

CC FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant: New Leaf Compassion Center Inc.

Section I: Owners and Other Interest Holders					
List (A.) all persons and/or entities with any ownership interest with respect to the Applicant, and (B.) all officers, directors, members, managers or agents of the Applicant, and (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE 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 Zachary Amato		SSN/FEIN [REDACTED]		DOB [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]		City Gilbert		State AZ	
		ZIP 85233		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 New Leaf Compassion Center Inc		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity David Barela		SSN/FEIN [REDACTED]		DOB [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]		City Plano		State TX	
		ZIP 75093		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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity David Bazar		SSN/FEIN [REDACTED]		DOB [REDACTED]	
Address (residence if person; business address if entity) [REDACTED]		City Narragansett		State RI	
		ZIP 02882		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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity Sam Bazar		SSN/FEIN [REDACTED]		DOB [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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	

Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
		Rumford	RI	02916	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in the <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB	Email Address
Karen Bergel					
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
		Prov.	RI	02906	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in the <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB	Email Address
Kevin Bogan					
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
		S. Pines	NC	28387	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in the <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB	Email Address
Dorice Bucci					
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
		Providence	RI	02908	
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in the <u>Applicant</u>
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.					
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level					
Name of person or entity		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 <u>Applicant</u>
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 <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB	Email

CC FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant: New Leaf Compassion Center Inc.

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to the Applicant, and (B.) all officers, directors, members, managers or agents of the Applicant, and (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE 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 George Cancel		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Cranston	State RI	ZIP 02921	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 New Leaf Compassion Center Inc		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in <u>Applicant</u> . [REDACTED]
Name of person or entity Ron Cataldo		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Foxboro	State MA	ZIP 02035	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity Frank DeCosta III		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Warwick	State RI	ZIP 02886	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity Andrew Irby		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]

Address (residence if person; business address if entity) [REDACTED]	City Thompson	State CT	ZIP 06277	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity Kathi Mirza		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Sharon	State MA	ZIP 02067	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity Thomas Mirza		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Prov.	State RI	ZIP 02909	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity Jeff Bucci		SSN/FEIN [REDACTED]	DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Cranston	State RI	ZIP 02921	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.				
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level				
Name of person or entity		SSN/FEIN		DOB [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City [REDACTED]	State [REDACTED]	ZIP [REDACTED]
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		List your title or role, with respect to the entity listed in the preceding box.		List your title or role, if any, with respect to the <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB [REDACTED]

CC FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant: New Leaf Compassion Center Inc.

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to the Applicant, **and** (B.) all officers, directors, members, managers or agents of the Applicant, **and** (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE 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 Karen Colluci		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Milton	State MA	ZIP 02186	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in <u>Applicant</u> . [REDACTED]	
Name of person or entity Dennis Raymond		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Lincoln	State RI	ZIP 02865	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity Jason Carlson		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Narragansett	State RI	ZIP 02882	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity Danielle Foss		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]

Address (residence if person; business address if entity) [REDACTED]		City Foster	State RI	ZIP 02825	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity John Battista		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Narragansett	State RI	ZIP 02882	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity Justin St. Andre		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Cranston	State RI	ZIP 02831	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in the <u>Applicant</u> . [REDACTED]
Name of person or entity Shari DeShields		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]		City Narragansett	State RI	ZIP 02882	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]			Ownership interest in the <u>Applicant</u> . [REDACTED]
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.					
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level					
Name of person or entity		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 <u>Applicant</u>
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 <u>Applicant</u>
Name of person or entity		SSN/FEIN		DOB	Email

CC FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant: New Leaf Compassion Center Inc.

Section I: Owners and Other Interest Holders					
List (A.) all persons and/or entities with any ownership interest with respect to the Applicant, and (B.) all officers, directors, members, managers or agents of the Applicant, and (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE 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 Paul Larisa		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Warwick	State RI	ZIP 02889	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 New Leaf Compassion Center Inc		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity Brian Thomas		SSN/FEIN [REDACTED]		DOB [REDACTED]	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City East Greenwich	State RI	ZIP 02818	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity LALACO LLC		SSN/FEIN [REDACTED]		DOB NA	Email Address [REDACTED]
Address (residence if person; business address if entity) [REDACTED]	City Cranston	State RI	ZIP 02907	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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) [REDACTED]		Ownership interest in the <u>Applicant</u> . [REDACTED]	
Name of person or entity		SSN/FEIN		DOB	Email Address

CC FORM 2
Disclosure of Owners and Other Interest Holders

Name of Applicant: New Leaf Compassion Center Inc.

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to the Applicant, **and** (B.) all officers, directors, members, managers or agents of the Applicant, **and** (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE 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 Larry Zaiter		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City Warwick	State RI	ZIP 02889	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in Applicant .
Name of person or entity Robert Kops		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City Milwaukee	State WI	ZIP 53211	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in the Applicant .
Name of person or entity James D'Ambra		SSN/FEIN		DOB	Email Address
Address (residence if person; business address if entity)		City Manchester	State CT	ZIP 06042	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)			Ownership interest in the 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 New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in the <u>Applicant</u> .
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 the <u>Applicant</u> .
Name of person or entity Susan Romney		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City Arlington	State TX	ZIP 76005	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in the <u>Applicant</u> .
Name of person or entity Carla Ciccone		SSN/FEIN	DOB	Email Address
Address (residence if person; business address if entity)	City Prov	State RI	ZIP 02909	Phone Number
Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title New Leaf Compassion Center Inc.		Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.)		Ownership interest in the <u>Applicant</u> .
B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.				
To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level				
Name of person or entity		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 <u>Applicant</u>
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 <u>Applicant</u>
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 <u>Applicant</u>
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 <u>Applicant</u>
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 <u>applicant</u>
C. LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO THE 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		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 the 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 the 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 the 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 the 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 the 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 the 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 THE 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 Brian LaPlante		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)	City Foster	State RI	ZIP 02825	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) LaLaCo LLC		Describe the financial interest in entity listed in preceding box		Describe the financial interest in the Applicant, if different
Name of person or entity Andrew Couture		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)	City Exeter	State RI	ZIP 02822	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) LaLaCo LLC		Describe the financial interest in entity listed in preceding box		Describe the financial interest in the Applicant, if different
Name of person or entity Kristen Lariviere		SSN/FEIN	DOB	Email
Address (residence if person; business address if entity)	City Cranston	State RI	ZIP 02920	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) LaLaCo LLC		Describe the financial interest in entity listed in preceding box		Describe the financial interest in the 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 the <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 the <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 the <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 THE 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		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the management or operational role or interest			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the management or operational role or interest			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the management or operational role or interest			
Name of person or entity		SSN/FEIN		DOB	Email
Address (residence if person; business address if entity)		City	State	ZIP	Phone Number
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)		Describe the management or operational role or interest			

Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		
Name of person or entity	SSN/FEIN			DOB	Email
Address (residence if person; business address if entity)	City	State	ZIP	Phone Number	
Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)			Describe the management or operational role or interest		

Section II: Who, besides the owners and other Interest Holders listed in this Form 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 the Applicant, 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

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

Section IV:

- A. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.
- B. 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.
- C. 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.

The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.

CERTIFICATION AS TO CC FORM 2

The undersigned duly authorized signatory of the Applicant, in their capacity as such, for and on behalf of the 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 the Applicant, all persons and entities that:

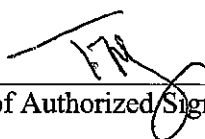
- (i) Are owners, members, officers, directors, managers, or agents of the Applicant; and
- (ii) Have/will have managing or operational control with respect to the Applicant, its operations, the license and/or licensed facilities whether they have an ownership interest or not; and
- (iii) Are investors 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 the 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.

(C) Any changes between the version of this Form 2 and the one submitted as part of the original Application.

The undersigned hereby acknowledges and agrees that the 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

Click here to enter a date.

Date

Thomas Mirza

Printed Name

Printed Name

Print Title:

Print Name of Applicant: