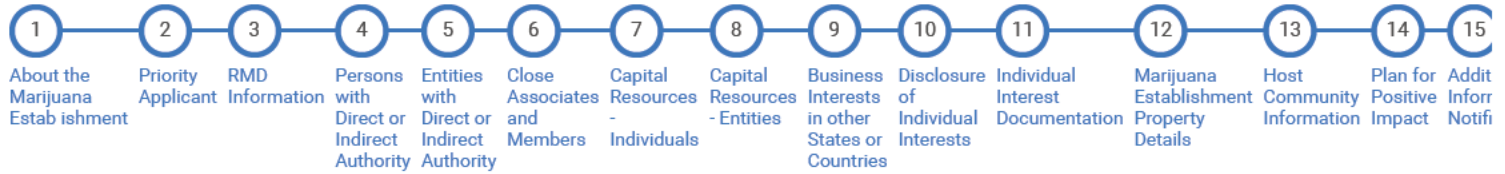


Massachusetts Cannabis Industry Portal (MassCIP)

IR

Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#) > Marijuana Retailer - Application of Intent



Application #: MRN281469

Please review your Marijuana Retailer - Application of Intent packet below. If all information is accurate, click the "Submit" button at the bottom of the page. Three things will happen when you submit this packet:

- You will go to a confirmation page on this site – please print this page or save a screenshot for your records;
- You will receive a confirmation email with your application number confirming the submission of this packet; and
- Your application packet will enter the review queue if you have paid the application fee.

After you submit your application packet, you may login and view it on this website, but you cannot make edits unless the Commission gives permission for changes. That may happen if the reviewer has questions or needs more information.

A timestamp will be issued when your full application which is comprised of four packets has been received an approved. Upon approval, a fifth "License Fee Payment" packet will be available on your main page.

The review process may take several weeks or longer. You will be notified via email when the Commission has made a decision regarding your application.

About the Marijuana Establishment

Business Legal Name: **Nuestra, LLC**

Federal Tax Identification Number EIN/TIN: [REDACTED]

Phone Number: [REDACTED]

Email Address: [REDACTED]

Business Address 1: **198 Tremont Street**

Business Address 2: **Suite 228**

Business City: **Boston**

Business State: **MA**

Business Zip Code: **02116**

Mailing Address 1: **198 Tremont Street**

Mailing Address 2: **Suite 228**

Mailing City: **Boston**

Mailing State: **MA**

Mailing Zip Code: **02116**

Certified Disadvantaged Business Enterprises (DBEs)

Certified Disadvantaged Business Enterprises (DBEs): **Woman-Owned Business**

DBE Documentation

Applicants who identified as a Minority-, Women-, or Veteran-Owned Business above may qualify for expedited review of this license application. In order to qualify, additional steps are required:

- (1) Upload a completed DBE attestation form (available on the Commission's website) and provide proof that you have signed up for the MA Supplier Diversity Office's Free Business Class or
- (2) Provide documentation that your business has been certified as Minority-, Women-, or Veteran-Owned Business by the MA Supplier Diversity Office or other agency equivalent.

Please note that certification will be verified prior to licensure.

	Document Name: Expedited_Review_Affidavit.pdf
	Document Category: Supplier Diversity Office (SDO) Training
	Upload Date: 2/23/20

Priority Applicant

Priority Applicant: Yes

Priority Applicant Type: Economic Empowerment Priority

Economic Empowerment Applicant Certification Number: EE202121

RMD Priority Certification Number:

RMD Information

Name of RMD:

Department of Public Health RMD Registration Number:

Operational and Registration Status:

Certificate of Registration

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

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

If no, describe the circumstances below:

Persons with Direct or Indirect Authority

Person with Direct or Indirect Authority 1

Percentage Of Ownership: 0

Percentage Of Control: 20

Role: Executive / Officer

Other Role: Chief Engagement Officer, Manager,
Owner of Herban Legends of Boston, LLC

First Name: Renata

Middle Name:

Last Name: Caines

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: Boston

State: MA

Zip Code: 02119

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 2

Percentage Of Ownership: 0

Percentage Of Control: 20

Role: Owner / Partner

Other Role: Chief Executive Officer, Manager, Owner
of Herban Legends of Boston, LLC

First Name: Ivese

Middle Name:

Last Name: Rivera

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: Roxbury

State: MA

Zip Code: 02119

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 3

Percentage Of Ownership: 0

Percentage Of Control: 20

Role: Manager

Other Role:

First Name: Shaquille

Middle Name:

Last Name: Anderson

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: Boston

State: MA

Zip Code: 02121

Gender: Male

User Defined Gender:

What is this person's race or ethnicity?: Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 4

Percentage Of Ownership: 0

Percentage Of Control: 20

Role: Executive / Officer

Other Role: Chief Operating Officer, Manager, Owner
of Mikaz, LLC

First Name: Jonathan

Middle Name:

Last Name: Tucker

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: Los Angeles

State: CA

Zip Code: 90036

Gender: Male

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 5

Percentage Of Ownership: 0 Percentage Of Control: 20

Role: **Manager** Other Role:

First Name: **Tara** Middle Name: Last Name: **Tucker** Suffix: Former Last Name: **Ahamed**

Alias - 1: Alias - 2: Alias - 3:

Phone: [REDACTED] Email: [REDACTED]

Primary Address 1: [REDACTED] Primary Address 2:

City: **Los Angeles** State: **CA** Zip Code: **90036**

Gender: **Female** User Defined Gender:

What is this person's race or ethnicity?: **Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)**

Specify Race or Ethnicity:

Entities with Direct or Indirect Authority

Entity with Direct or Indirect Authority 1

Percentage of Ownership: 51 Percentage of Control: 60

Entity Legal Name: **Herban Legends of Boston, LLC** Entity DBA: DBA City:

Entity Description: **Majority owner**

Foreign Subsidiary Narrative:

Entity Phone: [REDACTED] Entity Email: [REDACTED] Entity Website:

Entity Address 1: **198 Tremont Street** Entity Address 2: **Suite 228**

Entity City: **Boston** Entity State: **MA** Entity Zip Code: **02116**

Entity Mailing Address 1: **198 Tremont Street** Entity Mailing Address 2: **Suite 228**

Entity Mailing City: **Boston** Entity Mailing State: **MA** Entity Mailing Zip Code: **02116**

Relationship Description: **Herban Legends of Boston, LLC ("Herban Legends") is the majority owner of Nuestra, LLC ("Nuestra"). Pursuant to Nuestra's Operating Agreement, Herban Legends has the right to appoint three of five managers to make major decisions about Nuestra. Herban Legends has appointed Ivelise Rivera, Renata Caines, and Shaquille Anderson as Board Members.**

Entity with Direct or Indirect Authority 2

Percentage of Ownership: 49 Percentage of Control: 40

Entity Legal Name: Mikaz, LLC

Entity DBA:

DBA City:

Entity Description: Minority owner

Foreign Subsidiary Narrative:

Entity Phone:

Entity

Email:

Entity Website:

Entity Address 1:

Entity Address 2:

Entity City: Framingham

Entity State: MA

Entity Zip Code: 01702

Entity Mailing Address 1:

Entity Mailing Address 2:

Entity Mailing City: Framingham

Entity Mailing State: MA

Entity Mailing Zip Code: 01702

Relationship Description: Mikaz, LLC. ("Mikaz") is the minority owner of Nuestra, LLC ("Nuestra"). Pursuant to Nuestra's Operating Agreement, Mikaz has the right to appoint two of five managers to make major decisions about Nuestra. Mikaz has appointed two of five managers as Board Members. No entries were provided for this section.

Capital Resources - Individuals

No entries were provided for this section.

Capital Resources Documentation - Individuals

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.

Capital Resources - Entities

Entity Contributing Capital 1

Entity Legal Name: Commonwealth Farm 1761, Inc.

Entity DBA:

Email:

Address 1: 600 Worcester Road

Address 2: Suite 401

City: Framingham

State: MA

Zip Code: 01702

Types of Capital: Debt

Other Type of Capital:

Total Value of Capital
Provided: \$300,000.00

Percentage of Initial Capital: 100

Capital Attestation: Yes

Capital Resources Documentation - Entity

Amounts and Sources of Capital Documentation

Business Interests in other States or Countries

No entries were provided for this section.

Business Interest Documentation

Supporting Document

Disclosure of Individual Interests

Individual 1

First Name: **Jonathan** Middle Name: Last Name: **Tucker** Suffix: Former Last Name:

Alias - 1: Alias - 2: Alias - 3:

Primary Address 1: [REDACTED] Primary Address 2:

City: **Los Angeles** State: **CA** Zip Code: **90036**

Marijuana Establishment Name: **Commonwealth Farm 1761, Inc.** Business Type: **Marijuana Cultivator**

Marijuana Establishment City: **Framingham** Marijuana Establishment State: **MA**

Individual 2

First Name: **Tara** Middle Name: Last Name: **Tucker** Suffix: Former Last Name:

Alias - 1: Alias - 2: Alias - 3:

Primary Address 1: [REDACTED] Primary Address 2:

City: **Los Angeles** State: **CA** Zip Code: **90036**

Marijuana Establishment Name: **Commonwealth Farm 1761, Inc.** Business Type: **Marijuana Cultivator**

Marijuana Establishment City: **Framingham** Marijuana Establishment State: **MA**

Individual Interest Documentation

Supporting Documents



Document Name: **Commonwealth Farm - Corporations Division.pdf**

Document Category: **Individual Interest Documentation**

Upload Date: **2/23/20**

Marijuana Establishment Property Details

Establishment Address 1: 518 Somerville Avenue



Establishment Address 2:

Host Community Information

Establishment City: Somerville Establishment Zip Code: 02143

Host Community Documentation

Approximate square footage of the establishment: 7000 How many abutters does this property have?: 7
Please upload the required documentation below

	Document Name: Nuestra - Somerville - Plan to Remain Compliant with Local Zoning.pdf
	Document Category: Plan to Remain Compliant with Local Zoning
	Upload Date: 2/23/20
	Document Name: Bond.pdf
	Document Category: Documentation of Bond
	Upload Date: 6/3/19

Property Interest Documentation

Plan for Positive Impact



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

Plan to Positively Impact Areas of Disproportionate Impact

Clear legal title to the proposed site;

Upload narrative

An option to purchase the proposed site;

	Document Name: Nuestra - Somerville - ADI.pdf
	Document Category: Plan for Positive Impact
	Upload Date: 2/23/20
	Document Category: Permission to Use Premises
	Upload Date: 6/3/19

Notification: I understand

[<< Go To Previous Page](#) [Submit](#)

For assistance please call the Cannabis Control Commission at 774-415-0200 or email at Commission@CCCMass.com

EXPEDITED REVIEW AFFIDAVIT

The Cannabis Control Commission (“Commission”) implemented a process for expedited review of license applications for minority- (“MBE”), women- (“WBE”), and veteran-owned (“VBE”) businesses. In order to receive expedited review as one of these groups, the proposed Marijuana Establishment (“applicant”) must be certified with the Supplier Diversity Office (“SDO”) as a MBE, WBE, and/or VBE, or in the alternative, take the appropriate steps outlined below.

Instructions

If the applicant is certified by the SDO as an MBE, WBE, and/or VBE, please upload your current SDO certification letter into your application(s) and ensure the appropriate designation has been made in your application’s Application of Intent. If already certified by the SDO as an MBE, WBE, and/or VBE, this affidavit is not required.

If the applicant is not certified as an MBE, WBE, and/or VBE yet, you may still receive expedited review if you comply with the following:

1. If not already completed, the applicant will need to identify their MBE, WBE, and/or VBE status in their application’s Application of Intent;
2. Sign up for, and attend, the SDO’s Pre-Certification Workshop class; and
3. Complete and notarize this affidavit. Upload the completed affidavit, along with the SDO’s Pre-Certification Workshop class confirmation email, into your application’s Application of Intent.

If seeking expedited review as an MBE, WBE, and/or VBE, please ensure that the above has been completed. All affidavits and proof of class sign up for one of the owners shall be combined into a single PDF document. This document should be uploaded into your license application’s Application of Intent.

If you are not certified at this time, you may apply to the SDO and later provide certification. Information pertaining to the SDO and certification is available on the SDO’s website: <https://www.mass.gov/supplier-diversity-office>.



Required Information

Business Name:

Nuestra, LLC

Application Number(s):

MRN281469

Name of Owner(s):

Renata Caines

As an owner of the proposed Marijuana Establishment(s), I hereby attest to the following: *(please attest by initialing each box next to the provision):*

RC

1. As an individual owner, I would qualify to be certified as an MBE, WBE, and/or VBE business by the SDO;

RC

2. All applicable owners of the proposed Marijuana Establishment, collectively as a group of individuals, would qualify to be certified as an MBE, WBE, and/or VBE business by the SDO;

RC

3. I, or a representative of the applicant, have provided the MBE, WBE, and/or VBE designation in all application number(s) listed above;

RC

4. I have signed up for the SDO's Pre-Certification class and received documentation to that effect;

RC

5. I understand that the applications above will receive expedited review only once all documentation has been provided to the Commission and reviewed for compliance;

RC

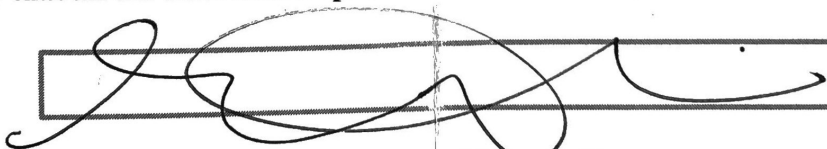
6. I understand that as a condition of receiving expedited review for the application(s) listed above, the applicant business will be required to attain SDO certification as a MBE, WBE, and/or VBE prior to being considered or approved by the Commission for final licensure; and

RC

7. I understand that providing materially inaccurate, incomplete, or fraudulent information to the Commission is grounds for denial of a renewal application, suspension, or revocation of any Marijuana Establishment license that I or the business may receive.

I affirm and certify that all the information provided within is true, accurate, made voluntarily.

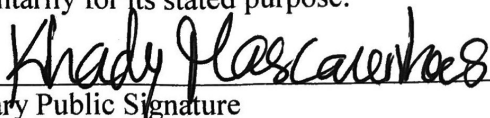
Owner Signature:



AUTHENTICATION BY NOTARY PUBLIC

On this 25th day of February, 2020, before me, the undersigned notary public, personally appeared Renata Caines, proved to me through satisfactory evidence of identification to be the person whose name is signed above and that he/she did so voluntarily for its stated purpose.

Notary Public Signature



NOTARY STAMP/SEAL

2



Subject: Fwd: Confirmation of Precertification Workshop registration ID=30168
Date: Tuesday, February 25, 2020 at 3:58:01 PM Eastern Standard Time
From: Renata Caines
To: Rebecca Rutenberg

please see my registration below

----- Forwarded message -----

From: SDOCertrak (OSD) <sdocertrak@state.ma.us>

Date: Mon, Feb 10, 2020 at 12:05 PM

Subject: Confirmation of Precertification Workshop registration ID=30168

To: [REDACTED]

DO NOT REPLY TO THIS EMAIL

Workshop Registration

You have registered for the following workshop session:

Attendee Name: Renata Caines

Workshop Name: "A Precertification Session"

Time: 04/29/2020 10:00AM - 12:00PM

Location: North Central MA Chamber of Commerce
860 South Street

City: Fitchburg

Need directions on getting to a workshop? [Click here](#).

If you need to cancel your registration, please [Click here](#).

Any questions please email webmaster.sdo@mass.gov.

Thank you.

Support Diversity Office



229 Parker St.
Gardner, MA 01440
978-632-2542

COMMONWEALTH FARM 1761 INC
1062 EDMANDS ROAD
FRAMINGHAM MA 01701-3013

Statement Period | Jan 01, 2020
Jan 31, 2020

Account Number

Number of Checks: 0

[Printable Version](#)

Statement Summary

Account Number Product Description

Balance

\$337,739.11

Business Checking - [REDACTED]

Download: [OFX](#) [QIF](#) [CSV](#)

[View Check Images](#)

[Reconcile](#)

Account Summary for Business Checking - [REDACTED]

Starting Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Fees	=	Ending Balance
\$413,641.72		\$0.00		\$0.00		\$75,877.61		\$25.00		\$337,739.11

Withdrawals and Debits for Business Checking - [REDACTED]

Date	Description	Amount
Jan 09		
Jan 13		
Jan 17		
Jan 17		
Jan 22		
Jan 27		
Jan 29		
Jan 30		
Jan 30		
Jan 31		

Daily Balance for Business Checking - 52662105

Date	Balance	Date	Balance	Date	Balance
Jan 09	\$402,951.44	Jan 22	\$356,791.44	Jan 30	\$337,764.11
Jan 13	\$379,766.44	Jan 27	\$347,841.94	Jan 31	\$337,739.11
Jan 17	\$356,866.44	Jan 29	\$347,816.94		

Overdraft and Returned Item Fees Summary - 52662105		
	Total This Period	Total Year To Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 001352191

[Request certificate](#)

[New search](#)

Summary for: COMMONWEALTH FARM 1761, INC.

The exact name of the Domestic Profit Corporation: COMMONWEALTH FARM 1761, INC.

Entity type: Domestic Profit Corporation

Identification Number: 001352191

Date of Organization in Massachusetts:
10-29-2018

Last date certain:

Current Fiscal Month/Day: 12/31

Previous Fiscal Month/Day: 12/31

The location of the Principal Office:

Address: 600 WORCESTER ROAD, SUITE 401 C/O BENJAMIN & WHITE, P.C.

City or town, State, Zip code, FRAMINGHAM, MA 01702 USA
Country:

The name and address of the Registered Agent:

Name: ARTHUR M. WHITE

Address: 600 WORCESTER ROAD, SUITE 401 C/O BENJAMIN & WHITE, P.C.

City or town, State, Zip code, FRAMINGHAM, MA 01702 USA
Country:

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	ARTHUR M. WHITE	600 WORCESTER ROAD, SUITE 401 FRAMINGHAM, MA 01702 USA
TREASURER	ARTHUR M. WHITE	600 WORCESTER ROAD, SUITE 401 FRAMINGHAM, MA 01702 USA
SECRETARY	ARTHUR M. WHITE	600 WORCESTER ROAD, SUITE 401 FRAMINGHAM, MA 01702 USA
DIRECTOR	ARTHUR M. WHITE	600 WORCESTER ROAD, SUITE 401

		FRAMINGHAM, MA 01702 USA
DIRECTOR	JONATHAN TUCKER	600 WORCESTER ROAD, SUITE 401, C/O BENJAMIN & WHITE, PC FRAMINGHAM, MA 01702 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
CWP	\$ 0.00	275,000	\$ 275.00	275,000

☐ **Consent** ☐ **Confidential Data** ☐ **Merger Allowed** ☐ **Manufacturing**

View filings for this business entity:

ALL FILINGS

Administrative Dissolution
Annual Report
Application For Revival
Articles of Amendment

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)

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: 518-524 Somerville AVE

Zoning District and Overlay District, if any: _____

Assessor's Map _____ Block _____ Lot _____ Ward _____

Property Owner's Legal Name: Guo Jie, Qiu

Property Owner's Mailing Address (with zip code): 524 Somerville AVE, Somerville MA 02143

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

☒ **Sole Proprietor:** Name of Owner: Guo Jie, Qiu

☐ **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: _____

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 518-524 Somerville AVE, Somerville MA 02143
- ☒ Nuestra, LLC (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: [Signature] Date: 2/28/2020

Print Name: Guo Jie, Qiu

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

Email: _____ Phone: _____



PLAN TO REMAIN COMPLIANT WITH LOCAL ZONING

Nuestra, LLC (“Nuestra”) will remain compliant at all times with the local zoning requirements set forth in the City of Somerville’s Zoning Ordinance.

In accordance with Section 7.16, Adult Use Marijuana Establishments, Nuestra’s proposed Marijuana Retailer establishment is located at 518 Somerville Avenue, which is permitted by Special Permit in the Marijuana Overlay District.

Nuestra is not located within 300 feet of a principal entry door of a public or private school providing education in kindergarten or any of grades 1 through 12. The facility is under 10,000 SF in net floor area.

Nuestra will seek a License from the Licensing Commission pursuant to Section 2-221 of the Somerville Code of Ordinances prior to a special permit application or building permit application being considered complete. Nuestra will then apply and obtain a Special Permit from the same Special Permit Granting Authority, which is the same board that issues special permits for the underlying zoning district. Nuestra will maintain registration with the Massachusetts Cannabis Control Commission and will comply with all applicable state and local public health regulations.

Nuestra will continue to work cooperatively with various municipal departments, boards, and officials to ensure that Nuestra’s facility remains compliant with all local laws, regulations, rules, and codes with respect to design, construction, operation, and security.

Nuestra has also retained the law firm Vicente Sederberg LLP to assist with ongoing compliance with local zoning requirements.



PLAN TO POSITIVELY IMPACT AREAS OF DISPROPORTIONATE IMPACT

Nuestra's majority owner is a Cannabis Control Commission certified Economic Empowerment Applicant. The company is committed to use its position as an industry leader to build sustainable pathways into the cannabis industry for individuals and communities that have been disproportionately harmed by cannabis prohibition.

Marijuana businesses have an obligation to the health and well-being of their customers as well as the communities that have had historically high rates of arrest, conviction, and incarceration related to marijuana crimes. It is Nuestra's intention to be a contributing, positive force in areas of disproportionate impact and to assist in changing the perception of those associated with marijuana use.

Goals

Nuestra has established specific goals to make a positive impact on areas of disproportionate impact. Through its Plan to Positively Impact Areas of Disproportionate Impact, Nuestra will provide mentoring, professional, and technical services for individuals and businesses facing systemic barriers.

CORI Rights Series

Nuestra will host four (4) CORI sealing clinics annually in geographic areas of disproportionate impact with an emphasis in designated Census tracts in Boston. The trainings will assist individuals in areas of disproportionate impact with retrieving copies of their CORI reports and administratively sealing the reports when eligible. Nuestra may seek to do such events in partnership with legal nonprofits or law firms.

Seminars will be publicized within local newspapers, including bilingual media; distributed at local career agencies, criminal justice areas and community centers; and circulated to marijuana advocacy organizations.

Nuestra will also offer monthly CORI sealing clinics in Somerville for local residents who have suffered impacts from the war on drugs. Clinics will be offsite in easily accessible locations by public transit. Clinics will be advertised within the facility, on Nuestra's social media, and distributed to Somerville stakeholders.

Plan Administration + Measurement

The Chief Engagement Officer will administer the Plan to Positively Impact Areas of Disproportionate Impact (the "Plan"), relying on Nuestra's legal representation to assist as required for more complex cases.

At the end of each year, Nuestra will compile its reports tracking both the qualitative and quantitative measures that demonstrate the progress or success of the plan. Metrics will have an identified data source. Metrics that will be utilized include:

1. The number of events held annually;
2. Locations of CORI sealing clinics;
3. Number of participants that attended the clinics;
4. Number of participants from the selected areas of disproportionate impact that attended the training events; and
5. Assessments from program attendees as to how helpful the trainings were.

Nuestra's executive management team will measure the impact of its programming on an annual basis upon Provisional License renewal.

Disclosures

Nuestra will adhere to the requirements set forth in 935 CMR 500.105(4) which provides the permitted and prohibited advertising, branding, marketing, and sponsorship practices of every Marijuana Establishment.

Any actions taken, or programs instituted, by Nuestra will not violate the Commission's regulations with respect to limitations on ownership or control or other applicable state laws.