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

1	**APPLICANT NAME** **(legal name, and any d/b/a name(s), if applicable)**	Summit Creek Advisors LLC You must attach the following documents to this Form: • Articles of Incorporation filed with RI Secretary of State (SOS) • Certificate of Good Standing from the RI SOS • Evidence of filing a Fictious Business Name Statement with the SOS, if applicable
	APPLICATION ZONE#	Zone #3 (Note separate applications and application fees are required to apply in multiple zones)
2	**BUSINESS STREET ADDRESS**	[redacted]
3	**CITY, STATE, ZIP**	[redacted]
4	**STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS**	Street Address [redacted]
5	**CITY, STATE, ZIP**	City, State, Zi [redacted]
6	**PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS**	[redacted]

7	**SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS**	[redacted]
8	**FEIN:** (Federal Employer Identification Number)	[redacted]
9	**TELEPHONE NUMBER**	**AREA CODE NUMBER EXTENSION** [redacted]____ **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**	**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.**
	Name:	[redacted]
	Title:	[redacted]
	Mailing Address:	[redacted]
	Email Address:	[redacted]
	Phone Number	[redacted]__ **Ext.__N/A__** **AREA CODE NUMBER EXTENSION**

Cannabis Control Commission
STATE OF RHODE ISLAND

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 #_____)

Summit Creek Advisors LLC [redacted]

Name of Taxpayer/Entity Number

Social Security or Federal Tax Identification

Docusign Envelope ID: 08856E24-EC68-49CE-AD47-6F0EF91B2344

Cannabis Control Commission
STATE OF RHODE ISLAND

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.

Docusign Envelope ID: 08856E24-EC68-49CE-AD47-6F0EF91B2344

Cannabis Control Commission
STATE OF RHODE ISLAND

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

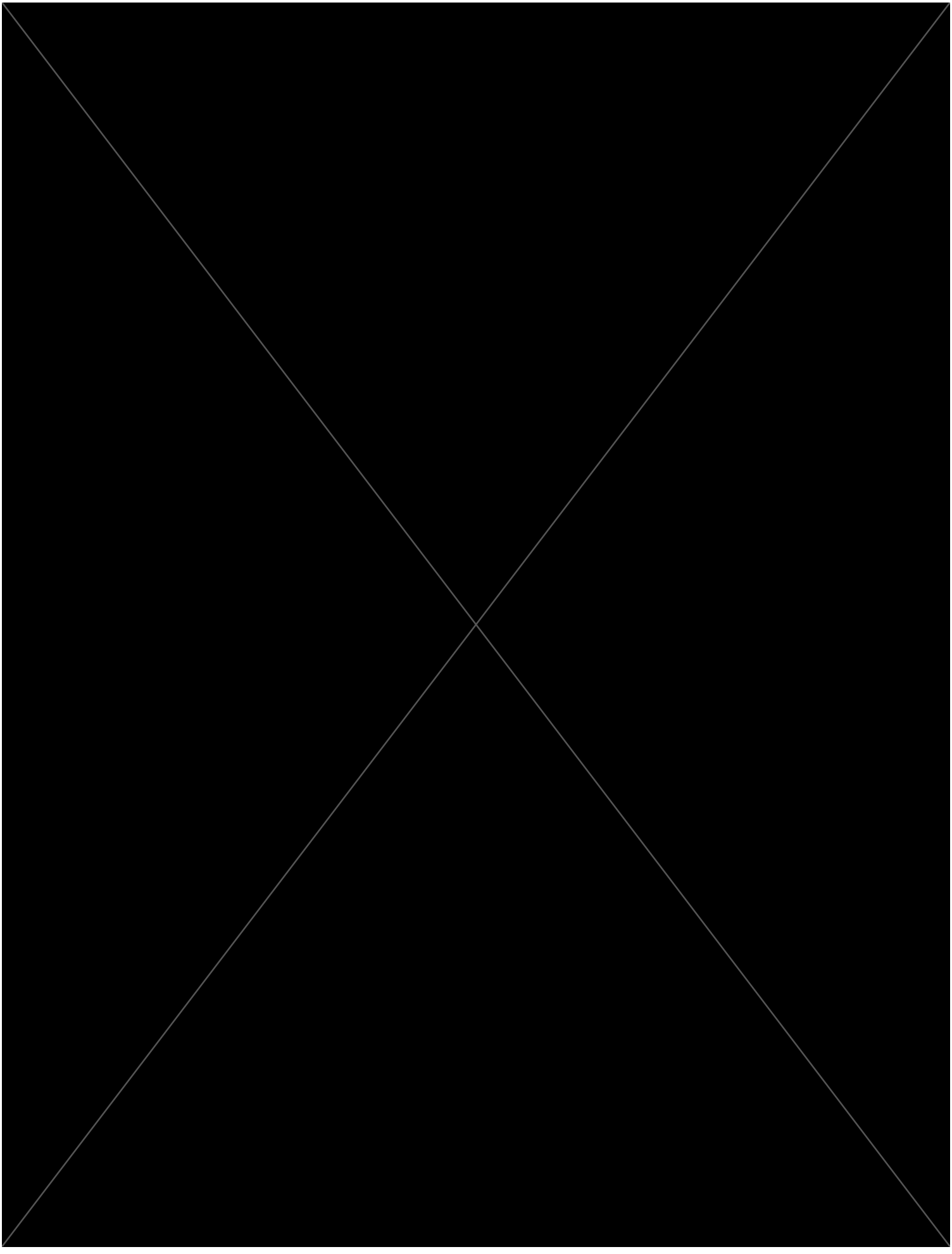
SIGNATURE:	**DATE:** [redacted]
Signed by: F0CCAE3B14BC429...	Click here to enter a date.
Print Name: ANTOINE BOYER	
Print Title: [redacted]	

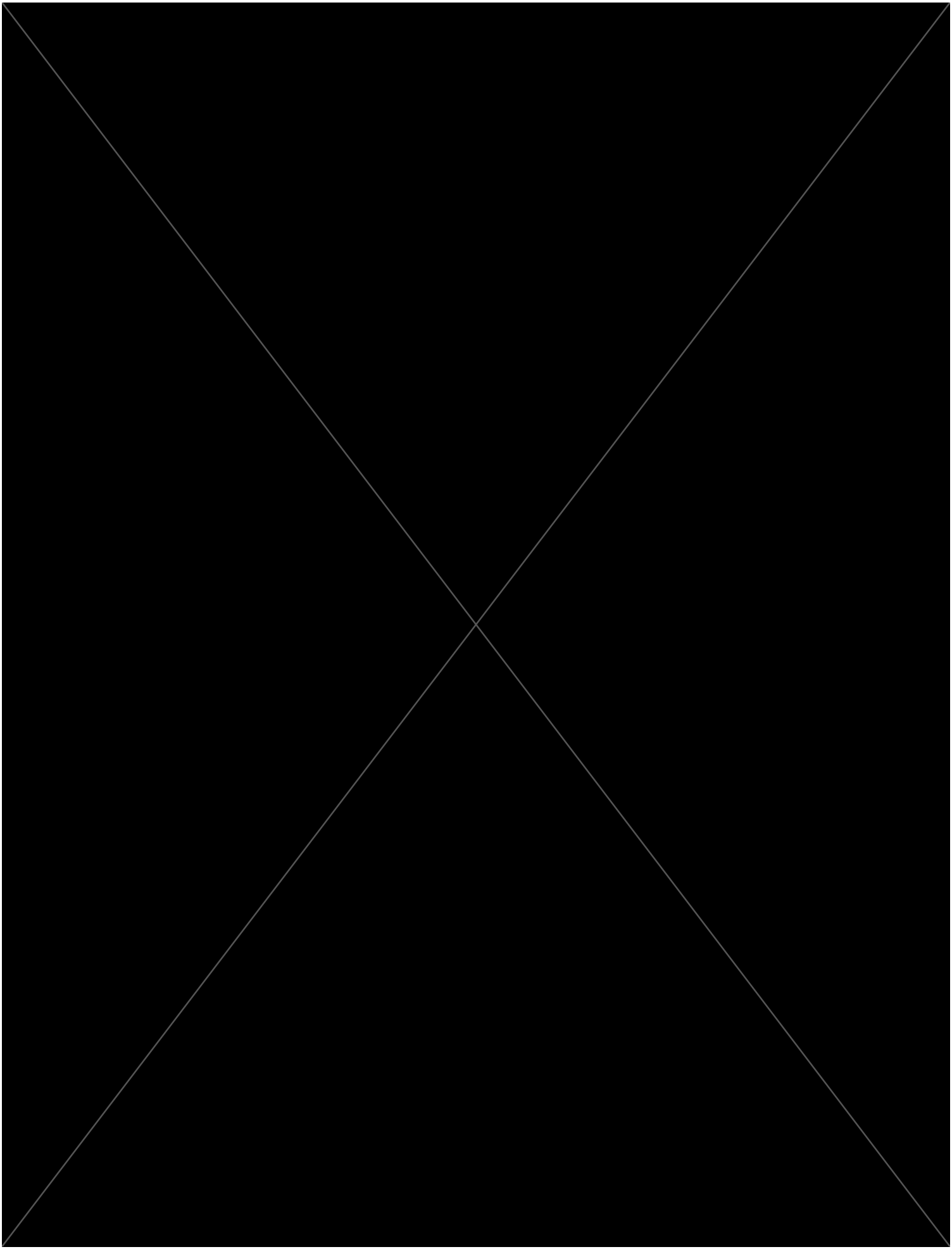
Document Title: Limited Liability Company Articles of Organization

Description: Articles of Organization for Summit Creek Advisors LLC

Section of Application Doc Corresponds to: AUR Form 1 – General Contact Information, Taxpayer Identification and Affirmations

Relevant Interest Holders: Antoine Boyer



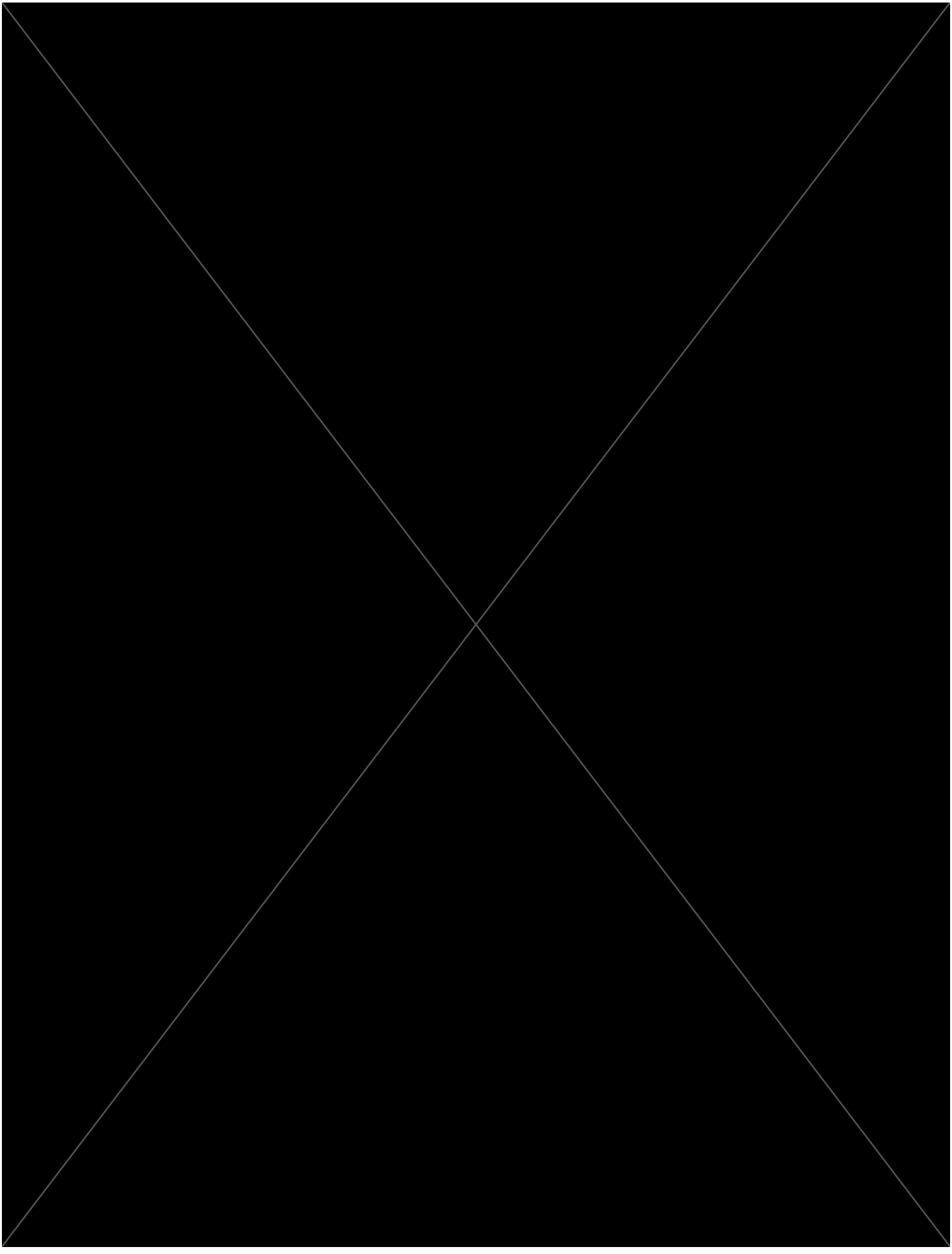


Document Title: Certificate of Good Standing

Description: Certificate of Good Standing for Summit Creek Advisors LLC

Section of Application Doc Corresponds to: AUR Form 1 – General Contact Information, Taxpayer Identification and Affirmations

Relevant Interest Holders: Antoine Boyer



Cannabis Control Commission
STATE OF RHODE ISLAND

AUR FORM 2 – Disclosure of Owners and Other Interest Holders

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

Cannabis Control Commission
STATE OF RHODE ISLAND

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.

Cannabis Control Commission
STATE OF RHODE ISLAND

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

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**	

Cannabis Control Commission
STATE OF RHODE ISLAND

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).

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

Cannabis Control Commission
STATE OF RHODE ISLAND

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, *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 Antoine Boyer		SSN/FEIN [redacted]		DOB [redacted]	Email [redacted]
Address (residence if person; business address if entity) [redacted]	City [redacted]	State [redacted]	ZIP [redacted]	Phone Number [redacted]	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) [redacted]	Describe the financial interest in entity listed in preceding box [redacted]	Describe the financial interest in **Applicant,** if different			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the financial interest in entity listed in preceding box	Describe the financial interest in **Applicant,** if different			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the financial interest in entity listed in preceding box	Describe the financial interest in **Applicant,** if different			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the financial interest in entity listed in preceding box	Describe the financial interest in **Applicant,** if different			
Name of person or entity		SSN/FEIN		DOB	Email

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

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 Not Applicable	SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the management or operational role or interest			
Name of person or entity	SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the management or operational role or interest			
Name of person or entity	SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the management or operational role or interest			
Name of person or entity	SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)	City	State ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the management or operational role or interest			

Cannabis Control Commission
STATE OF RHODE ISLAND

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
Not Applicable						

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
Kameran Keith	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Cannabis Control Commission
STATE OF RHODE ISLAND

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.

Docusign Envelope ID: 08856E24-EC68-49CE-AD47-6F0EF91B2344

Cannabis Control Commission
STATE OF RHODE ISLAND

CERTIFICATION AS TO AUR FORM 2

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

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

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

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

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

Signed by: F0CCAE3B14BC429...

[redacted] ter a date.

Signature of Authorized Signatory — Date

ANTOINE BOYER

Printed Name

Printed Name

Print Title: [redacted]

Print Name of Applicant: Summit Creek Advisors LLC

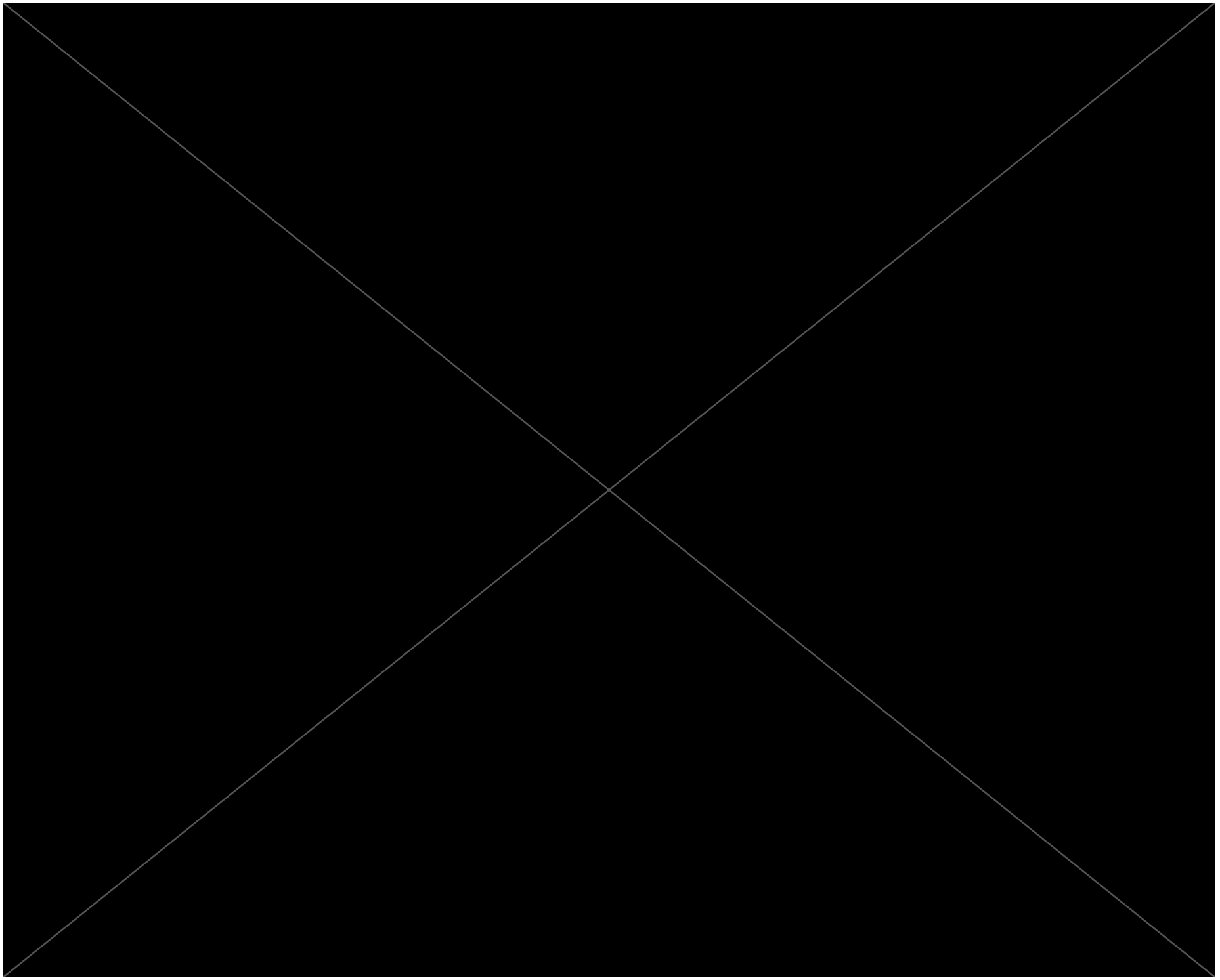
Document Title: LLC Membership Certificate

Description: LLC Membership Certificate for Summit Creek Advisors LLC

Section of Application Doc Corresponds to: AUR FORM 2 – Disclosure of Owners and Other Interest Holders Section 4A

Relevant Interest Holders: Antoine Boyer

Summit Creek Advisors LLC



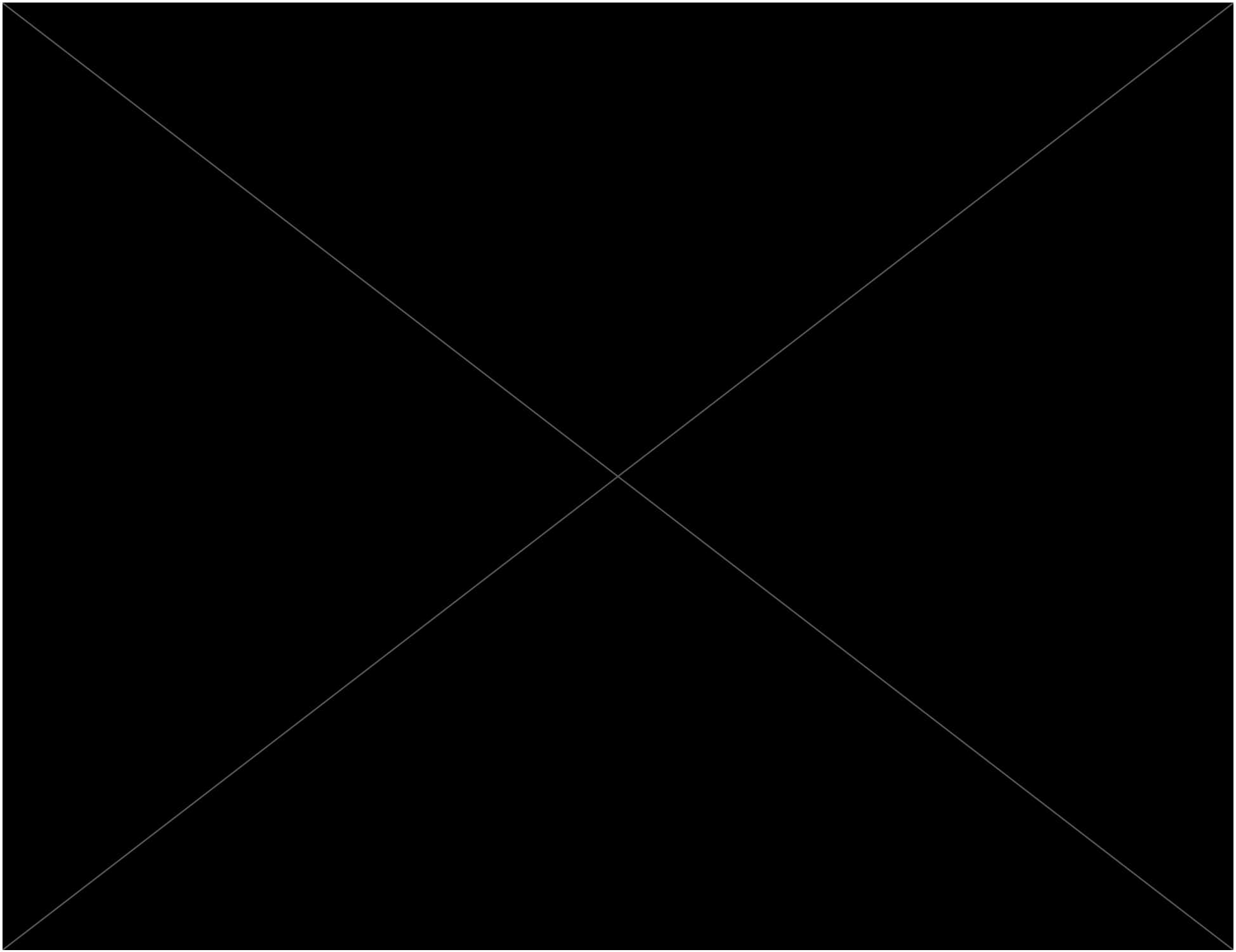
Document Title: Summit Creek Advisors LLC – Org Chart

Description: Organizational Chart for Summit Creek Advisors LLC

Section of Application Doc Corresponds to: AUR FORM 2 – Disclosure of Owners and Other Interest Holders Section 4B

Relevant Interest Holders: Antoine Boyer

Summit Creek Advisors LLC

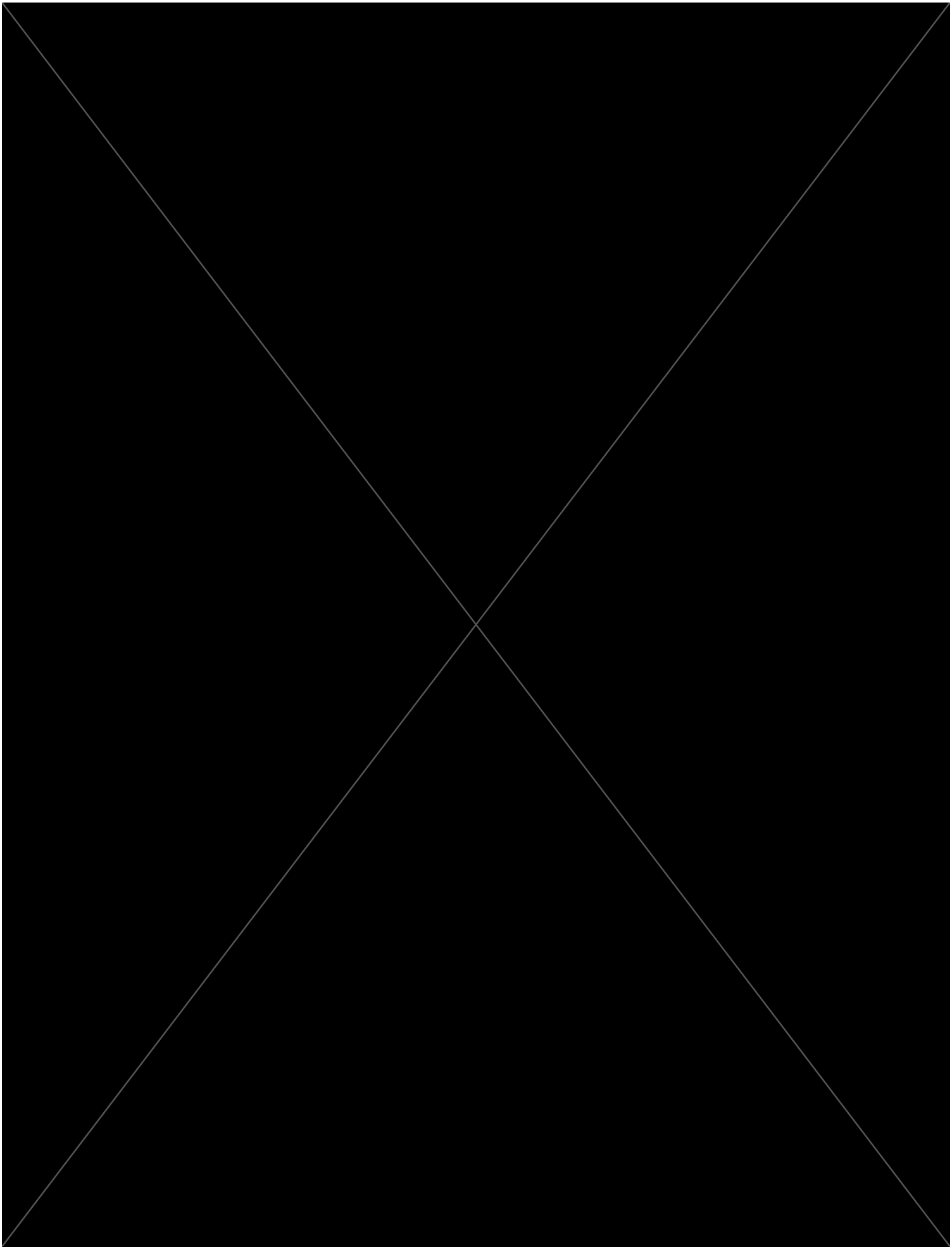


Document Title: Schedule of Individual Equity and Economic Interests

Description: This schedule enumerates all individual persons qualifying as Interest Holders under Form 2 Sections I(A) and I(D). For each individual, the schedule reflects the effective ownership interest, including both the percentage held and the monetary value of that interest, as it relates to the Applicant, its operations, the license, and/or the licensed facilities. Entries are arranged from highest to lowest ownership interest.

Section of Application Doc Corresponds to: AUR FORM 2 – Disclosure of Owners and Other Interest Holders Section 4C

Relevant Interest Holders: Antoine Boyer



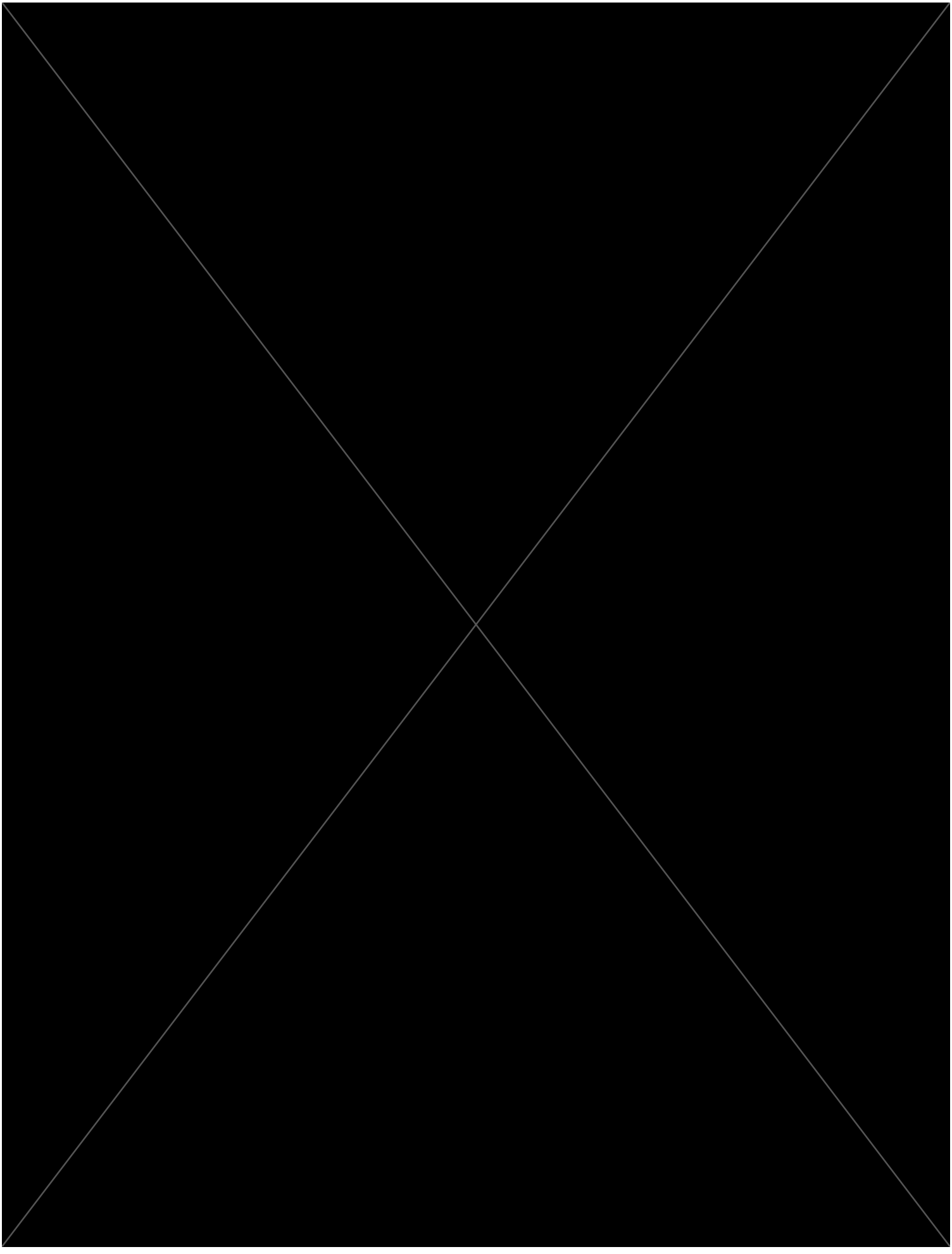
Document Title: Interest Holder Remuneration Summary – Five-Year Period

Description: This summary identifies all Interest Holders referenced in Form 2 Sections I(A), I(B), I(C), and I(E) and sets forth the annual compensation or remuneration amounts paid or payable to each Interest Holder in connection with the Applicant, its operations, the license, and/or the licensed facilities over the five (5) most recent years.

Section of Application Doc Corresponds to: AUR FORM 2 – Disclosure of Owners and Other Interest Holders Section 4D

Relevant Interest Holders: Antoine Boyer

Summit Creek Advisors LLC



Cannabis Control Commission
STATE OF RHODE ISLAND

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:

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. _____ _____ _____ _____	Yes ☐	No ☒
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. _____ _____ _____ _____	Yes ☐	No ☒
3. Is any Owner or Interest Holder employed by the State of Rhode Island? If "Yes" please describe below.	Yes ☐	No ☒
Not Applicable		

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 ☐	No ☒
Not Applicable		
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 *et seq.);*	Yes ☒	No ☐
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 ☒	No ☐
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 ☒	No ☐
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 ☒	No ☐
6. Applicant acknowledges that Application Fees are non-refundable.	Yes ☒	No ☐
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	Yes ☒	No ☐
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 *et seq.*	Yes ☒	No ☐

Docusign Envelope ID: 08856E24-EC68-49CE-AD47-6F0EF91B2344

Cannabis Control Commission
STATE OF RHODE ISLAND

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

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

Signed by:
F0CCAE3B14BC429...
Signature of Authorized Signatory

[redacted] ter a date.
Date

ANTOINE BOYER
Printed Name

Printed Name:
Print Title: [redacted]
Print Name of Applicant: Summit Creek Advisors LLC

Docusign Envelope ID: 08856E24-EC68-49CE-AD47-6F0EF91B2344

Cannabis Control Commission
STATE OF RHODE ISLAND

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 #
Not Applicable			

Applicant disclosed and provided any and all denial, suspension, revocation, fines, or other sanction of the license, registration or authorization listed above as instructed in AUR FORM 3.

Applicant hereby authorizes: (1) the Cannabis Control Commission to contact the agencies indicated above for information regarding Applicant and the licenses/registrations listed above; and (2) such other state agencies to provide any and all information requested by the Commission regarding the licenses/registrations. If requested by the Commission, Applicant will provide any additional authorization required by any of the state agencies to provide information requested by the Commission.

The undersigned hereby acknowledges and agrees that Applicant has a continuing obligation to disclose any changes and shall provide written notice to the Commission within sixty (60) days of any change of the information provided and the statements made in this AUR Form 4 and that each such notice shall include an updated AUR Form 4.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this AUR Form 4 are complete, true, correct, and accurate.

Signed by:
F0CCAE3B14BC429...
Signature of Authorized Signatory

[redacted] ter a date.
Date

Antoine Boyer
Printed Name:
Print Title: [redacted]
Print Name of Applicant: Summit Creek Advisors LLC