EXTENSION (N/A) - Ext.
12	COMPLIANCE OFFICER Identification and Contact Information	<p>The Applicant must appoint a Compliance Officer to whom information, notices, and documents will be sent. The Commission reserves the right to contact and/or send notices and other correspondence to the Applicant by email and/or post mail. It is the Applicant's responsibility to ensure that the Compliance Officer information is correct and up to date at all times following application and throughout licensure.</p>
	Name:	Cory Aronovitz
	Title:	Member, Legal Counsel and Compliance Officer
	Mailing Address:	203 N LaSalle St #2100 Chicago IL 60601
	Email Address:	caronovitz@casinolawgroup.com
	Phone Number	(312) 504 - 6154 Ext. AREA CODE NUMBER EXTENSION



TAXPAYER STATUS

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

PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE

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

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

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

☐ I am in federal bankruptcy. (Case #_____)

☐ I am in state receivership. (Case #_____)

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

Nathan Zaleski/ RI CannCo 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

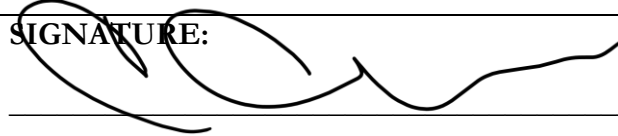
The undersigned attests that the Applicant understands and will adhere to all requirements of the Act and the Regulations, including but not limited to those listed above, and that the undersigned has the authority to bind the Applicant to all such requirements.

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: Cory Aronovitz

Print Title: Member

DATE:

12/24/2025



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

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

Limited Liability Company
Articles of Amendment

(Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is RI CannCo LLC

If the name is changing, state the new name: RI CannCo LLC

ARTICLE II

The Articles of Organization of the limited liability company as amended or restated to date are as follows, including, if applicable, a change made in Article I:

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: ~~7 WOODRIDGE DR~~
City or Town: ~~SAUNDERSTOWN~~ State: RI Zip: 02874 Country: USA

If the company duration is changing, so state: X Perpetual

If the company purpose is changing, so state:

If the management of the limited liability company is changing, modify the following section:

 Members or X Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	NATHAN ZALESKI	7 WOODRIDGE DR SAUNDERSTOWN RI 02874 USA

If there are any other provisions to be amended, so state:

ARTICLE III

The effective date of this Amendment, if later than the date of the filing of these Articles of Amendment (not prior to, nor more than 90 days after, the filing of these Articles of Amendment), is:

Later Effective Date: 12/22/2025

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 22 Day of December, 2025 at 4:26:52 PM by the Authorized Person.

NATHAN ZALESKI

RI CannCo LLC

Form No. 401
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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

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

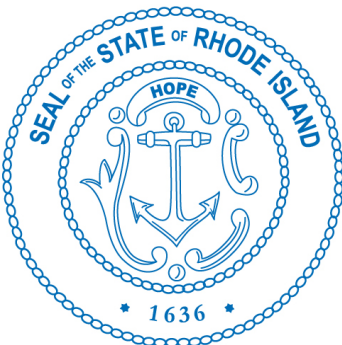
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 22, 2025 04:23 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

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:

RI CannCo LLC

is a Rhode Island Limited Liability Company organized on **December 08, 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 09, 2025

Secretary of State



Certificate Number: 25120054510

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

Processed by: dzainyeh

AUR FORM 2 – Disclosure of Owners and Other Interest Holders

Name of Applicant: RI CannCo 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 Nathan Zaleski		SSN/FEIN		DOB	Email Address N.e.zaleski@gmail.com
Address (residence if person; business address if entity) City		State	ZIP	Phone Number 401-545-0949	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title RI CannCo LLC Applicant Manager		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in applicant .
Name of person or entity Cory Aronovitz		SSN/FEIN		DOB	Email Address coryaronovitz@gmail.com
Address (residence if person; business address if entity) City		State	ZIP	Phone Number 312-504-6154	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title RI CannCo LLC Applicant Member Compliance Officer		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 .	
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 .	
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.					
<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 Nathan Zaleski		SSN/FEIN		DOB	Email N.e.zaleski@gmail.com
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number 401-545-0949
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) RI CannCo LLC Applicant		List your title or role, with respect to the entity listed in the preceding box. Manager		List your title or role, if any, with respect to the Applicant Manager	
Name of person or entity Cory Aronovitz		SSN/FEIN		DOB	Email coryaronovitz@gmail.com



Address (residence if person; business address if entity)		City	State	ZIP	Phone Number 312-504-6154
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) RI CannCo LLC Applicant		List your title or role, with respect to the entity listed in the preceding box. Compliance Officer Legal Counsel			List your title or role, if any, with respect to the Applicant Compliance Officer and Legal
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
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>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 Nathan Zaleski		SSN/FEIN		DOB	Email N.e.zaleski@gmail.com
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number 401-545-0949
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) RICannCo LLC Applicant		List your title or role, if any, with respect to the entity listed in the preceding box. Manager			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number



**Cannabis
Control
Commission**
OF RHODE ISLAND

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	
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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.			
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, <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 Nathan Zaleski		SSN/FEIN		DOB	Email N.e.zaleski@gmail.com
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number 401-545-0949	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) RI CannCo LLC Applicant		Describe the financial interest in entity listed in preceding box			Describe the financial interest in Applicant , if different
Name of person or entity Cory Aronovitz		SSN/FEIN		DOB	Email coryaronovitz@gmail.com
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number 312-504-6154	

Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) RI CannCo LLC Applicant		Describe the financial interest in entity listed in preceding box		Describe the financial interest in <u>Applicant</u> , if different	
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box		Describe the financial interest in <u>Applicant</u> , if different	
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box		Describe the financial interest in <u>Applicant</u> , if different	
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box		Describe the financial interest in <u>Applicant</u> , if different	
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box		Describe the financial interest in <u>Applicant</u> , if different	
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the financial interest in entity listed in preceding box		Describe the financial interest in <u>Applicant</u> , if different	

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

To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *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)			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
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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
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Name of person or entity	SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the management or operational role or interest		

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

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

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

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

Section IV:

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



CERTIFICATION AS TO AUR FORM 2

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

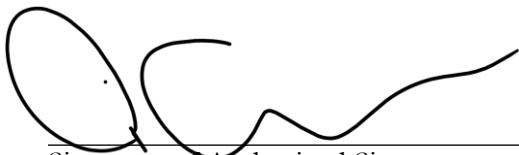
(A) With respect to Applicant, all persons and entities that:

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

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

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

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



Signature of Authorized Signatory

12/26/2025

Date

Cory Aronovitz

Printed Name

Print Title: Member Compliance Office Legal Counsel

Print Name of Applicant: RI CannCo LLC

Operating Agreement for the Applicant

**OPERATING AGREEMENT
OF
RI CannCo LLC**

This Operating Agreement is made and entered into as of December 8, 2025, by and between the undersigned members.

WITNESSETH:

WHEREAS, by Articles of Organization dated December 8, 2025, the parties hereto caused the formation of RI CannCo LLC (the "Company"), a Rhode Island limited liability company;

WHEREAS, the parties hereto constitute all of the members of the Company;

WHEREAS, the parties hereto desire to set forth in this Operating Agreement certain provisions relating to the affairs of the Company and the conduct of its business;

NOW, THEREFORE, it is agreed by and between the parties hereto that the following provisions shall relate to the affairs of the Company, and the conduct of its business.

1 - The units of the Company shall be issued as follows:

Name Nathan Zaleski %

Cory Aronovitz %

2 The profits and losses of the Company, the income, gain, loss, deduction, credit, and similar items of the Company, the right to receive distributions of the Company's assets shall be determined by the Manager in its sole discretion.

Unanimous consent of the members is required for all actions not specifically delegated to the Manager or otherwise specifically identified and exempt herein.

3 - Separate capital accounts shall be maintained by the Company for each member. The capital account of each member shall be credited with his capital contribution (at net fair marketvalue with respect to contributed property), and shall be appropriately adjusted to reflect each member's allocation of profits and losses of the Company, the income, gains, deductions, credits, and similar items of the Company, the net fair market value of distributions made to the member, and such other adjustments required by Section 704(b) of the Internal Revenue Code (the "Code") and the Treasury Regulations promulgated thereunder.

4 - No member may withdraw from the Company without the consent of the members controlling a majority of the unit membership.

5 - The following provisions shall govern meetings of the members.

a - Meetings of the members for any purpose or purposes whatsoever may be called

at any time by any member. Written notice of such meetings stating the place, date, and time thereof and the general nature of the business to be considered shall be given to each member at his or her last known address at least ten (10) days before the date of the meeting. Notice of a meeting may be waived in writing by any member at any time, and the waiver need not specify the purpose of, or the business to be transacted at, the meeting. Notice shall be deemed to have been given to, or waived by, all members present or represented at any meeting, except any member who, at the beginning of the meeting, objects to the transaction of any business because the meeting was not lawfully called or convened.

b - All meetings of the members shall be held at the registered office of the

Company, or at such other place as determined by the Manager.

c - Any number of members together holding at least a majority of the total voting power who are present in person or represented by proxy at any meeting shall constitute a quorum for the transaction of business, despite the subsequent withdrawal or refusal to vote of any member. Notwithstanding, in the event no quorum exists, the Manager in his sole discretion shall make any decision to benefit the furtherance of the Company.

d - Any action which may be taken at a meeting of the members may be taken by the Manager and filed with the records of proceedings of the members.

6 - The following provisions shall govern meetings of the board of managers.

- a - Meetings of the board of managers for any purpose or purposes whatsoever may be called at any time by any manager. Written notice of such meetings stating the place, date, and time thereof and the general nature of the business to be considered shall be given to each manager no later than two (2) days before the date of the meeting. Managers present at a meeting shall be deemed to have received due, or to have waived, notice thereof. Notice of a meeting may be waived in writing at any time, and the waiver need not specify the purpose of, or the business to be transacted at, the meeting.
- b - All meetings of the managers shall be held at the registered office of the Company, or at such other place within thirty (30) miles thereof as may be specified in the notice of the meeting, or at such other place agreed to by the managers.
- c - The board of managers may hold any meeting by means of conference telephone or other similar communications equipment, provided that all persons participating in the meeting can hear and communicate with each other. Participation in such a meeting shall constitute presence thereat. All participants in such a meeting, by virtue of their participation, and without further action on their part, shall be deemed to have consented to the recording of such meeting, by an electronic recording device or otherwise, and to the written transcript thereof, in order that minutes thereof shall be available for the records of the Company.

- d - At all meetings of the board of managers, a majority of the managers present in person or by proxy shall constitute a quorum for the transaction of business.

7 - The managers shall have the identical authority which is granted to a board of directors of a business corporation. Each manager shall be entitled to a single vote on all matters properly brought before a meeting of the board of managers, and all decisions of the managers at such meeting shall be made by majority vote of the managers. Any action which may be taken at a meeting of the board of managers may be taken by a consent in writing signed by all of the managers and filed with the records of proceedings of the board of managers. The managers may elect such officers and appoint such agents as they deem necessary for the business of the Company, which officers and agents shall have such authority and perform such duties in the management of the property and affairs of the Company as may be prescribed by the managers. Any officer or agent may be removed by the managers, with or without cause, at any time.

Without limiting the generality of the authority granted to the managers hereinabove, subject to the approval of the members when required by law, the Articles of Organization, or this Operating Agreement, the Manager shall have the power and authority, on behalf of the Company:

- a - To select one or more banks and brokerage firms to serve as the depository or depositories of the Company under such terms and conditions they deem appropriate, including, without limitation, the designation of those persons authorized to sign any and all checks, drafts, withdrawals, and orders against any funds at any time standing to the credit of the Company with each such bank and brokerage;

- b - To acquire real estate and personal property from any person as the Manager may determine upon notice to all members, including the members, and the fact that a manager or a member is directly or indirectly affiliated or connected with any such person shall not prohibit the managers from dealing with that person;
- c - To hold any real estate and personal property in the name of the Company directly related to furtherance of the business;
- d - To sell or lease any real estate and personal property to any person as the managers may determine upon notice to all members, including the members, and the fact that a manager or a member is directly or indirectly affiliated or connected with any such person shall not prohibit the managers from dealing with that person;
- e - To lease real estate and personal property, including, without limitation, office facilities for the sole purpose of furthering the business, from or to any person as the managers may determine, including the members, and the fact that a manager or a member is directly or indirectly affiliated or connected with any such person shall not prohibit the managers from dealing with that person;
- f - To borrow money for the Company for the sole purpose of furtherance of the business from banks, other lending institutions, or the members on such terms as the managers deem appropriate, and in connection therewith, to hypothecate, encumber and grant security interests in the assets of the Company to secure repayment of the borrowed sums;

- g - To purchase liability and other insurance to protect the Company's property and business;
- h - To invest any funds of the Company temporarily upon notice to the members and limited to \$50,000, by way of example but not limitation, in time deposits, short-term governmental obligations, commercial paper, or other investments;
- i - To enter into any and all agreements on behalf of the Company with any other person for any purpose directly related to furtherance of the Company business, including services agreements with the Manager, and in such forms, as the managers may approve, and, in connection therewith, to execute on behalf of the Company all instruments and documents, including, without limitation, notes and other negotiable instruments, mortgages, security agreements, financing statements, documents providing for the acquisition, mortgage or disposition of the Company's property, assignments, bills of sale, leases, partnership agreements, contracts, and any other instruments or documents necessary, in the opinion of the managers, to carry out the business of the Company;
- j - To employ accountants, legal counsel, and other experts to perform services for the Company and to compensate them from the Company's funds;
- k - To change the registered agent, and the location of the registered office, of the Company;

- l - To dissolve the Company upon notice to the members and wind up its affairs;
- m - To effect a merger or consolidation of the Company with another entity upon notice to the members;
- n - To sell, exchange, lease, mortgage, pledge, or otherwise transfer all or substantially all of the Company's assets upon notice and meeting and unanimous consent of all members; and
- o - To do and perform all other acts that may be necessary or appropriate in connection with the conduct of the Company's business.

The execution of a document on behalf of the Company by any manager, or by any officer so authorized by the board of managers, shall be sufficient to bind the Company.

8 - The manager may be removed by unanimous vote of the members, with or without cause.

9 - Election of managers to fill vacancies shall be by unanimous vote of the members.

10 - The managers, in such capacity, shall not be required to manage the Company as their sole and exclusive functions, and they may have other business interests and may engage in other activities in addition to those relating to the Company. Neither the Company nor any member shall have any right, by virtue of this Operating Agreement or otherwise, to share or participate in such other business interests or activities of the managers or to the income or proceeds derived therefrom. The managers shall incur no liability to the Company or to the othermembers of the Company as a result of having other business interests or engaging in other activities.

11 - The managers shall be entitled to compensation for their services to the Company in an amount to be determined from time to time by the Manager with notice to the members; and the Manager shall have the sole discretion to hire and fire employees, determine compensation and benefit packages and salaries for members.

12 - The managers shall have no personal liability for monetary damages for breach of any duty and the Company shall indemnify each of the managers for judgments, settlements, penalties, fines or expenses incurred because he is or was a manager, provided, however, such limitation of personal liability and indemnification obligation shall not apply with respect to (i) the amount of a financial benefit received by a manager to which he is not entitled, or (ii) a manager's intentional violation of criminal law.

13 - Nathan Zaleski is the Manager of the Company and shall be the “Tax Matters Partner” for purposes of Sections 6221-6233 of the Code.

14 - Any provision of this Operating Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

15 - Wherever used herein the singular number shall include the plural, the plural the singular, and the use of any gender shall include all genders.

16 - This Operating Agreement is the sole operating agreement relating to the affairs of the Company and the conduct of its business. The parties agree and consent to the sole purpose for the business is for any lawful purpose.

17 - This Operating Agreement may be executed in counter-parts which together may serve as an original and a fax or pdf copy may serve as an original.

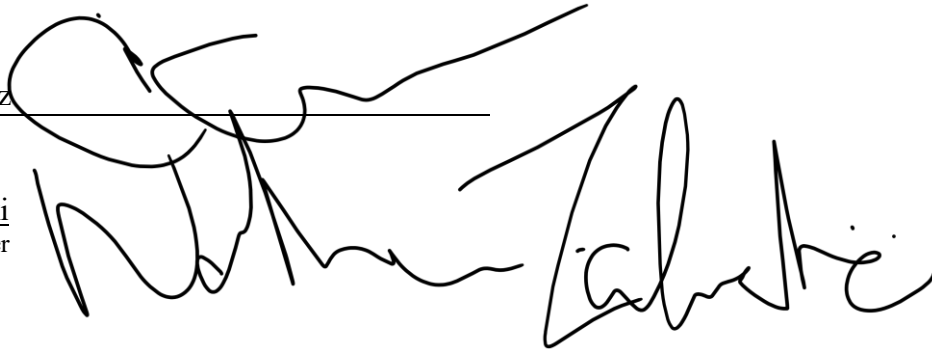
18 – Members may not transfer, assign, sell or pledge his membership. Matthew Monson shall have the exclusive right to purchase any other Members' units for a price determined by an independent third-party valuation selected by the Manager. Matthew Monson shall have the right to transfer, assign or otherwise sell its membership in its sole discretion without approval from the Company or members.

19 Mandatory disassociation – divestiture pursuant to prohibited financial interest. In the event a member has a prohibited financial interest, the member shall become automatically disassociated from the Company. The disassociated member shall receive back its contributed capital through a payment or self-executing note not to exceed five years at zero interest paid from profits.

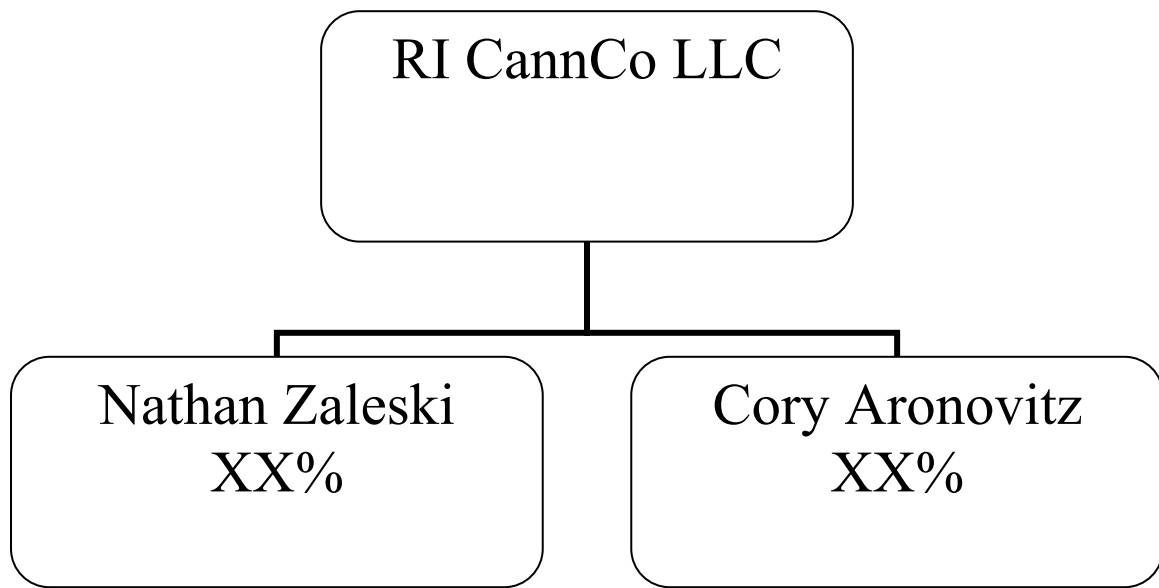
IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the date first hereinabove written.

Cory Aronovitz
Member

Nathan Zaleski
Manager Member

The image shows two handwritten signatures in black ink. The signature on the left is for Cory Aronovitz, and the signature on the right is for Nathan Zaleski. Both signatures are written over horizontal lines that serve as baselines for the text.

Applicant Ownership Chart



Anticipated remuneration for Cory Aronovitz \$XXXXXXX to serve as Compliance/Legal

Form 2 Section IV

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.

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.

Nathan Zaleski XX% \$X return from profits

Cory Aronovitz XX% \$XXX for initial application phase return from profits and \$XXXX salary.

Cory Aronovitz to provide necessary capital for operations see CPA liquidity letter.

the Hechtman Group
Exceptional CPA Services
for small Businesses with big plans **llc**

5202 Old Orchard Rd, Suite 110
Skokie, IL 60077
www.thehechtmangroup.com
jim@thehechtmangroup.com
847-341-2026 (dir/cel)

November 26, 2025

To Whom It May Concern

My name is Jim Hechtman, CPA and Founding Partner of the Hechtman Group. I have acted as tax preparer for Cory Aronovitz and his various entities since 1998. Please take note that Mr. Aronovitz has in excess of \$XXXXXXXXX liquidity.

I, Jim Hechtman, CPA for Aronovitz and his entities, attest that I have reviewed the working papers/financials and I am not affiliated with the businesses and I am not affiliated with Aronovitz or his businesses.

CPA/Accountant/Tax Preparer's Valid PTIN and license copy: PTIN P00548010 See attached license.

A handwritten signature in black ink, appearing to read 'J Hechtman', with a stylized, cursive-like script.

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
065.022822

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
09/30/2027

LICENSED CERTIFIED PUBLIC ACCOUNTANT



JAMES I HECHTMAN
THE HECHTMAN GROUP LTD
5202 OLD ORCHARD RD STE 110
SKOKIE, IL 60077



MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19969120

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:

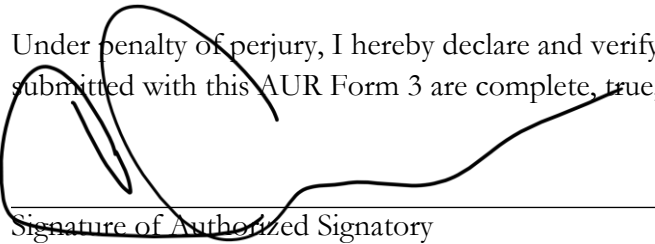
<p>1. Has Applicant or any Interest Holder thereof or any cannabis business entity or its equivalent in which such persons hold or have held an interest or a cannabis license, registration or authorization in another state or jurisdiction, ever been disciplined (discipline includes without limitation 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>Cory Aronovitz is a partner in KY CannCo Dispensary License No. DISP0006073 KY CannCo sold its license to KY Murray Dispensary LLC. Sam Lakin KY Regulator 859-653-6863</p> <p>Cory Aronovitz is a XX% member in IL New Craft LLC an IL Transporter TR00000100 Cory Aronovitz is a XX% member in High Solutions LLC an Illinois Craft Grow CG00000072</p> <p>Cory Aronovitz is a XXX% member in VHEA LLC an Illinois conditional adult use dispensary <u>284.003344-CL</u>, this is conditional and is being developed pursuant to a conditional management agreement. There is an executed MIPA that will be submitted for approval to Illinois once the dispensary is issued its operational license. Tony Corea IL Regulator 217-720-2869. Aronovitz does not have access to the license documents.</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input 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>In 2013 Cory Aronovitz’s law license was suspended for 90 days by the IL ARDC. A third party non client check for \$5000 was deposited by Aronovitz’s assistant into the business operating account instead of the client trust account. Aronovitz returned the \$5000, was suspended for 90 days and took a client trust account legal education course. Aronovitz was licensed in 1993 and had not had any issue prior to 2013 or since.</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

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

<p>7. Applicant acknowledges that in filing an Application for a license, the following:</p> <p>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</p> <p>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></p>	<p>Yes <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></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.



Signature of Authorized Signatory

12/26/2025

Date

Cory Aronovitz

Printed Name:
Print Title: Member Compliance Officer
Print Name of Applicant: RI CannCo 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 #
IL Dept of AG	Transport	IL New Craft LLC	TR00000100
IL Dept of AG	Craft Grow	High Solutions LLC	CG00000072
KY OMC	Dispensary	KY CannCo LLC	DISP0006073

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.



Signature of Authorized Signatory

12/26/2025

Date

Cory Aronovitz

Printed Name:
Print Title: Member Compliance Officer
Print Name of Applicant: RI CannCo LLC