Cannabis Control Commission
STATE OF RHODE ISLAND

Social Equity Applicant Interest Holder Change Request

Currently Certified Social Equity Applicant: _____

Social Equity Applicant Status Certification Number: _____

The above-listed Certified Social Equity Applicant is:

☐ An individual applicant seeking to organize as an entity

Name of proposed new entity: _____

☐ An entity applicant seeking to change information submitted in their SEASC application.

Please list all owners of the Applicant who qualify for Social Equity Applicant status, their individual Social Equity Applicant Status Certification Numbers, and their percentage of ownership and control of the applicant entity:

Qualifying Owner Name	Social Equity Applicant Status Certification Number	Percent of Ownership and Control of Applicant Entity

Please identify which one (1) of the above-listed qualifying owners will be the contact person for the entity for the purposes of verifying social equity status:_____

This identified contact person's Social Equity Applicant Status Certification Number will be the *only* number that can be used to verify the Social Equity Applicant Status in the State Licensing Portal following the approval of this Change Request.

The Cannabis Control Commission will begin accepting these requests on or after October 23, 2026. This Change Request must be submitted in person or by certified mail to 560 Jefferson Boulevard, Warwick, RI 02886, Attn: Cannabis Office – Social Equity Applicant Interest Holder Change Request. Submissions must be delivered in person or post-marked by 4:00 PM EST on November 6,

2026. Applicants are reminded that failure to submit a Change Request by this deadline may lead to delays in processing or rejection of the Change Request.

Attestation

Applicant attests that this Change Request has been completed in its entirety and that all relevant attachments have been submitted as directed in Section IV on page 9 of this Change Request form.

Applicant acknowledges that it has sole responsibility for ensuring that the above-listed individuals will own and control at least 51% of the applying entity at the time of application for a Social Equity Adult-Use Retail License. Applicant further acknowledges that should the Cannabis Control Commission determine that the above individuals do not, in fact, own and control at least 51% of the applying entity, the above-listed entity may not apply as a Social Equity Applicant..

Applicant acknowledges that should the Cannabis Control Commission determine that the above individuals do not own and control at least 51% of the applying entity, it will be ineligible to apply for the Adult-Use Retail Cannabis Establishment licenses reserved for Social Equity Applicants. The applicant may still apply for a General or Workers' Cooperative Adult-Use Retail Cannabis Establishment provided applicant pays all application fees in the manner prescribed by the Cannabis Control Commission.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Social Equity Applicant Interest Holder Change Request are complete, true, correct, and accurate.

_____ Click here to enter a date.
Signature of Authorized Signatory Date

Printed Name
Printed Name:
Print Title:

[REQUIRED FORM BEGINS ON FOLLOWING PAGE]

Section I: Owners and Other Interest Holders

List (A.) all persons and/or entities with any ownership interest with respect to applicant, **and** (B.) all officers, directors, members, managers or agents of applicant, **and** (C.) all persons or entities with managing or operational control with respect to applicant, its operations, the license and/or licensed facilities whether they have an ownership interest or not, **and** (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, **and** (E.) all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to applicant, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an "Interest Holder" and collectively referred to as "Interest Holders").

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

A. LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN APPLICANT (including corporation stockholders, LLC members, and partners if a partnership; this includes parent companies if applicant is a subsidiary of another entity).

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

Name of person or entity		SSN/FEIN		DOB	Email Address
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**.
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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.

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

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		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
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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.			
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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.			

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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		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	

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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	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				

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Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary)	Describe the management or operational role or interest				
Name of person or entity	SSN/FEIN			DOB	Email
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 (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

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 all organizational, governance documents, corporate bylaws, contractual agreements or similar that evidence the relationship between the Interest Holders listed above and the applicant entity.

B. Attach an organizational chart that clearly depicts all Interest Holders identified in this from and their relationship to the applicant entity.