

Applying For: Adult Use Retailer Application
Status: Submitted
Owner: RIC Submission Queue

Details **Review** Due Diligence Check Related Files

Application Instructions

GENERAL INFORMATION

The Cannabis Control Commission (“the Commission”) is accepting Applications from qualified Applicants interested in being issued an Adult-Use Cannabis Retail License.

Pursuant to The Rhode Island Cannabis Act, R.I. Gen. Laws § 21-28.11-1 *et seq.* (“the Act”), the Commission is responsible for licensing Adult-Use Cannabis Retailers (“AURs”) for the licensed dispensing of cannabis to consumers aged 21 years or older. Licensed Adult-Use Cannabis Retailers may dispense cannabis in accordance with the Act and the Commission’s Rules and Regulations, RICR Title 560 Chapter 10 (the “Regulations”). **Applicants should thoroughly review the Regulations, which can be found in the [Rhode Island Code of Regulations on the Secretary of State’s website \(https://rules.sos.ri.gov/regulations/Index/Inactive?ExactMatch=0&Agencies=560&Sortby=1&Orderby=desc\)](https://rules.sos.ri.gov/regulations/Index/Inactive?ExactMatch=0&Agencies=560&Sortby=1&Orderby=desc):**

Applications will be accepted until 4:00 p.m. on 12-29-2025 (the “Application Submission Deadline”). Updates regarding the application period will be posted on the Commission’s website: <https://ccc.ri.gov/> (<https://ccc.ri.gov/>).

It is the Applicant’s responsibility to ensure that any application is complete and submitted before the close of the Application Submission Deadline. Incomplete Applications will be deficient and will not be accepted for review and evaluation, and any Application fee will not be refunded. The Commission will not accept or consider applications tendered after the Application Submission Deadline.

There are three retail license types available within this Application: General, Workers’ Cooperative, and Social Equity licenses. It is the Applicant’s responsibility to ensure that any Application indicates the correct license type.

All Applicants seeking an Application fee waiver must validate their associated Social Equity Status Certification Number when prompted. The Applicant name must match the name on the Social Equity Status Certification Application. Providing a Social Equity Applicant Certification Number for a different Applicant could lead to your application being disqualified.

Successful validation of the Applicant’s Social Equity Status Certification Number will result in a waived Application fee. The Application fee for those without a validated Social Equity Certification Number is \$7,500.

All files submitted as part of an Application must be named in the following format:
APPLICANT NAME_ATTACHMENT NAME_APPLICATION VERSION

All files submitted as part of an Application must be saved in the .pdf file format.

Activity **Chatter** Issuance Details

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Submission
5-000899242

The file containing Version A of the forms will be named as follows:

Applicant LLC_Forms_Version A.pdf

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Application components should be compiled into three files for each Application version. Each Application version should be identified and include components as follows:

File Identifier	Required Application Components
Forms	AUR Forms 1-4
Narratives	AUR Exhibits A-D
Premises	AUR Premises Requirements

There is a 25mb file size limit for each uploaded file.

It is the responsibility of the Applicant to ensure that all files are correctly named, compiled, and readable upon being uploaded to the portal. Failure to do so may result in the Application being deemed incomplete and ineligible for evaluation and entry into the randomized selection process.

The Commission shall review and evaluate complete Applications based upon the criteria set forth in the Act and the Regulations. All Applications that are deemed complete and qualified by the Commission shall be eligible for selection.

The Commission may require an inspection of the proposed licensed premises in order to verify information contained in an Application before deeming an Applicant qualified and eligible for inclusion in the selection process.

Please submit any questions by email only to CCC.AURApp@ccc.ri.gov (mailto:CCC.AURApp@ccc.ri.gov) with the subject line "Application for Adult-Use Retail License Application Questions." Questions received and the answers thereto will be posted on the Cannabis Control Commission website so that all Applicants will have access to the same information.

Applicant Information

CONTACT INFORMATION AND TAXPAYER IDENTIFICATION

Individual or Company

Company

Applicant Name (legal name, and any d/b/a name(s), if applicable)

KWRI, INC

FEIN/SSN

MAILING ADDRESS

Street Address 1

Street Address 2

S-000099242

City Applying For	Status	Owner	State
Manassas	Submitted	RIC Submission Queue	Virginia

Zip Code	Email
20109	[REDACTED]
Telephone Number	Extension
[REDACTED]	

COMPLIANCE OFFICER IDENTIFICATION AND CONTACT INFORMATION

Pursuant to 560-RICR-10-10-1.3.1(A)(10) applicants must provide the name and personal information of the individual who will serve as the Compliance Officer for the business. 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.

First Name	Last Name
john	kenney
Title	
director	
Street Address	
[REDACTED]	
City	State
ORMOND BEACH	Florida
Zip	Email
32176	[REDACTED]
Phone Number	
[REDACTED]	

ADULT USE RETAIL LOCATION

Zone	Street Address 1
2	56 Sonoma Court
Street Address 2	City
	Providence
State	Zip Code
Rhode Island	02909
Email	Telephone Number
[REDACTED]	[REDACTED]
Extension	

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Plat/Lot Number		
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License Type and Social Equity Information

Please indicate your desired license type and, if applicable, your Social Equity Applicant Certification Number in the spaces below. If you select "Social Equity" as the license type you must verify a Social Equity Applicant Certification Number to proceed.

Applicants *not* intending to apply as a Social Equity Applicant may submit their General or Workers' Cooperative Adult Use Retailer license applications without a certification number.

Certified Social Equity Applicants will receive waivers of their application fee regardless of the license type that they apply for.

Select License Type

Social Equity Applicant Certification Number

The Applicant name must match the name on the Social Equity Status Certification Application. Providing a Social Equity Applicant Certification Number for a different Applicant could lead to your application being disqualified

Application Version A

Applicants must submit three (3) different electronic versions of the Application, each in turn split among three (3) files as described in the Application Information. It is the responsibility of the applicant to ensure that each file conforms to the 25mb file size limit.

APPLICATION VERSION A SHOULD HAVE NO REDACTIONS

Application Version B

Applicants must submit three (3) different electronic versions of the Application, each in turn split among three (3) files as described in the Application Information. It is the responsibility of the applicant to ensure that each file conforms to the 25mb file size limit.

Only submit the files for Version B (personal, financial, and security information redacted).

These files should be redacted as follows:

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1. Redact all dates of all Owners, Interest Holders and Key Persons.

2. Redact any social security numbers and/or federal employer identification numbers.

3. Redact all dates of birth and home street addresses as to individual natural persons.

4. Redact any bank account numbers and bank account information on any check or other document that is submitted.

5. Redact all ownership percentages and dollar amounts, including in the Form 2 and all documents attached thereto.

6. Redact any financial and proprietary information in AU Exhibit B, Applicant's Operations Manual.

7. Redact all of AU Exhibit D, Applicant's Security and Safety Plan.

8. Redact all of AU Exhibit C, Applicant's Business Plan.

9. In AUR Premises Requirements, redact any floor plans/diagrams of the proposed facilities.

Application Version C

Applicants must submit three (3) different electronic versions of the Application, each in turn split among three (3) files as described in the Application Information. It is the responsibility of the applicant to ensure that each file conforms to the 25mb file size limit.

Only submit the files for Version C (personal and interest holder information redacted).

These files should be redacted as follows:

1. Redact Applicant's name and all names and addresses of all Owners, Interest Holders and Key Persons.

2. Redact any reference to all names, addresses, identification card numbers of all patients, caregivers and authorized purchasers.

3. Redact any social security numbers and/or federal employer identification numbers.

4. Redact all dates of birth and home street addresses as to individual natural persons.

5. Redact any bank account numbers and bank account information on any check or other document that is submitted.

Signature

Signature

The undersigned affirms the truth and accuracy of all statements, answers, representations, documents, and allegations contained herein,
including all documents hereto attached.

Submission
S-00099242

Applying For	Status	Owner
Adult Use Retailer Application Sign the Document	Submitted	RIC Submission Queue

Document is Signed.
Date

Jan 21, 2026



To: Rhode Island Cannabis Control Commission 1/15/2026

From: John Kenney -KWRI, INC License 528901


I John Kenney own Wash Hydro Inc in Washington Dc hold 3 cannabis license and 2 endorsements

ABCA-126952- Dispensary, delivery endorsement and safe use treatment facility

ABCA-130617 – Cannabis cultivation facility

ABCA-134779 – KW Manufacturing

I have never had any violation or suspensions, revocations, consent orders or enforcement or regulatory actions any jurisdictions including Rhode Island 560-RICR-10-10-1.3.1 (A) (11) (b)

 1/15/2026

John Kenney