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Application #: MRN282568

## Persons with Direct or Indirect Authority

Provide demographic information for all executives, managers, or other persons having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment. You will need to provide additional information on individuals identified here in the Background Check packet.

To add another person click the "Add a Person" button at the bottom of the page.

All fields marked with an \* are required.

### Person with Direct or Indirect Authority 1



Percentage Of Ownersh p *	Percentage Of Contro *				
47	47				
Ro e *	Other Ro e				
Other (specify) ▼	Member				
Fr st Name *	M dd e Name	Last Name *	Suffix	Former Last Name	
Michael		O'Donovan		(e.g. maiden name)	
A as - 1		A as - 2		A as - 3	
Phone *	Ema *				
Pr mary Address 1 *		Pr mary Address 2			
C ty *	State *	Z p Code *			
Medford	MA ▼	02155			
Gender *	User Defined Gender				
Male ▼					
What s th s person's race or ethn c ty? *					
Mark all boxes that apply					
<input type="checkbox"/> White (German, r sh, Eng sh, ta an, Po sh, French)					
<input type="checkbox"/> H span c, Lat no, or Span sh (Mex can or Mex can Amer can, Puerto R can, Cuban, Sa vadoran, Dom n can, Co omb an)					
<input type="checkbox"/> B ack or Afr can Amer can (of Afr can Descent, Afr can Amer can, N ger an, Jama can, Eth op an, Ha t an, Soma )					
<input type="checkbox"/> As an (Ch nese, F p no, As an nd an, V etnamese, Korean, Japanese)					
<input type="checkbox"/> Amer can nd an or A ska Nat ve					
<input type="checkbox"/> M dd e Eastern or North Afr can (Lebanese, ran an, Egypt an, Syr an, Moroccan, A ger an)					
<input type="checkbox"/> Nat ve Hawa an or Other Pac fic s ander (Nat ve Hawa an, Samoan, Chamorro, Tongan, F j an, Marsha ese)					
<input type="checkbox"/> Some Other Race or Ethn c ty					
<input type="checkbox"/> Dec ne to Answer					

Specify Race or Ethnicity

Enter the specific race(s) or ethnicity(ies) the person identifies

## Person with Direct or Indirect Authority 2



Percentage Of Ownership \*

49

Percentage Of Control \*

49

Role \*

Other (specify) ▼

Other Role

Member

First Name \*

Denise

Middle Name

Last Name \*

O'Donovan

Suffix

Former Last Name

(e.g. maiden name)

Address - 1

Address - 2

Address - 3

Phone \*

Email \*

Primary Address 1 \*

Primary Address 2

City \*

Somerville

State \*

MA ▼

Zip Code \*

02144

Gender \*

Female ▼

User Defined Gender

What is this person's race or ethnicity? \*

Mark all boxes that apply

☐ White (German, Irish, English, Italian, Polish, French)☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)☐ American Indian or Alaska Native☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)☐ Some Other Race or Ethnicity☐ Decline to Answer

Specify Race or Ethnicity

Enter the specific race(s) or ethnicity(ies) the person identifies

## Person with Direct or Indirect Authority 3



Percentage Of Ownership \*

2

Percentage Of Control \*

2

Role \*

Other (specify) ▼

Other Role

Managing Member

First Name \*

Middle Name

Last Name \*

Suffix

Former Last Name

Brenda		DeAngelis		(e.g. maiden name)
--------	--	-----------	--	--------------------

A as - 1	A as - 2	A as - 3

Phone *	Ema *

Pr mary Address 1 *	Pr mary Address 2

C ty *	State *	Z p Code *
Somerville	MA ▼	02145

Gender *	User Defined Gender
Female ▼	

What s th s person's race or ethn c ty? \*

Mark all boxes that apply

☐ White (German, r sh, Eng sh, ta an, Po sh, French)

☐ H span c, Lat no, or Span sh (Mex can or Mex can Amer can, Puerto R can, Cuban, Sa vadoran, Dom n can, Co omb an)

☐ B ack or Afr can Amer can (of Afr can Descent, Afr can Amer can, N ger an, Jama can, Eth op an, Ha t an, Soma )

☐ As an (Ch nese, F p no, As an nd an, V etnamese, Korean, Japanese)

☐ Amer can nd an or A aska Nat ve

☐ M dd e Eastern or North Afr can (Lebanese, ran an, Egypt an, Syr an, Moroccan, A ger an)

☐ Nat ve Hawa an or Other Pac fic s ander (Nat ve Hawa an, Samoan, Chamorro, Tongan, F j an, Marsha ese)

☐ Some Other Race or Ethn c ty

☐ Dec ne to Answer

Spec fy Race or Ethn c ty

Enter the specific race(s) or ethnicity(ies) the person identifies

## Person with Direct or Indirect Authority 4



Percentage Of Ownersh p *	Percentage Of Contro *
2	2

Ro e *	Other Ro e
Executive / Officer ▼	If Other was selected for role

F rst Name *	M dd e Name	Last Name *	Suffix	Former Last Name
Matthew		Radebach		(e.g. maiden name)

A as - 1	A as - 2	A as - 3

Phone *	Ema *

Pr mary Address 1 *	Pr mary Address 2

C ty *	State *	Z p Code *
Warren	RI ▼	02885

Gender *	User Defined Gender

Male ▼

What is this person's race or ethnicity? \*

Mark all boxes that apply

- ☐ White (German, Irish, English, Italian, Polish, French)
- ☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
- ☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
- ☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
- ☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshalese)
- ☐ Some Other Race or Ethnicity
- ☐ Decline to Answer

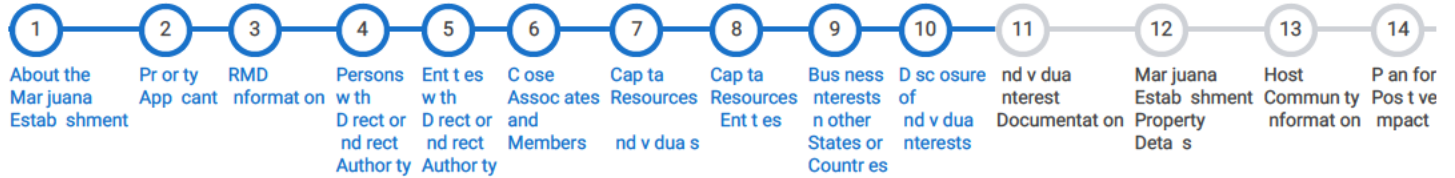
Specify Race or Ethnicity

[Add a Person](#)[<< Go To Previous Page](#)[Save & Stay On This Page](#)[Save & Go To Next Page >>](#)[Exit](#)

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Application #: MRN282568

## Disclosure of Individual Interests

Provide information about the interest of each individual named in the application in any Marijuana Establishment application for licensure or in any Marijuana Establishment that has been licensed.

If there are no individuals meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add individuals, click on the "Add an Individual" button below.

All fields marked with an \* are required.

### Individual 1



Fr st Name *	M dd e Name	Last Name *	Suffix	Former Last Name
Matthew		Radebach		(e g maiden name)
A as - 1		A as - 2		A as - 3
Pr mary Address 1 *		Pr mary Address 2		
C ty *	State *	Z p Code *		
Warren	R ▼	02885		
Mar uana Estab shment Name *	Bus ness Type *			
Dochouse LLC	Marijuana Cultivator ▼			
Mar uana Estab shment C ty *	Mar juana Estab shment State *			
Pottsville	PA ▼			

[Add an ndividual](#)

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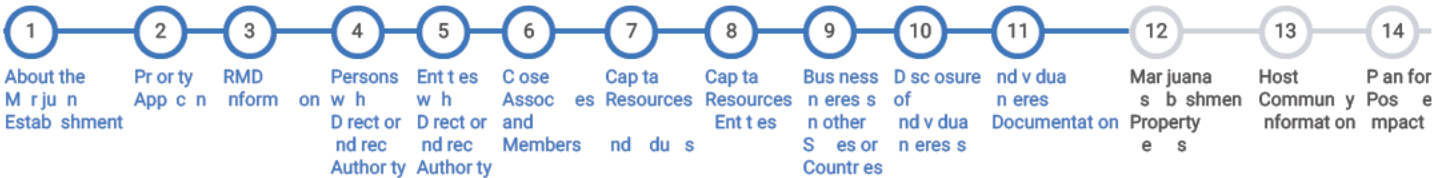
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## Individual Interest Documentation

Please upload documentation for each of the individual interests listed above.


uppor Ing Documen s



Document Name: Dochourse LLC nd v dua D sc osure nformat on pdf

Document Category: nd v dua nterest Documentat on

Upload Date 0 4



Drag document(s) or click here

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Reg ster (../Account/Reg ster\_account)

Search ent ty / Se ect ent ty / Order documents

## Order Business Documents



Date: 10/04/2019

### Business Name History

Name	Name Type
3BUDS, LLC	Pr or Name
Compass on Organ cs, LLC	Pr or Name
DOCHOUSE, LLC	Current Name

### Business Entity Details Officers

Name	DOCHOUSE, LLC
Entity Number	4329884
Entity Type	L m ted L ab ty Company
Status	Act ve
Citizenship	Domest c
Entity Creation Date	02/09/2015
Effective Date	02/09/2015
State Of Inc	PA
Address	8080 O d York Road Su te 225 E k ns Park PA 19027 Montgomery

### Filed Documents

The nformat on presented be ow s for your reference. To p ace an order you w need to og n. If you do not have a PENN F e account, you may reg ster for an account by c ck ng here ([../Account/Reg ster\\_account](#)).

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