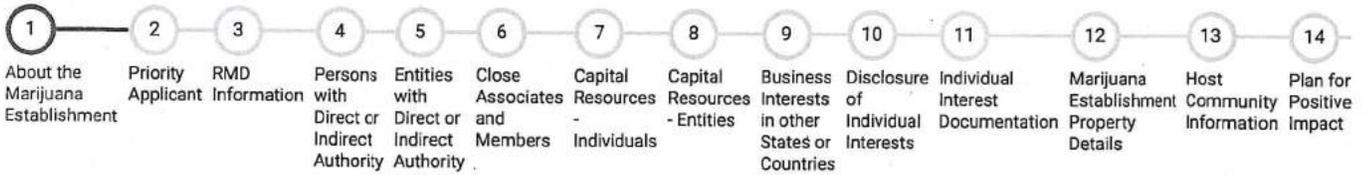


EAST COAST
REMEDIES

**APPLICATION OF INTENT PACKET FOR
MARIJUANA RETAILER APPLICATION**

Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

About the Marijuana Establishment

Please provide information on the Marijuana Establishment below. All fields marked with an * are required.

Business Legal Name * Federal Tax Identification Number EIN/TIN *

Phone Number * Email Address *

Business Address 1 * Business Address 2

Business City * Business State * Business Zip Code *

Mailing Address 1 * Mailing Address 2

Mailing City * Mailing State * Mailing Zip Code *

Certified Disadvantaged Business Enterprises (DBEs)

Certified Disadvantaged Business Enterprises (DBEs) *

Select all that apply.

- Disability-Owned Business
- Lesbian, Gay, Bisexual, and Transgender Owned Business
- Minority-Owned Business
- Veteran-Owned Business
- Woman-Owned Business
- Not a DBE

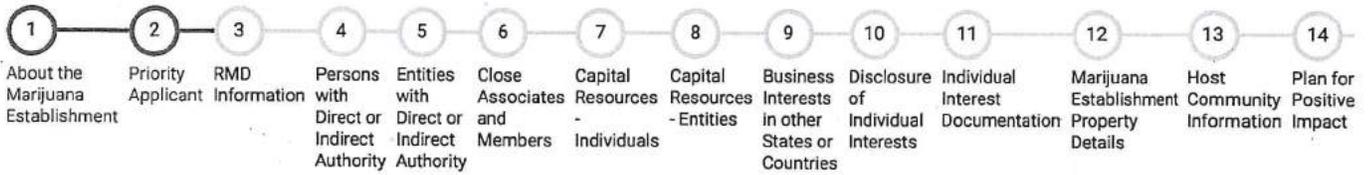
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Exit

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Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Priority Applicant

Some entities qualified for priority certification. Please indicate if this status applies to your Marijuana Establishment. All fields marked with an * are required.

Priority Applicant *

Has the Marijuana Establishment been certified as an Economic Empowerment Priority Applicant or an RMD Priority Applicant?

Yes No

Priority Applicant Type *

If you have been approved as a priority applicant, select the certification type. If you are not a priority applicant, select "Not a Priority Applicant".

Not a Priority Applicant

Economic Empowerment Applicant Certification Number

If you selected "Economic Empowerment Priority" above enter yo

RMD Priority Certification Number

If you selected "RMD Priority" above enter you certification numb

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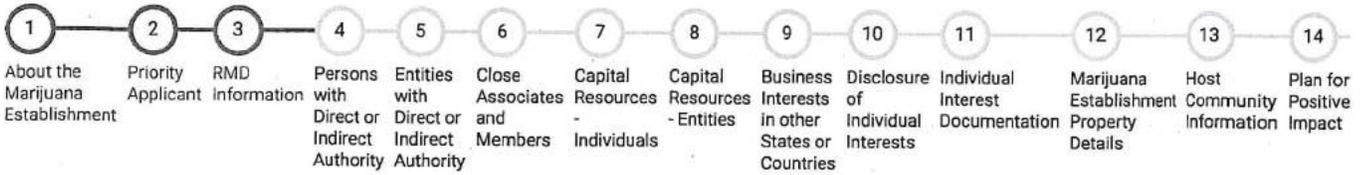
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Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

RMD Information

If you are a Registered Marijuana Dispensary (RMD) with a final or provisional certificate of registration in good standing with the Department of Public Health (DPH) may apply as an RMD Priority Applicant. By submitting this information, you consent to your information being exchanged between DPH and the Commission. Please provide proof of your RMD's registration status below.

If you are not a Registered Marijuana Dispensary, you may click on "Save & Go To Next Page"

Name of RMD

Department of Public Health RMD Registration Number

Operational and Registration Status

The current state of your registration with the Department of Public Health (DPH)

- Obtained Final Certificate of Registration and is open for business in Massachusetts
- Obtained Final Certificate of Registration, but is not open for business in Massachusetts
- Obtained Provisional Certificate of Registration only
- Applied for Certificate of Registration, decision by DPH is pending
- Denied by DPH for Certificate of Registration as an RMD in Massachusetts

Certificate of Registration

Upload a scanned copy of your current Certificate of Registration (Provisional or Final) from the Department of Public Health

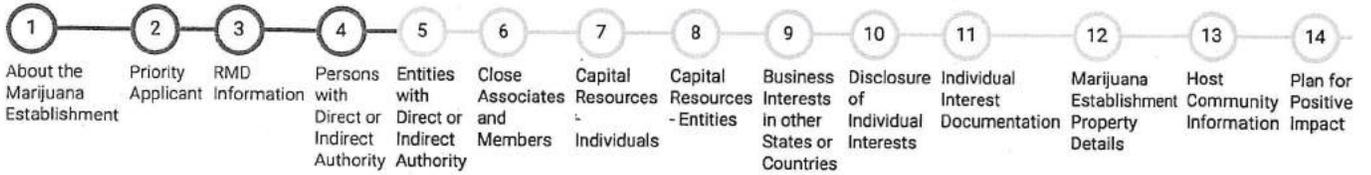
Drag document(s) or click here

To your knowledge, is the existing RMD certificate of registration in good standing?

- Yes
- No

If no, describe the circumstances below

Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

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 Ownership * Percentage Of Control *

Role * Other Role

First Name * Middle Name Last Name * Suffix Former Last Name

Alias - 1 Alias - 2 Alias - 3

Phone * Email *

Primary Address 1 * Primary Address 2

City * State * Zip Code *

Gender * 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 a

Person with Direct or Indirect Authority 2

Percentage Of Ownership *

33

Percentage Of Control *

33

Role *

Other (specify) ▾

Other Role

Treasurer

First Name *

Leah

Middle Name

Last Name *

Piantidosi

Suffix

Former Last Name

(e.g. maiden name)

Alias - 1

Alias - 2

Alias - 3

Phone *

Email *

Primary Address 1 *

8 Ciderpress Way

Primary Address 2

City *

North Andover

State *

MA ▾

Zip Code *

01845

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 a

Person with Direct or Indirect Authority 3

Percentage Of Ownership *

33

Percentage Of Control *

33

Role *

Director ▾

Other Role

Secretary, Partner, CFO

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

First Name Thomas	Middle Name	Last Name Mourmouras	Suffix	Former Last Name (e.g. maiden name)
Alias - 1	Alias - 2	Alias - 3		
Phone * 207-776-3552	Email * mourmouras@fireonfore.com			
Primary Address 1 * 30 Saco Avenue		Primary Address 2		
City * Old Orchard Beach	State * ME	Zip Code * 04064		
Gender * Male	User Defined Gender			
<p>What is this person's race or ethnicity? *</p> <p>Mark all boxes that apply</p> <p><input type="checkbox"/> White (German, Irish, English, Italian, Polish, French)</p> <p><input type="checkbox"/> Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)</p> <p><input type="checkbox"/> Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)</p> <p><input type="checkbox"/> Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)</p> <p><input type="checkbox"/> Some Other Race or Ethnicity</p> <p><input type="checkbox"/> Decline to Answer</p>				
Specify Race or Ethnicity				
Enter the specific race(s) or ethnicity(ies) the person identifies a				

Add a Person

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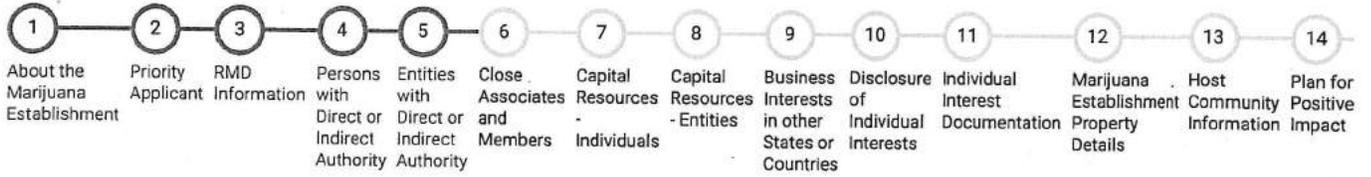
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Exit

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Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Entities with Direct or Indirect Authority

Provide information for all entities 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 entity click the "Add an Entity" button at the bottom of the page.

*All fields marked with an * are required.*

Add an Entity

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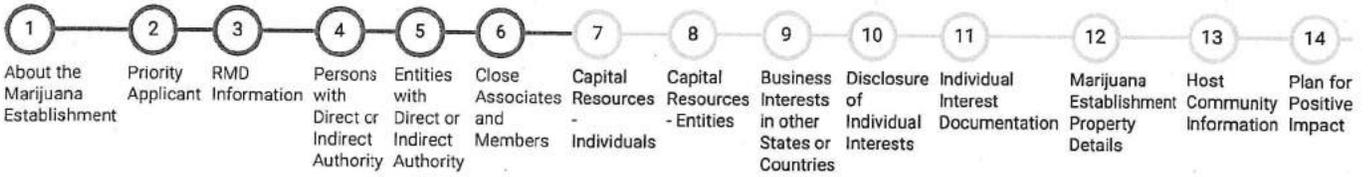
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Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Close Associates and Members

Provide information about all Close Associates and Members of the applicant.

Close Associate means a person who holds a relevant managerial, operational or financial interest in the business of an applicant or licensee and, by virtue of that interest or power, is able to exercise a significant influence over the management, operations or finances of a Marijuana Establishment licensed under 935 CMR 500.000.

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 as close associates or members, click the "Add an Individual" at the bottom of the page.

All fields marked with an * are required.

Close Associates or Member 1

First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Gladys		Vega		
Alias 1	Alias 2	Alias 3		
Phone *	Email *			
	gladysv@chelseacollab.org			
Primary Address 1 *	Primary Address 2			
116 Clark Avenue				
City *	State *	Zip Code *		
Chelsea	MA	02150		
Describe the nature of the relationship this person has with the Marijuana Establishment *				
President of East Coast Remedies Corp. and Partner				

Close Associates or Member 2

First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Leah		Plantidosi		
Alias 1	Alias 2	Alias 3		

Phone * Email *

Primary Address 1 * Primary Address 2
 8 Ciderpress Way

City * State * Zip Code *
 North Andover MA 01845

Describe the nature of the relationship this person has with the Marijuana Establishment *

Treasurer of East Coast Remedies Corp.

Close Associates or Member 3

First Name * Middle Name Last Name * Suffix Former Last Name
 Thomas Mourmouras

Alias 1 Alias 2 Alias 3

Phone * Email *

Primary Address 1 * Primary Address 2
 30 Saco Avenue

City * State * Zip Code *
 Old Orchard Beach ME 04064

Describe the nature of the relationship this person has with the Marijuana Establishment *

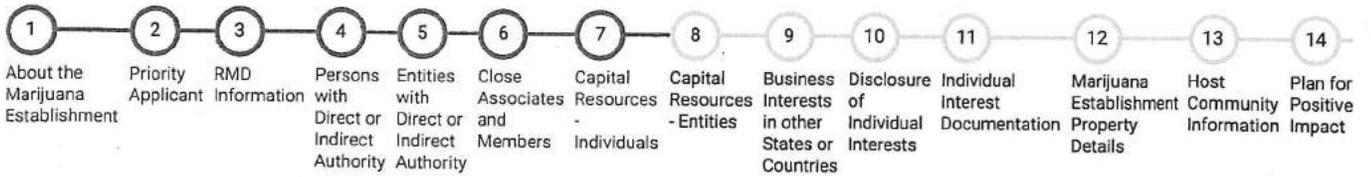
Director and Secretary of East Coast Remedies Corp., as well as Partner and CFO

Add an Individual

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Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Capital Resources - Individuals

Provide information about individuals that have or will contribute 10% or more to the initial capital for the Marijuana Establishment.

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 an individual, click the "Add an Individual" button below.

All fields marked with an * are required.

[Add an Individual](#)

Capital Resources Documentation - Individuals

Please provide documentation that establishes:

- The existence of the funds
- Certification that the funds were legally obtained
- Amount(s) and source(s) of the funds provided to the applicant including, but not limited to, funds from any individual that will be contributing capital resources for the purposes of establishing or operating the identified Marijuana Establishment

Amounts and Sources of Capital Documentation

Documentation detailing the amounts and sources of capital resources available to the applicant from any entity that will be contributing capital resources to the applicant for purposes of establishing or operating the identified Marijuana Establishment for each license applied for.

Drag document(s) or click here

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Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Capital Resources - Entities

Provide information about entities that have or will contribute 10% or more to the initial capital for the Marijuana Establishment.

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

To add an entity, click the "Add an Entity" button below.

All fields marked with an * are required.

[Add an Entity](#)

Capital Resources Documentation - Entity

Please provide documentation that establishes:

- The existence of the funds
- Certification that the funds were legally obtained
- Amount(s) and source(s) of the funds provided to the applicant including, but not limited to, funds from any individual that will be contributing capital resources for the purposes of establishing or operating the identified Marijuana Establishment

Amounts and Sources of Capital Documentation

Drag document(s) or click here

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[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at cannabiscommission@state.ma.us

EAST COAST REMEDIES CORP. – CAPITAL RESOURCES DOCUMENTATION

Documentation will be submitted for state-level application process pending Somerville Host Community Agreement selection.

Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#)



Application #: MRN282565

Business Interests in other States or Countries

Provide information about all past or present business interests of the Marijuana Establishment and its owners in other states or countries.

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

To add entities click on the "Add an Entity" button below.

All fields marked with an * are required.

Business Interest in Other State 1 ✖

Business Interest of an Owner or the Marijuana Establishment *

If the interest is of an owner please provide the owner's name below.

Business Interest of the Marijuana Establishment

Business Interest of an Owner

Owner First Name <input type="text" value="Thomas"/>	Owner Middle Name <input type="text"/>	Owner Last Name <input type="text" value="Mourmouras"/>	Owner Suffix <input type="text"/>
Entity State Business Identification Number * <input type="text" value="20185533DC"/>		Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID * <input type="text" value="00-0000000"/>	
Entity Legal Name * <input type="text" value="Rosebud, LLC"/>		Entity DBA <input type="text" value="Doing-Business-As"/>	
Entity Description * <input type="text" value="Medical Marijuana Caregiver Storefront"/>			
Entity Phone * <input type="text" value="207-776-3552"/>	Entity Email * <input type="text" value="mourmouras@fireonfore.com"/>	Entity Website <input type="text"/>	
Entity Address 1 * <input type="text" value="30 Saco Avenue"/>		Entity Address 2 <input type="text"/>	
Entity City * <input type="text" value="Old Orchard Beach"/>	Entity State * ME ▼	Entity Zip Code * <input type="text" value="04064"/>	Entity Country * USA
Entity Mailing Address 1 * <input type="text" value="30 Saco Avenue"/>		Entity Mailing Address 2 <input type="text"/>	
Entity Mailing City * <input type="text" value="Old Orchard Beach"/>	Entity Mailing State * ME ▼	Entity Mailing Zip Code * <input type="text" value="04064"/>	Entity Mailing Country * USA

[Add an Entity](#)

Business Interest Documentation

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

Supporting Document



Document Name: Rosebud LLC.pdf 

Document Category: Documentation of Interest

Upload Date: 4/5/19

Drag document(s) or click here

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BUSINESS INTEREST DOCUMENTATION



MAINE

Department of the Secretary of State
Bureau of Corporations, Elections and Commissions

Corporate Name Search

Information Summary

[Subscriber activity report](#)

This record contains information from the CEC database and is accurate as of: Fri Apr 05 2019 00:26:46. Please print or save for your records.

Legal Name	Charter Number	Filing Type	Status
ROSEBUD, LLC	20185533DC	LIMITED LIABILITY COMPANY (DOMESTIC)	GOOD STANDING

Filing Date	Expiration Date	Jurisdiction
04/09/2018	N/A	MAINE

Other Names (A Assumed ; F Former)

NONE

Clerk/Registered Agent

THOMAS MOURMOURAS
30 SACO AVE
OLD ORCHARD BEACH, ME 04064

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List of Filings

[View list of filings](#)

Obtain additional information:

Certificate of Existence ([more info](#))

[Short Form without amendments](#) ([\\$30.00](#))

[Long Form with amendments](#) ([\\$30.00](#))

You will need Adobe Acrobat version 3.0 or higher in order to view PDF files. If you encounter problems, visit the [troubleshooting page](#).



If you encounter technical difficulties while using these services, please contact the [Webmaster](#). If you are unable to find the information you need through the resources provided on this web site, please contact the Bureau' Reporting and Information Section at 207 624 7752 or [e mail](#) or vi it

Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#)



Application #: MRN282565

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.*

[Add an Individual](#)

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Application #: MRN282565

Individual Interest Documentation

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

Supporting Documents

Drag document(s) or click here

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Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Marijuana Establishment Property Details

Details about the property where the Marijuana Establishment will be located. All fields marked with an * are required.

Establishment Address 1 *

76-82 Central Street

Establishment Address 2

Establishment City *

Somerville

Establishment Zip Code *

02143

Approximate square footage of the establishment *

1900

How many abutters does this property have? *

0 (TBD)

Have all property abutters been notified of the intent to open a Marijuana Establishment at this address? *

- Yes
- No
- I Don't Know

Bond or Escrow Documentation *

Documentation of a bond or other resources held in an escrow account in an amount sufficient to adequately support the dismantling and winding down of the Marijuana Establishment

Document Name: East Coast Remedies_Escrow Documentation.pdf 

Document Category: Documentation of Escrow Account

Upload Date: 4/3/19

Drag document(s) or click here

Property Interest Documentation *

Documentation of a property interest in the proposed address. Interest may be demonstrated by one of the following:

- Clear legal title to the proposed site;
- An option to purchase the proposed site;
- A legally enforceable agreement to give such title; or
- Binding permission to use the premises.

-  Document Name: East Coast Remedies - Site Control Affidavit.pdf 
Document Category: Permission to Use Premises
Upload Date: 4/3/19
-  Document Name: East Coast Remedies - Property Deed.pdf 
Document Category: Legal Title
Upload Date: 4/3/19

Drag document(s) or click here

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

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at cannabiscmission@state.ma.us

EAST COAST REMEDIES CORP. – ESCROW DOCUMENTATION

Documentation will be submitted for state level application process pending Somerville Host Community Agreement selection.

EVIDENCE OF SITE CONTROL

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

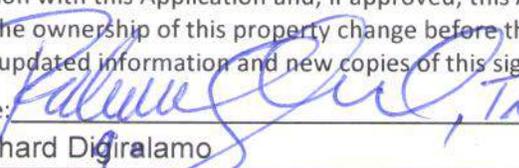
Names of All Trustees Who Own More Than 10%: None

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.common@yaho.com Phone: 617-440-1100

QUITCLAIM DEED

WE, WILLIAM J. DELANEY, DIANE J. DELANEY, ROBERT J. ODLUM and MICHAEL A. MARTELL, being all of the Trustees of "HIGHLAND REALTY TRUST" established under a Declaration of Trust dated August 7, 1972, recorded in Middlesex South District Registry of Deeds in Book 12272, Pages 464 through 478 inclusive

for consideration paid, and in full consideration of

EIGHT HUNDRED NINETY THOUSAND (\$890,000.00) DOLLARS

grant to

RICHARD G. DIGIROLAMO and RONALD A. DARDENO, Trustees of "R.F.R. REALTY TRUST", established under a Declaration of Trust dated December 9, 1985 recorded in Middlesex South District Registry of Deeds in Book 16627, Pages 167 through 174 inclusive

with QUITCLAIM COVENANTS

A certain parcel of land with the buildings thereon, situated in Somerville, Middlesex County, Massachusetts, being shown as Lots 20 and 21 on a "Plan of Valuable House Lots for sale in Somerville, Mass., belonging to a New England Mutual Life Insurance Co." dated July 20, 1886, by W.A. Mason & Son, Surveyors, recorded with Middlesex South District Deeds in plan book 49, plan 34, and bounded and described as follows:

- NORTHEASTERLY by Highland Avenue, 108.30 feet;
- SOUTHEASTERLY by Central Street, 175.25 feet;
- SOUTHWESTERLY by Gibbons Street, 99.18 feet; and
- NORTHWESTERLY by Lots 19 and 22 on said plan, 175 feet.

Containing according to said plan, 18,153.7 square feet of land.

Being the same premises conveyed to the Trustees of "Highland Realty Trust" by deed of Winter Hall Savings and Loan Association, said deed dated August 24, 1972, recorded in Middlesex South District Registry of Deeds, in Book 12274, Page 158.

For instruments duly appointing the undersigned as sole trustees of "Highland Realty Trust", see instruments of "Highland Realty Trust" recorded in Middlesex South District Registry of Deeds herewith. The Declaration of Trust establishing "Highland Realty Trust", dated August 7, 1972, as aforesaid, was duly recorded with Middlesex South District Registry of Deeds, as Instrument No. 177 of August 23, 1972.

WITNESS our hands and seals this seventeenth day of December, 1987.

"HIGHLAND REALTY TRUST"

By:

William J. Delaney
WILLIAM J. DELANEY, Trustee

Diane J. Delaney
DIANE J. DELANEY, Trustee

Robert J. Odum
ROBERT J. ODLUM, Trustee

Michael A. Martell
MICHAEL A. MARTELL, Trustee

Address of the Grantee: 424 Broadway, Somerville, Massachusetts 02145
25,000
Address of the Granted Premises: 156 Highland Avenue, Somerville, Massachusetts 02143
576 4.00
577 4.00
577
577
577

MSD-1218287 02158216 577 25.00 MASS, EXCISE TAX: 2829.20 ***

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

December 17, 1987
Woburn, Massachusetts

Then personally appeared the above named WILLIAM J. DELANEY, DIANE J. DELANEY, ROBERT J. ODLUM and MICHAEL A. MARTELL, Trustees of the "HIGHLAND REALTY TRUST" and each of them acknowledged the foregoing instrument to be their free act and deed, before me,

William Vincent

William H. Vincent Notary Public
My Commission Expires: 7/7/89

CANCELLED

FILED

CA

DECLARATION OF TRUSTestablishing"R.F.R. REALTY TRUST"

The undersigned, RICHARD G. DIGIROLAMO, of Somerville, County of Middlesex, Massachusetts, and RONALD A. DARDENO, of Arlington, County of Middlesex, Massachusetts, hereby declare that any and all property and interest in property that may be acquired hereunder ("the Trust Estate"), shall be held in trust for the sole benefit of the beneficiaries for the time being hereunder, upon the terms herein set forth. The term "Trustees" wherever used herein shall mean the Trustee or Trustees named herein and such person or persons who hereafter are serving as Trustee or Trustees hereunder, and the rights, powers, authority and privileges granted hereunder to the Trustees shall be exercised by such person or persons subject to the provisions hereof.

1. The term "Beneficiaries" wherever used herein shall mean the beneficiary or beneficiaries listed in Schedule of Beneficial Interests this day executed and filed with the Trustees, or in the revised Schedule of Beneficial Interests, if any, from time to time executed and filed with the Trustees. The Trustees shall not be affected by any assignment or transfer of any beneficial interest until receipt by the Trustees of notice that such assignment or transfer has in fact been made and a revised Schedule of Beneficial Interest shall have been duly executed and filed with the Trustees. Any Trustee may without impropriety become a beneficiary hereunder and exercise all rights of a beneficiary with the same effect as

though he were not a Trustee. The trust hereby established may be referred to as the "R.F.R. REALTY TRUST". The address of this Trust shall be for the time being:

424 Broadway, Somerville, Massachusetts 02145

2. The Trustees shall hold the principal of this Trust and receive the income therefrom for the benefit of the beneficiaries, and shall pay the income to the beneficiaries in proportion to their respective interests at least annually. The Trustees may open, maintain, and, at will, close out any checking and savings accounts and safe deposit boxes in any bank, banks, trust companies, federal savings and loan associations, and other banking, lending or other financial institutions; and the Trustees may deposit funds and other assets of the Trust in such institutions and such safe deposit boxes, and may disburse such funds on checks signed by the Trustees or by any person or persons authorized in writing by the Trustees so to do, and may withdraw such funds and other assets on instruments of withdrawal signed by the Trustees or by any person or persons authorized in writing by the Trustees so to do. Each such institution shall honor all checks and other instruments signed by such person or persons authorized by the Trustees so to sign, and permit such person or persons to have access to such safe deposit boxes; and such institutions may rely fully on the Trustees signed authorization so to do, so filed by the Trustees with said institution.

3. Except as expressly provided in paragraphs 2 and 4 hereof, the Trustees shall have not power to deal in or with the Trust Estate except as directed by the beneficiaries. When, as, if and to extent specifically directed by the beneficiaries, the

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Trustees shall have full power and authority, which they shall exercise, to buy, deal in and manage real estate, improved or unimproved, to sell, convey, assign, mortgage or otherwise dispose of all or any part of the Trust Estate (including without limitation the full power and authority to delegate to any person or persons acting singly or together with others and whether or not serving as a Trustee hereunder) full power and authority to sign checks, drafts, notes, bills of exchange, acceptances, undertakings and other instruments or order for the payment, transfer or withdrawal of money for whatever purpose and to whomsoever payable (including those drawn to the individual order of a singer, and all waivers of demand, protest, notice of protest or dishonor of any check, note, bill, draft or other instrument made, drawn or endorsed in the name of the Trust) and as lessor or a lessee to execute and deliver leases, and subleases, and to borrow money and to execute and deliver notes or other evidence of such borrowing and to grant or acquire rights or easements and enter into agreements or arrangements with respect to the Trust Estate. Any and all instruments executed pursuant to powers herein contained may create obligations extending over any periods of time including periods extending beyond the date of any possible termination of the Trust; and the execution of all contracts, conveyances, transfers and all other instruments relating to the Trust estate, or any part thereof, by one Trustee within ninety (90) days after he or she becomes the sole Trustee shall always be sufficient. Notwithstanding any provisions contained herein, no Trustee shall be required to take any action which will, in the opinion of such Trustee, involve him in any personal liability unless first indemnified to his

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satisfaction. Any person dealing with the Trustees shall be fully protected in accordance with the provisions of paragraph 7 hereof.

4. The Trust may be terminated at any time by the holder or holders of that percentage of the beneficial interests herein specified below by notice in writing to the Trustees and the other beneficiaries, if any, but such termination shall only be effective when a certificate thereof signed and acknowledged by the Trustees hereunder shall be recorded in the Registry of Deeds; and the Trust shall terminate in any event twenty (20) years after the death of the original Trustees above named. In case of any such termination, the Trustees shall transfer and convey the specific assets constituting the Trust Estate, subject to any leases, mortgages, contracts or other encumbrances on the Trust Estate, to the beneficiaries in proportion to their respective interests hereunder. The percentage of the beneficial interests required to terminate the Trust shall not be less than sixty-six (66%) percent.

5. Any Trustee hereunder may resign by written instrument signed and acknowledged by such Trustee and recorded in the Registry of Deeds. Succeeding Trustees to fill a vacancy caused by resignation or death may be appointed by an instrument or instruments in writing signed by the beneficiary, or a majority of the beneficiaries, as the case may be, whose interest or interests therein was or were represented by such Trustee who resigned or died as shown in the then applicable Schedule of Beneficial Interests, provided in each case that such instrument or instruments or a certificate by any Trustee naming the Trustee or Trustees appointed, and the acceptance in writing by the Trustee or Trustees appointed, shall be recorded in the Registry of Deeds. Upon the appointment

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of any succeeding Trustee, the title to the Trust Estate shall thereupon and without the necessity of any conveyance be vested in said succeeding Trustee jointly with the remaining Trustee or Trustees, if any. Each succeeding Trustee shall have all the rights, powers, authority and privileges as if named as the original Trustees hereunder. No Trustees shall be required to furnish bond. This Declaration of Trust may be amended from time to time by an instrument in writing signed by the holder or holders of that percentage of the beneficial interests herein specified below and acknowledged by one or more of such Trustees or Beneficiaries, provided in each case that the instrument of amendment or a certificate by any Trustee setting forth the terms of such amendment shall be recorded in the Registry of Deeds. The percentage of the beneficial interests required to amend the Trust shall be not less than sixty-six (66%) percent.

6. No Trustee hereunder shall be liable for any error of judgment nor for any loss arising out of any act or omission in good faith, but shall be responsible only for his own willful breach of trust. No license of court shall be requisite to the validity of any transaction entered into by the Trustee. No purchaser, transferee, pledgee, mortgagee or other lender shall be under any liability to see to the application of the purchase money or of any money or property loaned or delivered to any Trustee or to see that the terms and conditions of this Trust have been complied with. Every agreement, lease, deed, mortgage or other instrument or document executed or action taken by the sole Trustee or a majority of the persons appearing of record to be Trustees hereunder shall be conclusive evidence in favor of every person relying thereon or

claiming thereunder that at the time of the delivery thereof or of the taking of such action this Trust was in full force and effect, that the Trustee's execution and delivery thereof or taking of such action was duly authorized, empowered and directed by the beneficiaries, and that such instrument or document or action taken is valid, binding, effective and legally enforceable. Any person dealing with the Trust Estate or the Trustees may always rely without further inquiry on a certificate signed by any person appearing from the records of the Registry of Deeds to be a Trustee hereunder as to who is or are the Trustee or Trustees of the beneficiaries hereunder or as to the authority of the Trustee to act or as to the existence or non-existence of any fact or facts which constitute conditions precedent to acts by the Trustee or which are in any other manner germane to the affairs of the Trust.

7. No sale, assignment, or transfer of any beneficial interest in the Trust, except to another beneficiary or to his or her issue or ancestors or to the executor, administrator, heirs, or legatees of a deceased holder, may be made by any person holding a beneficial interest in the Trust including executors, administrators, heirs and legatees of a deceased holder any other person succeeding to a holder's interest herein, without first notifying the other holders in writing of his or their desire to sell, assign and transfer such interest and offering to sell the same to the other members in accordance with the terms of this paragraph 7. Such writing shall state the terms upon which such interest is proposed to be sold, his or their addresses and all other terms and conditions of such proposed sale.

In the case of any such proposed sale of any such beneficial

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interest in the Trust, or any part thereof, the remaining holders of the beneficial interests shall have a period of ninety (90) days after receipt of such notice within which to purchase the same. If such offer is accepted by two or more of the holders of such beneficial interest, they shall purchase the entire interest so offered in proportion to their respective interests hereunder. If such offer is accepted by only one holder of a beneficial interest, he shall purchase the entire interest so offered. If none of the holders of such beneficial interest shall give written notice of his acceptance of such offer within said 90-day period, the person desiring to sell shall have the right to sell his interest or any part thereof, as the case may be, to the proposed buyer, provided such sale or transfer is made strictly in accordance with the terms of such written notice, within three months of the expiration of such 90-day period. Any holder electing to purchase any such interest of another holder shall have the election to pay the purchase price for such interest (a) by bank or certified checks, or (b) by such holder's promissory note payable in three equal annual installments on the first, second and third anniversaries of the note, each installment to be one-third (1/3) of the purchase price, with interest on the unpaid balance at an annual rate of interest equal to the discount rate of the Federal Reserve Bank of Boston as of the date such holder elects to purchase any such interest plus one and one-half percent (1 1/2%) per annum, which interest shall be paid annually in arrears on each anniversary of the note. If any holder elects to purchase any such interest by payment in installments as set forth in the preceding sentence, such holder shall execute a first pledge of all his interests in the Trust to

R.D. R.T.

secure said note and all other instruments necessary to perfect such pledge.

8. The Term "Registry of Deeds" shall mean the Registry specified below, provided that if this Declaration of Trust is recorded or filed for registration in any other public office within or without the Commonwealth of Massachusetts, any person dealing with portions or all of the Trust Estate as to which documents or instruments are recorded or filed for registration in such other public office in order to constitute notice to persons not parties thereto may rely on the state of the record with respect to this Trust in such other public office, and with respect to such portions or all of the Trust Estate, the term "Registry of Deeds" as used herein shall mean such other public office. As used herein the "Registry of Deeds" is the Middlesex South District Registry of Deeds.

WITNESS the execution hereof under seal by the undersigned this ninth day of December, 1985.

Richard G. DiGirolamo
RICHARD G. DIGIROLAMO

Ronald A. Dardeno
RONALD A. DARDENO

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Somerville, Massachusetts
December 9, 1985

Then personally appeared the above-named RICHARD G. DIGIROLAMO and RONALD A. DARDENO and each of them acknowledged the foregoing instrument to be their free act and deed, before me.

Arthur P. Murphy
Notary Public
My commission expires 7/27/90

Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Host Community Information

The Host Community is the municipality in which a Marijuana Establishment is located or in which an applicant has proposed locating an establishment. Three documents are required to establish full cooperation with the host community:

- Single-page certification of host community agreement
- Community outreach meeting documentation
- Plan to Remain Compliant with Local Zoning

Note: Guidance for Community Outreach is provided on our website including forms and templates.

Host Community Documentation *

Please upload the required documentation below

Document Name: East Coast Remedies - Plan to Remain Compliant with Local Zoning.pdf

Document Category: Plan to Remain Compliant with Local Zoning

Upload Date: 4/3/19

Drag document(s) or click here

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East Coast Remedies, Inc.

PLAN TO REMAIN COMPLIANT WITH LOCAL ZONING

East Coast Remedies Corp. (“East Coast Remedies”) will remain compliant at all times with the local zoning requirements set forth in Somerville’s Zoning Ordinance. In accordance with Zoning Ordinance No. 2018-21, Articles 2, 6, and 7, East Coast Remedies’ proposed Marijuana Retailer is located in the Marijuana Overlay District, designated for Marijuana Retailers.

In compliance with the Somerville Zoning Ordinance and 935 CMR 500.110(3), the property is not located within 300 or 500 feet of any public or private school providing education in kindergarten or any of grades 1 through 12.

As required by Somerville’s Zoning Ordinance, East Coast Remedies will apply for a Special Permit and/or Site Plan Approval, as applicable, from the Planning Board. East Coast Remedies will apply for any other local permits, including a License from the Licensing Commission, required to operate a Marijuana Retailer at the proposed location. East Coast Remedies will comply with all conditions and standards set forth in any local permit required to operate a Marijuana Retailer at East Coast Remedies’ proposed location.

East Coast Remedies has already attended several meetings with various municipal officials and boards to discuss East Coast Remedies’ plans for a proposed Marijuana Retailer and, if selected, will execute a Host Community Agreement with Somerville. East Coast Remedies will continue to work cooperatively with various municipal departments, boards, and officials to ensure that East Coast Remedies’ Marijuana Establishment remains compliant with all local laws, regulations, rules, and codes with respect to design, construction, operation, and security.

Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Plan for Positive Impact

Please provide your plan to positively impact areas of disproportionate impact, as defined by the Commission. The list of those areas is posted on our website.

Plan to Positively Impact Areas of Disproportionate Impact *

Upload narrative

Document Name: East Coast Remedies - Plan for Positive Impact.pdf 

Document Category: Plan for Positive Impact

Upload Date: 4/4/19

Drag document(s) or click here

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POSITIVE IMPACT PROGRAMS

- Provide job training and community education to help assist and educate Somerville residents on adult-use in Massachusetts.
- Mentoring and professional services to individuals in disproportionate impact areas.
- Provide assets such as resources, time and financial assistance to these areas.
- Discounting products for those with chronic illnesses, financial hardships, veterans, senior citizens and Somerville residents.

5% OFF FOR SOMERVILLE RESIDENTS

10% OFF FOR SENIOR CITIZENS

10% OFF FOR VETERANS

10% OFF FOR THOSE WITH FINANCIAL HARDSHIP

15% OFF FOR THOSE WITH CHRONIC ILLNESS

(THE ABOVE DISCOUNTS ARE SUBJECT TO REGULATORY APPROVAL BY THE COMMISSION.)

MEASURING POSITIVE IMPACT

To properly assess the impact of our business on the community, the following information shall be gathered and evaluated annually. By compiling this information ECR can assess the success or downfall of our positive impact programs.

- Total gross dollar amount of discounts provided to our patients.
- Number of employees hired and trained from Somerville and areas of disproportionate impact.
- Number of jobs created in the marijuana industry to Somerville residents and individuals in areas of disproportionate impact.
- Financial information detailing total donations given to specific causes.
- Number of business and individuals participating in our programs.
- Number and jobs created within the marijuana industry in areas of disproportionate impact.

Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#)



Application #: MRN282565

Additional Information Notification

Please upload a narrative document describing the Marijuana Establishment's plan to positively impact areas of disproportionate impact.

Notification *

I understand that a complete application includes four packets:

- *Application of Intent*
- *Background Check*
- *Management and Operations Profile*
- *Application Fee Payment*

I understand that this packet is only one of those four packets.

I understand that I will need to complete the Application Fee Payment packet before any part of my application is evaluated by the Cannabis Control Commission.

I understand

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