



# CITY OF SOMERVILLE

## MARIJUANA ESTABLISHMENT HOST COMMUNITY AGREEMENT (HCA) AND LICENSE APPLICATION

### Section 1. Business Information:

Business Legal Name: EAST COAST REMEDIES, CORP.

Business DBA, if different: N/A

Business Address: 76-82 CENTRAL ST - SOMERVILLE MA

Phone: 857-334-5925 Website: N/A

Federal Employer Identification Number (EIN): # [REDACTED]

Does the business currently possess any type of marijuana license in Somerville?  Yes  No

If yes, describe: N/A

Primary Contact Name: GLADYS VEGA

Mailing Address: 116 CLARK AVE. CHELSEA MA 02150

Email: GLADYSV@CHELSEACOLLAB.ORG Phone: 857-334-5925

Emergency Contact Name: LEAH PIANTIDOSI

Email: [REDACTED]@ [REDACTED] [REDACTED] Phone [REDACTED]

If you would like mail to be sent to a different address, provide alternate mailing information below:

Mailing Contact Name: N/A

Mailing Address: N/A

## Type of Business

*Check only one and provide names as indicated:*

- Sole Proprietor:** Name of Owner: \_\_\_\_\_
- Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
\_\_\_\_\_
- Trust:** Name of Trust: \_\_\_\_\_  
Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
\_\_\_\_\_
- Corporation:** Name of Corporation: EAST COAST REMEDIES, CORP  
Name of President: GLADYS VEGA  
Name of Secretary: THOMAS MOURMOURAS Name of Treasurer: LEAH PIANTIDOSI
- LLC:** Name of LLC: \_\_\_\_\_  
Names of All Managers Who Own More Than 10%: \_\_\_\_\_  
\_\_\_\_\_
- Other** (Attach a Description of the Form of Ownership and the Names of Owners)

## Type of Establishment

*Select all that apply:*

- Marijuana Retailer  
 Marijuana Cultivator  
 Craft Marijuana Cooperative  
 Marijuana Product Manufacturer  
 Independent Testing Laboratory  
 Marijuana Research Facility  
 Other: Describe \_\_\_\_\_

## Section 2. Priority Status

### *For Marijuana Retailers Only*

- Group A Priority. Attach proof** that the applicant is 1) an Economic Empowerment Applicant, 2) is owned by Somerville resident(s) or entities with at least 50% of its ownership made up of Somerville residents, or 3) is a cooperatively-owned entity.

An Economic Empowerment Applicant is one who meets **at least 3** of the following criteria:

- 1) A majority of ownership belongs to people who have lived for 5 of the preceding 10 years in an area of disproportionate impact, as determined by the MA CCC;
- 2) A majority of ownership has held one or more previous positions where the primary population served were disproportionately impacted, or where primary responsibilities included economic education, resource provision or empowerment to disproportionately impacted individuals or communities;
- 3) At least 51% of current employees or subcontractors reside in areas of disproportionate impact and by the first day of business, the ratio will meet or exceed 75%;
- 4) At least 51% of employees or subcontractors have drug-related CORI and are otherwise legally employable in cannabis enterprises;
- 5) A majority of ownership is made up of individuals of Black, African American, Hispanic or Latino descent;
- 6) Other significant articulable demonstration of past experience in or business practices that promote economic empowerment in areas of disproportionate impact.

- Group B Priority. Attach proof** that your company is a Registered Marijuana Dispensary currently operating in Somerville that will continue selling medicinal products.

- No Priority.** All applicants who are not Group A or B should check here.

### Section 3. Operating Information

*The following section asks you to describe your business operations and alignment with the city's values. For each question, please be as specific as possible. You may attach additional pages to respond to these questions if needed.*

1. Describe how the Applicant will help monitor the health impacts of recreational marijuana in their neighborhood and on local youth.

**\*\*See Attached Addendum Sheet \*\*\*\***

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2. Describe how the Applicant will prevent and educate youth and families about the dangers of underage exposure to, and the consumption of, recreational marijuana. Describe how the Applicant will sustain these efforts over time.

**\*\*See Attached Addendum Sheet \*\*\*\***

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3. Describe how the Applicant will inform customers about restrictions on public consumption and workplace use, the risks of second-hand smoke, and dangers of operating a motor vehicle while impaired.

**\*\*See Attached Addendum Sheet \*\*\*\***

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4. Describe how the Applicant will market its products, including, but not limited to, broadcast, print, and online advertising, direct-response advertising, social media, and signage.

**\*\*See Attached Addendum Sheet \*\*\*\***

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5. Describe the sources of the Applicant's inventory or manufacturing materials.

**\*\*See Attached Addendum Sheet \*\*\*\***

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6. Describe how the Applicant will package and label products at the point of sale.

**\*\*See Attached Addendum Sheet \*\*\*\***

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7. Describe who the Applicant will employ, and the wages and benefits that will be provided

\*\*See Attached Addendum Sheet \*\*\*\*

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8. Describe how the Applicant will use sustainable green practices and renewable energy sources.

\*\*See Attached Addendum Sheet \*\*\*\*

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9. Describe how the Applicant will further each of these Somerville values.

a. Celebrating the diversity of our people, cultures, housing and economy.

\*\*See Attached Addendum Sheet \*\*\*\*

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b. Fostering the unique character of our residents, neighborhoods, hills and squares, and the strength of our community spirit as expressed in our history, our cultural and social life, and our deep sense of civic engagement.

\*\*See Attached Addendum Sheet \*\*\*\*

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c. Investing in the growth of a resilient economic base that is centered around transit, generates a wide variety of job opportunities, creates an active daytime population, supports independent local businesses, and secures fiscal self-sufficiency.

\*\*See Attached Addendum Sheet \*\*\*\*

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d. Promoting a dynamic urban streetscape that embraces public transportation, reduces dependence on the automobile, and is accessible, inviting and safe for all pedestrians, bicyclists and transit riders.

\*\*See Attached Addendum Sheet \*\*\*\*

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e. Building a sustainable future through strong environmental leadership, balanced transportation modes, engaging recreational and community spaces, exceptional schools and educational opportunities, improved community health, varied and affordable housing options, and effective stewardship of our natural resources.

\*\*See Attached Addendum Sheet \*\*\*\*

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f. Committing to continued innovation and affirmation of our responsibility to current and future generations in all of our endeavors: business, technology, education, arts and government, including your neighbors (within 300 feet), City youth, and the City as a whole.

\*\*See Attached Addendum Sheet \*\*\*\*

## Section 4. Compliance Information

Each individual (e.g. partner, trustee, manager) with a 10% or greater ownership stake in the business must complete a separate copy of this form.

Owner's Name: GLADYS VEGA Ownership Stake (%) 51%

1. Has the Owner ever obtained a marijuana-related license in any jurisdiction?  Yes  No

If yes, explain: \_\_\_\_\_

2. Has the Owner ever had any type of license denied, revoked or suspended in any jurisdiction?  Yes  No

If yes, explain: \_\_\_\_\_

3. Has the Owner ever received a Notice of Violation in any jurisdiction?  Yes  No

If yes, explain: \_\_\_\_\_

4. Has the Owner been in compliance for the last 3 years (or since being in business in Massachusetts, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the State of Massachusetts?  Yes  No

If no, explain: \_\_\_\_\_

5. Has the Owner been in compliance for the last 3 years (or since being in business in Somerville, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the City of Somerville?  Yes  No

If no, explain: \_\_\_\_\_

6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last 3 years?  Yes  No

If yes, explain: \_\_\_\_\_

**Section 5. Property Owner's Certification and Authorization:**

*If the property has more than one owner, each owner must sign a copy of this form:*

Street Address of Business Location: 76-82 CENTRAL ST - SOMERVILLE MA

Zoning District and Overlay District, if any: \_\_\_\_\_

Assessor's Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Ward \_\_\_\_\_

Property Owner's Legal Name: RFR REALTY TRUST

Property Owner's Mailing Address (with zip code): PO BOX 281 SOMERVILLE MA 02143

Property Owner's Type of Business (Check Only One and Provide the Names Indicated):

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

**Trust:** Name of Trust: RFR REALTY TRUST

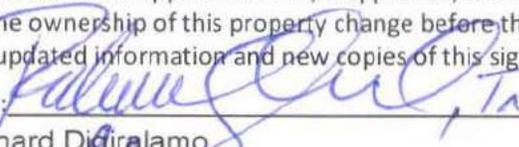
Names of All Trustees Who Own More Than 10%: None

**Corporation:** Name of Corporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

I certify that:

- I am the property owner or that I am duly authorized to act as an agent for the property owner, for the property located at 76-82 CENTRAL AVE - SOMERVILLE MA.
- EAST COAST REMEDIES, CORP (legal name of Applicant) has been authorized by me to develop and use the property listed above for the purposes indicated in this application.
- I will permit any officials representing the City to conduct site visits on the property in connection with this Application and, if approved, this Applicant's business.
- Should the ownership of this property change before the City has acted on this Application, I will provide updated information and new copies of this signature page.

Owner Signature:  Date: 3/31/2019

Print Name: Richard DiGiralamo

Title (Owner, President, Agent, Etc.): TRUSTEE

Email: highland.commonso@yahoo.com Phone: 

## Section 6. Applicant's Certification, Acknowledgment, Release and Indemnification, and Wage Theft Statement

I certify that I am the Applicant or that I am duly authorized to act as an agent for the Applicant.

I certify that all of the information on this application is true and accurate, and that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution.

I certify that I will make no changes to any component of the business plan described in this application without written notification to, and the prior approval of, the City.

I acknowledge that any violation of the City's ordinances, regulations, and conditions pertaining to this license could subject me and anyone operating under this license to arrest, fine, and loss of this license.

I release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the issuance of this license.

I certify that the Applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

I certify that the Applicant has not been found guilty, liable or responsible, in any judicial or administrative proceeding, of committing or attempting to commit a violation of any of the laws set forth in Municipal Ordinance 9-31, the "Wage Theft Ordinance", which appears below.

Signature:  Date: 3/31/2019  
Print Name: GLADYS VEGA  
Title (Owner, President, Agent, Etc.): PRESIDENT  
Email: GLADYSV@CHELSEACOLLAB.ORG Phone: 857-334-5925

### Sec. 9-31. - Wage theft.

(a) The city, by and through its officials, boards and commissions, may deny an application for any license or permit issued by it, if, during the three-year period prior to the date of the application, the applicant admitted guilt or liability or has been found guilty, liable or responsible, in any judicial or administrative proceeding, of committing or attempting to commit a violation of: (1) Commonwealth of Massachusetts Payment of Wages Law, General Laws Chapter 149, Section 14B, and any and all other state or federal laws regulating the payment of wages, including, but not limited to, Chapter 149, Sections 27, 27G, 27H, 52D, 148A, 148B, 150C, 152, 152A, 159C; and Chapter 151, sections 1, 1A, 1B, 15, 19 and 20 of the General Laws; and (2) The Fair Debt Collection Practices Act, 15 U.S.C. §1692, or any other federal or state law regulating the collection of debt, as to the employees of the applicant or others who had performed work for said applicant. — (b) Any license or permit issued by the City of Somerville, its boards or commissions, may be revoked or suspended if, during the three years prior to the issuance of the license or permit, the licensee or permittee admitted guilt or liability or has been found guilty or liable in any judicial or administrative proceeding of committing a violation of any of the laws set forth in subsection (a) above. — (c) Any license or permit issued by the City of Somerville, its boards or commissions, may be revoked or suspended if the applicant, licensee or permittee is a person who was subject to a final judgment or other decision for violation of any of the laws set forth in subsection (a) above within three years prior to the effective date of this section, and the judgment was not satisfied within the lawful period for doing same, or the expiration of the period for filing an appeal; or if an appeal is made, the date of the final resolution of that appeal and any subsequent appeal resulting in a final administrative or judicial affirmation of violation of any of the laws set forth in subsection (a) above. — (d) The period of non-issuance, revocation or non-renewal shall be one year, and the licensee or permittee or the person who is the principal of a license or permit shall not again be licensed or permitted in any other manner during such period. — (e) Within 14 calendar days from the date that the notice of refusal to issue, revocation or refusal to renew notice is mailed to the applicant or licensee or permittee, the applicant, licensee or permittee may appeal such decision by filing a written notice of appeal setting forth the grounds therefor. Said notice shall be sent by certified mail, return receipt requested. The hearing shall be conducted by the board, commission or individual who made the decision not to issue, not to renew, or to revoke within 30 days of receipt of such notice of appeal. — (f) An applicant for a business certificate, license or permit shall be provided with a copy of the ordinance from which this section derived and shall certify that he has not been found guilty, liable or responsible, in any judicial or administrative proceeding, of committing or attempting to commit a violation of any of the laws set forth in subsection (a) above. — (g) This law shall apply to any person or entity whose final administrative decision or adjudication or judicial judgment or conviction was entered on or after July 1, 2013, with the exception of judgments that remain unsatisfied as set forth in subsection (c) above. — (h) Application of this section is subject to applicable state or federal laws.

# Section 7. Worker's Compensation Insurance Affidavit



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
TO BE FILED WITH THE PERMITTING AUTHORITY.

## Applicant Information

Please Print Legibly

Business/Organization Name: EAST COAST REMEDIES, CORP.

Address: 116 CLARK AVE

City/State/Zip: CHELSEA, MA 02150 Phone #: 857-334-5925

<b>Are you an employer? Check the appropriate box:</b> 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required] 3. <input checked="" type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]** 4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]	<b>Business Type (required):</b> 5. <input checked="" type="checkbox"/> Retail 6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment 7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.) 8. <input type="checkbox"/> Non-profit 9. <input type="checkbox"/> Entertainment 10. <input type="checkbox"/> Manufacturing 11. <input type="checkbox"/> Health Care 12. <input type="checkbox"/> Other _____
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

### I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

### I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Handwritten Signature] Date: April 5, 2019

Phone #: 857-334-5925

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: March 27, 2019

To Whom It May Concern :

I hereby certify that according to the records of this office,

**EAST COAST REMEDIES CORP.**

is a domestic corporation organized on **March 13, 2019** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 19030535680

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by:



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## CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

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EAST COAST REMEDIES CORP  
116 CLARK AVE  
CHELSEA MA 02150-2136

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### *Why did I receive this notice?*

The Commissioner of Revenue certifies that, as of the date of this certificate, EAST COAST REMEDIES CORP is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

**This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.**

### *What if I have questions?*

If you have questions, call us at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 8:30 a.m. to 4:30 p.m..

### *Visit us online!*

Visit [mass.gov/dor](http://mass.gov/dor) to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief  
Collections Bureau

Date of this notice: 03-18-2019

Employer Identification Number:  
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

EAST COAST REMEDIES CORP  
116 CLARK AVE  
CHELSEA, MA 02150

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-3999538. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts



# Corporations Division

## Business Entity Summary

ID Number: 001372790

[Request certificate](#)

[New search](#)

Summary for: EAST COAST REMEDIES CORP.

**The exact name of the Domestic Profit Corporation:** EAST COAST REMEDIES CORP.

**Entity type:** Domestic Profit Corporation

**Identification Number:** 001372790

**Date of Organization in Massachusetts:** 03-13-2019

**Last date certain:**

**Current Fiscal Month/Day:** 12/31

**The location of the Principal Office:**

Address: 116 CLARK AVENUE

City or town, State, Zip code, Country: CHELSEA, MA 02150 USA

**The name and address of the Registered Agent:**

Name: GLADYS VEGA

Address: 116 CLARK AVENUE

City or town, State, Zip code, Country: CHELSEA, MA 02150 USA

**The Officers and Directors of the Corporation:**

Title	Individual Name	Address
PRESIDENT	GLADYS VEGA	116 CLARK AVENUE CHELSEA, MA 02150 USA
TREASURER	LEAH PIANTIDOSI	311 DALE STREET NORTH ANDOVER, MA 01845 USA
SECRETARY	THOMAS MOURMOURAS	367 FORE STREET PORTLAND, ME 04101 USA
DIRECTOR	THOMAS MOURMOURAS	367 FORE STREET PORTLAND, ME 04101 USA

**Business entity stock is publicly traded:**

**The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:**

Class of Stock	Par value per share	Total Authorized		Total issued and outstanding
		No. of shares	Total par value	No. of shares

HIGHLAND AV  
PUBLIC 60' WIDE

108.30

D.M.  
11/10/86

5.94  
stone  
back

5.27  
stone  
back

498

concrete block

516 L.F.

Post over  
0.60

A.C.L.F.  
Rend over 2.60 x  
0.25

stone  
blk  
6.00

stone  
over  
8.00

175.25

CENTRAL ST  
PUBLIC 40' WIDE

LOTS 20 & 21  
18,053.7 S.F.

Link Fence

99.18 C' Chain

Drill  
Hik

GIBBENS ST  
PUBLIC 40' WIDE

D.M.

I certify that I have examined the premises & all easements, encroachments & buildings  
etc. on the ground as shown & that the buildings conformed to all zoning  
requirements when constructed.

Not in Flood Area

Fred W. Gould



PLOT PLAN  
156 HIGHLAND AV  
SOMERVILLE

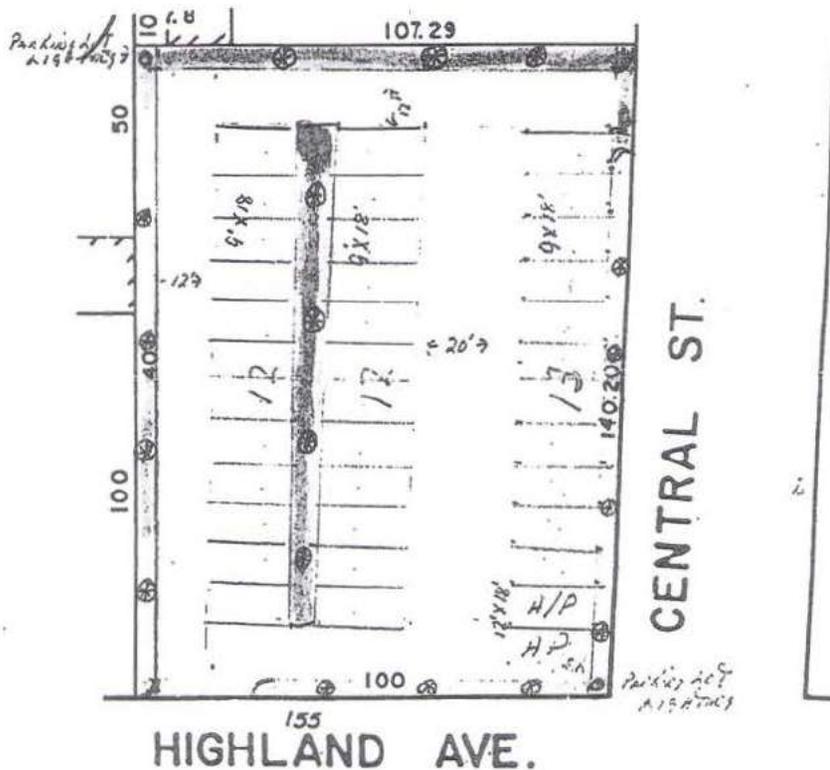
SCALE 1"=30'

DEC. 1, 1987

FRED W. GOULD, PRO. LAND SURVEYOR

LOT SIZE = 14,510  
ZONE DISTRICT NB  
USE- 9.13: D-2. S/P  
LANDSCAPE REQ 10% 1,451  
PROVIDE 2,317.

TREES  
5% H/P Parking  
4' FACE & ARCHED PROMISEN



155 HIGHLAND AVENUE  
SOMERVILLE, MA. 02143

## QS Private Lending LLC

376 Boylston Street  
Boston, Massachusetts 02116  
Telephone (617) 375-9000  
Fax (617) 375-5700

### Via Email

April 3, 2019

Ms Gladys Vega  
C/O East Coast Remedies Corp.  
116 Clark Ave  
Chelsea MA 02150

RE: 76-82 Central St, Somerville, MA

Dear Ms. Vega:

We are pleased to inform you that QS Private Lending LLC or its nominee (the "Lender") has conditionally approved a loan to you secured by a UCC filing of the Collateral of the business (the "Loan"). The terms and conditions of this conditional approval are as follows:

**Borrower(s):** Ms. Gladys Vega & East Coast Remedies Corp.  
116 Clark Ave  
Chelsea MA 02150

**Type:** UCC - Collateralized Business Loan

**Premises:** 76-82 Central Street, Somerville MA 02145

**Interest Rate:** Interest shall be computed this date and monthly thereafter at a rate of thirteen percent (13.00%) per annum.

**Commitment Fee:** The Borrower shall pay a non-refundable commitment fee equal to two percent (2%) of the Loan Amount at closing.

**Loan Amount:** \$585,000.00

**Loan Term:** Sixty (60) months.

**Late Charge:** The Loan documentation will contain provisions whereby monthly payments of interest which are delinquent after the date on which they are due may be subject to a late charge of five percent (5%) of the overdue payment.

**Monthly Payment Provision:** Monthly payment of interest only.

**Prepayment Provision:** No prepayment penalty.

**Additional Conditions:**

- 1.) Borrower shall pay all closing costs.
- 2.) Six months (6) minimum prepaid interest required.

The terms of this commitment letter may not be waived, modified or in any way changed by implication, correspondence or otherwise unless such waiver, modification or change is made in the form of an amendment to this commitment letter in writing and signed by all parties.

The Borrower shall pay all costs and expenses incidental to this commitment letter and the Loan, whether or not the Loan is made, including, but not limited to filing fees and revenue stamps, costs relating to this commitment letter and the Loan, and all reasonable legal fees and any expenses incurred by the Lender (including the fees of legal opinions), whether or not such costs and expenses were incurred before or after the expiration or cancellation of this commitment letter.

All representations made by the Borrower and its agents to the Lender in connection with the approval of the Loan referred to herein are deemed material and have been relied upon by the Lender in issuing this commitment.

This commitment letter is completely conditional upon East Coast Remedies, Corp. receiving a community host agreement from the City Of Somerville and all permitting associated with local and state standards. Applicable to a marijuana establishment being opened by this company at the above stated location

Please be informed that the terms and conditions presented herein do no purport to include all of the conditions, covenants, representations, warranties, defaults and other provisions which will be contained in the Loan documentation for this transaction. This letter shall be governed and construed in accordance with the laws of the Commonwealth of Massachusetts.

East Coast Remedies Corp.

March 25th, 2019

Page 3 of 3

If the foregoing is acceptable to you, kindly indicate your approval by dating, executing and returning to us one copy of this letter for our files by 5:00 p.m. on April 5th, 2019, the expiration date of this commitment, along with \$500.00 in the form of a bank check or wire transfer payable to QS Private Lending LLC, which \$500.00 represents prepayment of a portion of the loan commitment fee.

Upon receipt of your signed letter, the Lender will authorize its counsel to commence preparation of the loan documents.

If you have any questions, please do not hesitate to contact me.

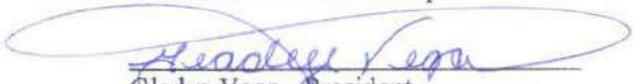
Very truly yours,  
QS PRIVATE LENDING LLC

By: \_\_\_\_\_

  
Steven A. Ross  
Attorney-In-Fact  
duly authorized

BORROWER:

East Coast Remedies Corp.

  
Gladys Vega - President  
duly authorized

**EAST COAST REMEDIES CORPORATION**  
**CAPITAL RESOURCES CERTIFICATION**

I, Gladys Vega, President of East Coast Remedies Corp. Signed under the pains and penalties of perjury, do hereby certify that all funds obtained by East Coast Remedies Corp. , for the purpose of establishing or operating East Coast Remedies Corp. Marijuana Establishment were legally earned or obtained pursuant to all applicable laws. All ongoing monies of the organization if granted an adult-use marijuana license from the Massachusetts Cannabis Control Commission will adhere pursuant to 935 CMR 500.000 a et.seq.



Gladys Vega

President

East Coast Remedies Corp. .