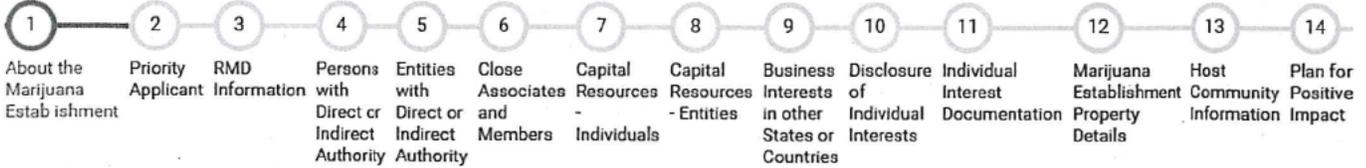


**COMPLETED APPLICATION OF INTENT FOR
MARIJUANA RETAILER APPLICATION**



Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282571

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

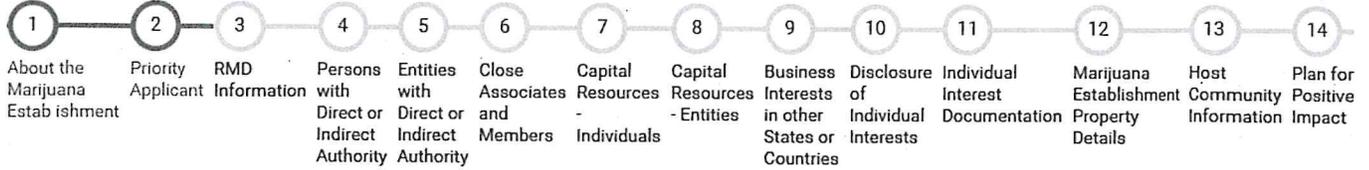
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Exit

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

Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282571

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 your

RMD Priority Certification Number

If you selected "RMD Priority" above enter your certification number

<< Go To Previous Page

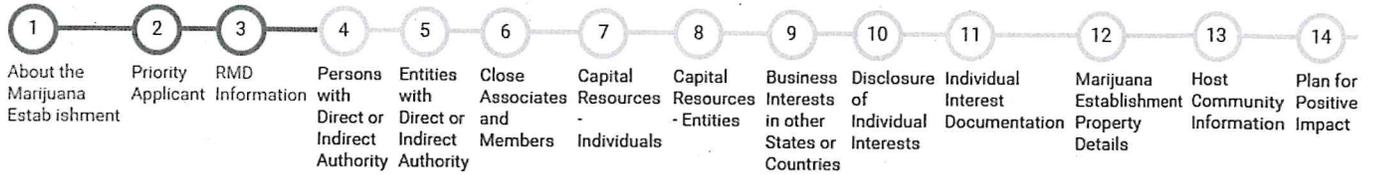
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For assistance please call the Cannabis Control Commission at 617-701-8400 or email at cannabiscommission@state.ma.us

Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282571

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 #: MRN282571

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

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 *

TBD

Percentage Of Control *

TBD

Role *

Executive / Officer

Other Role

Vice President, Treasurer, Partner

First Name *

Maria

Middle Name

Last Name *

Cacciola

Suffix

Former Last Name

Bazzi

Alias - 1

Alias - 2

Alias - 3

Phone *

[Redacted]

Email *

[Redacted]

Primary Address 1 *

[Redacted]

Primary Address 2

City *

Revere

State *

MA

Zip Code *

02151

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 *

12.5

Percentage Of Control *

TBD

Role *

Director

Other Role

Director and Capital Contributor

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

Christos		Poutahidis		(e.g. maiden 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 as

Add a Person

<< 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 cannabiscommission@state.ma.us

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



Application #: MRN282571

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

Cannabis Control Commission My Licenses Marijuana Retailer



Application #: MRN282571

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 * Robert Middle Name Last Name * Gregory Suffix Former Last Name

Alias 1 Alias 2 Alias 3

Phone * Email * rob@redbones.com

Primary Address 1 * 23 Chester treet Primary Address 2

City * Somerville State * MA Zip Code * 02144

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

Close Associates or Member 2

First Name * Maria Middle Name Last Name * Cacciola Suffix Former Last Name Bazzi

Alias 1 Alias 2 Alias 3

Phone * Email *

Primary Address 1 * Primary Address 2

City * State * Zip Code *

Describe the nature of the relationship this person has with the Marijuana Establishment *
Vice President and Treasurer

Close Associates or Member 3



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 *

Describe the nature of the relationship this person has with the Marijuana Establishment *
Director and Capital Contributor

Add an Individual

Cannabis Control Commission My Licenses Marijuana Retailer



Application #: MRN282571

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

Individual Contributing Capital 1

First Name * Middle Name Last Name * Suffix

Email * Phone *

Address 1 * Address 2

City * State * Zip Code *

Types of Capital * *Select all that apply*
 Monetary/Equity
 Debt
 Land
 Buildings
 Other (Specify)

Other Type of Capital

Total Value of the Capital Provided * Percentage of Initial Capital *

Capital Attestation *
The funds identified above that were used to invest in or finance the Marijuana Establishment were lawfully earned or obtained
 Yes

[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

 Document Name: NorthEast Select Harvest - Bank Statement from Christos Poutahidis_Redacted.pdf 
Document Category: Bank Record
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 cannabiscommission@state.ma.us

BANK STATEMENT



One College Avenue
Somerville, MA 02144

Questions?
We're here to help.
Visit our website at
www.MiddlesexFederal.com
or call our Customer Service
Department at 617-666-4700

000834

CHRISTOS POUTAHIDIS
147 WILLOW AVE
SOMERVILLE MA 02144-2308

Account Number: [REDACTED]
Statement Date: Feb 01, 2019 thru Feb 28, 2019

Summary - All Accounts

Product	Account #	Ending Balance
Statement Savings	[REDACTED]	\$179,779.73

Statement Savings - xxxxxxxx6932

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$150,517.85
Feb 04	Deposit		25,000.00	175,517.85
Feb 15	Withdrawal	-10,000.00		165,517.85
Feb 19	Deposit		10,000.00	175,517.85
Feb 22	Deposit		4,000.00	179,517.85
Feb 28	Credit Interest		261.88	179,779.73
	ENDING BALANCE			\$179,779.73

Interest Summary

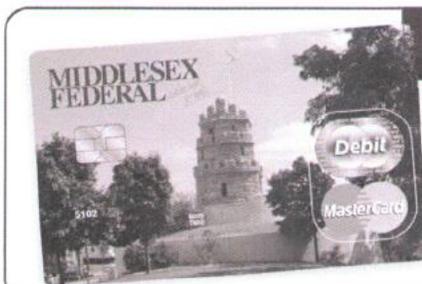
Avg. Daily Balance	Min. Balance for Period	Interest Period	Days in Period	Interest Earned	Annual Percentage Yield Earned	Interest Paid YTD
172,410.71	150,517.85	Feb 01, 2019 - Feb 28, 2019	28	261.88	2.00%	486.92

Interest Rate Summary

Date	Rate%	Date	Rate%	Date	Rate%	Date	Rate%
Sep 12	1.98%						

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



Debit Card Travel Notification

Plan ahead - send us a travel notice online or give us a call.

Online: Log in and click on Service Center/Electronic Services (*desktop*)
or click on Mobile Services/Secure Forms (*phone*).

On-the-Phone: Call 617-666-4700 and we'll take care of it for you.

Member FDIC

Account Number: [REDACTED]

Statement Date: Feb 01, 2019 thru Feb 28, 2019

CHECKS OUTSTANDING				DEPOSITS NOT ON STATEMENT	BEFORE RECONCILING - DEDUCT ANY SERVICE CHARGES OR OTHER DEBIT CHARGES ON STATEMENT FROM YOUR CHECKBOOK BALANCE - ADD ANY INTEREST CREDITS OR OTHER CREDITS TO YOUR CHECKBOOK.
NUMBER	AMOUNT	NUMBER	AMOUNT		
TOTAL TO TOP OF NEXT COLUMN		TOTAL CHECKS OUTSTANDING		TOTAL DEPOSITS	

PLEASE CHECK CAREFULLY AND REPORT ANY DIFFERENCES

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us or write us at the number or address shown on the front of the statement, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

The following pertains to accounts established for personal, family, or household purposes only.

BILLING RIGHTS SUMMARY

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us at the address shown on the front of this statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the first statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights.

IN YOUR LETTER GIVE US THE FOLLOWING INFORMATION

1. Your name and account number.
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item that you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

IF YOU NEED TO REPORT A CHANGE OF ADDRESS, PLEASE COMPLETE THE SECTION BELOW AND RETURN THIS SECTION TO US BY MAIL OR DELIVER TO OUR ADDRESS.

NAME (PLEASE PRINT)

STREET ADDRESS

CITY STATE ZIP CODE

AUTHORIZED SIGNATURE DATE

DAYTIME TELEPHONE () HOME TELEPHONE ()

THIS CHANGE APPLIES TO:

- CHECKING ACCOUNT SAVINGS ACCOUNT SAVINGS CERTIFICATE MORTGAGE LOAN INSTALLMENT LOAN OTHER



Account Number: [REDACTED]
Statement Date: Feb 01, 2019 thru Feb 28, 2019

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Feb 01, 2019	150,517.85	39,000.00	261.88	10,000.00	0.00	179,779.73

NORTHEAST SELECT HARVEST CORP. – CERTIFICATION THAT FUNDS WERE LEGALLY OBTAINED

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

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



Application #: MRN282571

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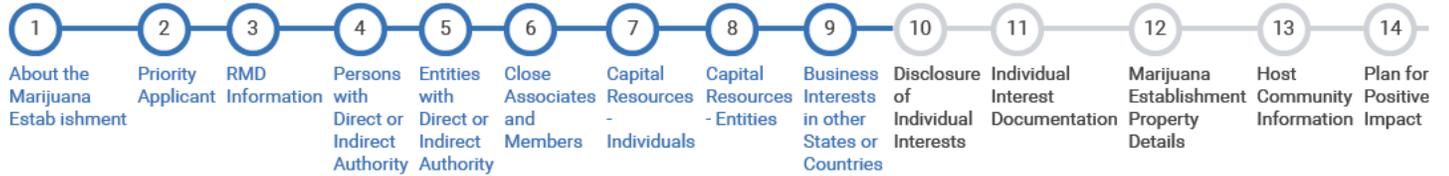
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For assistance please call the Cannabis Control Commission at 617-701-8400 or email at cannabiscommission@state.ma.us

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



Application #: MRN282571

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.

[Add an Entity](#)

Business Interest Documentation

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

Supporting Document

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

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



Application #: MRN282571

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

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



Application #: MRN282571

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

Cannabis Control Commission My Licenses Marijuana Retailer



Application #: MRN282571

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 *

Establishment Address 2

Establishment City * Establishment Zip Code *

Somerville ▼ 02144

Approximate square footage of the establishment *

How many abutters does this property have? *

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 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: Northeast Select Harvest_QuitClaim Deed.pdf



Document Category: Legal Title

Upload Date: 4/4/19

Drag document(s) or click here

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[Exit](#)

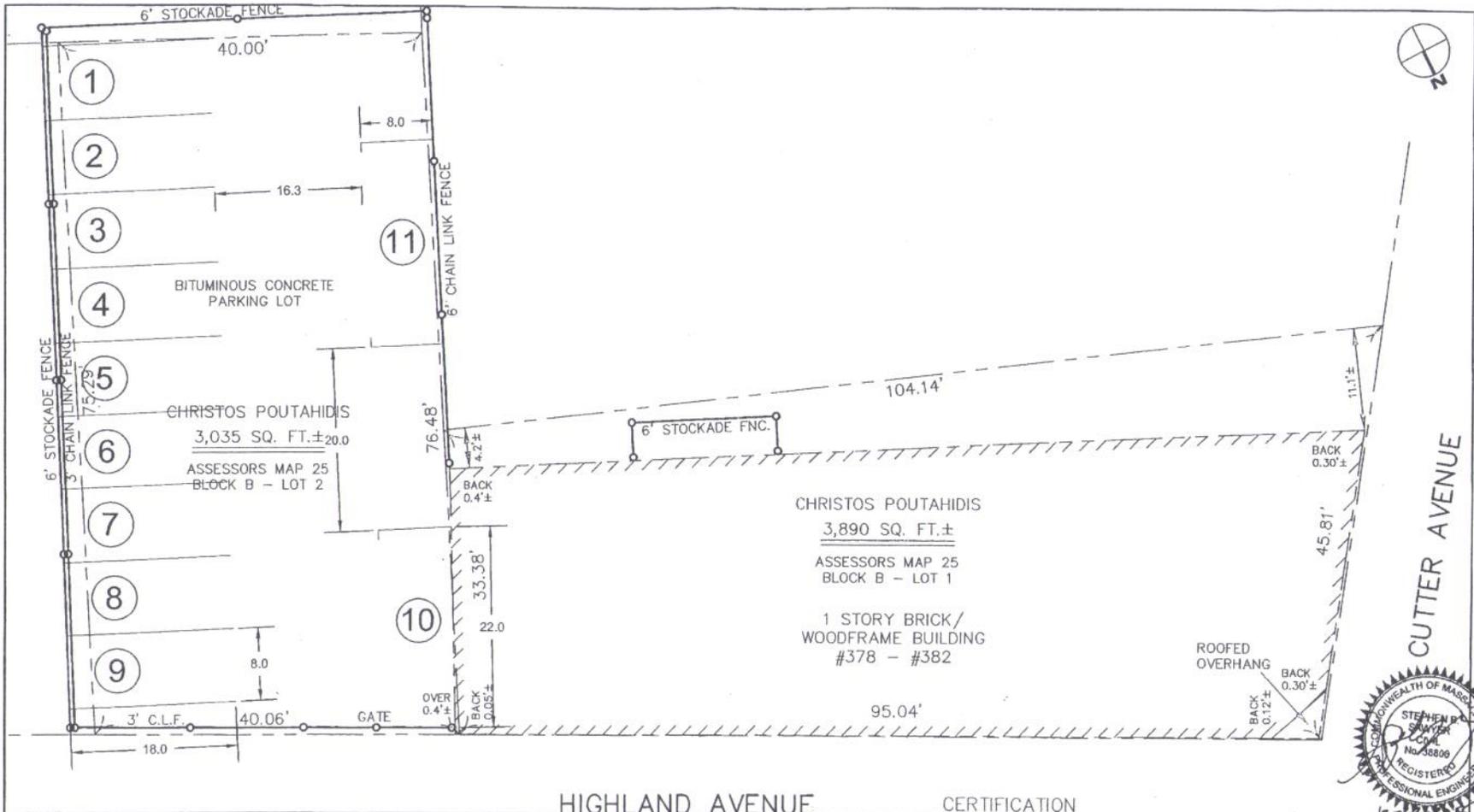
For assistance please call the Cannabis Control Commission at 617-701-8400 or email at cannabiscommission@state.ma.us

NORTHEAST SELECT HARVEST CORP. – ESCROW DOCUMENTATION

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

**NORTHEAST SELECT HARVEST –
QUIT CLAIM DEED**

FAX: 781-487-7684



Design Consultants, Inc.
Consulting Engineers and Surveyors

120 MIDDLESEX AVENUE
SOMERVILLE, MA 02146
617-776-3360

68 PLEASANT STREET
NEWBURYPORT, MA 01950
978-368-7173

SCALE:
HORIZ: 1"=10'
VERT: _____

FIELD: XX
CALCS: XX
CHECKED: XX
APPROVED: XX

CERTIFICATION
PARKING LAYOUT PLAN
376 HIGHLAND AVENUE
SOMERVILLE, MASSACHUSETTS
FOR
CHRISTOS POUTAHIDIS

PROJECT NO.
2015-xxx

DATE: Dec. 22, 2015

SHEET NO.
2 OF 2



376 HIGHLAND AVE

QUITCLAIM DEED

THE CHRISTOS POUTAHIDIS NO. 2 FAMILY LIMITED PARTNERSHIP, a Massachusetts limited partnership, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

for consideration paid, and in full consideration of the sum of Ten and 00/100 Dollars (\$10.00),

grants to CHRISTOS POUTAHIDIS MANAGEMENT, LLC, a Massachusetts limited liability company, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

WITH QUITCLAIM COVENANTS

A certain parcel of land with the buildings thereon, situated in said Somerville, being the lot numbered three (3) on a Plan of Land in Somerville surveyed for James Elston, dated September 17, 1888, Charles D. Elliot, Engineer & Surveyor, duly recorded with Middlesex South District Deeds at the end of Book 1873, bounded and described as follows:

- | | |
|---------------|---|
| NORTHEASTERLY | by Highland Avenue, forty and 06/100 (40.06) feet; |
| SOUTHEASTERLY | by the lot numbered two on said plan, seventy-five and 29/100 (75.29) feet; |
| SOUTHWESTERLY | by land now or formerly of White, forty (40) feet; and |
| NORTHWESTERLY | by land now or late of Damon, seventy-six and 48/100 (76.48) feet. |

Containing 3035 square feet of land according to said plan.

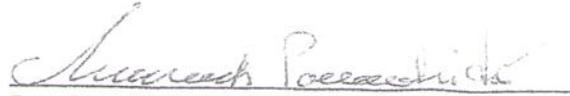
The above described premises are subject to easements and restrictions of record, if any there be.

For title reference, see deed of Christos Poutahidis dated November 23, 1999, and recorded in Middlesex County Southern District Registry of Deeds Book 31051, Page 271.

Property Address: 376 Highland Avenue, Somerville, MA

EXECUTED as an instrument under seal this 17th day of December, 2010.

THE CHRISTOS POUTAHIDIS NO. 1
FAMILY LIMITED PARTNERSHIP



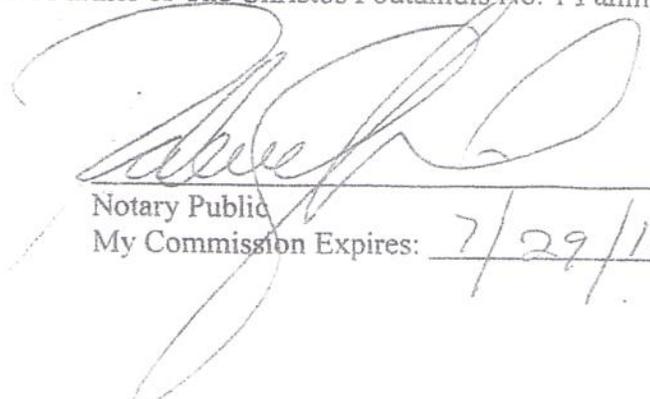
By: Christos Poutahidis, Manager of
Christos Poutahidis Management, LLC,
General Partner

COMMONWEALTH OF MASSACHUSETTS

Middlesex County, ss

December 17, 2010

On this day, before me, the undersigned notary public, personally appeared Christos Poutahidis, proved to me through satisfactory evidence of identification, which was a Mass. driver's license, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose, as Manager of Christos Poutahidis Management, LLC, General Partner of The Christos Poutahidis No. 1 Family Limited Partnership.



Notary Public

My Commission Expires:

7/29/16

(Official Seal)

After recording, please return to:

Law Offices of Richard G. Di Girolamo
424 Broadway
Somerville, MA 02145



2010 00238581
Bk: 56124 Pg: 134 Doc: DEED
Page: 1 of 2 12/22/2010 10:36 AM

QUITCLAIM DEED

THE CHRISTOS POUTAHIDIS NO. 1 FAMILY LIMITED PARTNERSHIP, a Massachusetts limited partnership, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

for consideration paid, and in full consideration of the sum of Ten and 00/100 Dollars (\$10.00),

grants to CHRISTOS POUTAHIDIS MANAGEMENT, LLC, a Massachusetts limited liability company, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

WITH QUITCLAIM COVENANTS

A certain parcel of land with the buildings thereon situated in Somerville, being now numbered 378-382 Highland Avenue and being shown as Lot 1, on a plan entitled "Plan of Lots in Somerville Surveyed For Wilbur P. Rice", dated June 1, 1893, by Charles D. Elliot, Civil Engineer, recorded with Middlesex South District Deeds, Plan Book 83, Plan 39, being bounded and described as follows:

- NORTHEASTERLY by said Highland Avenue, ninety-five and 04/100 (95.04) feet;
- NORTHWESTERLY by Cutter Avenue, forty-five and 81/100 (45.81) feet;
- SOUTHWESTERLY by land of owners unknown, one hundred four and 14/100 (104.14) feet;
- SOUTHEASTERLY by land of owners unknown, thirty-three and 38/100 (33.38) feet.

Containing 3890.4 square feet of land, more or less.

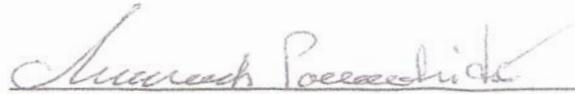
The above described premises are subject to easements and restrictions of record, if any there be.

For title reference, see deed of Christos Poutahidis dated November 23, 1999, and recorded in Middlesex County Southern District Registry of Deeds Book 31051, Page 269.

Property Address: 378-382 Highland Avenue, Somerville, MA

EXECUTED as an instrument under seal this 17th day of December, 2010.

THE CHRISTOS POUTAHIDIS NO. 1
FAMILY LIMITED PARTNERSHIP



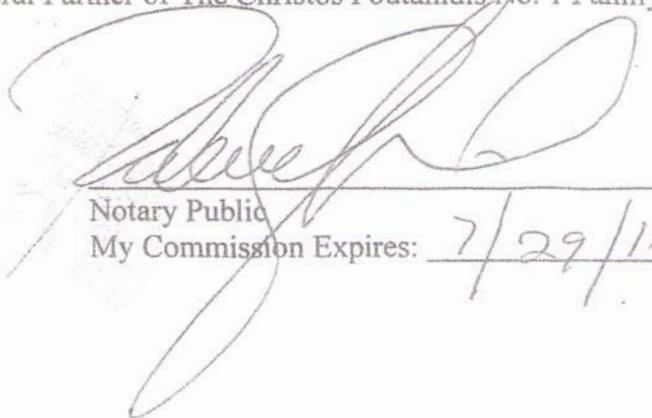
By: Christos Poutahidis, Manager of
Christos Poutahidis Management, LLC,
General Partner

COMMONWEALTH OF MASSACHUSETTS

Middlesex County, ss

December 17, 2010

On this day, before me, the undersigned notary public, personally appeared Christos Poutahidis, proved to me through satisfactory evidence of identification, which was a Mass. driver's license, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose, as Manager of Christos Poutahidis Management, LLC, General Partner of The Christos Poutahidis No. 1 Family Limited Partnership.



Notary Public

My Commission Expires:

7/29/16

(Official Seal)

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



Application #: MRN282571

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: Northeast Select Harvest_Plan to Remain Compliant with Local Zoning.pdf ✖

Document Category: Plan to Remain Compliant with Local Zoning

Upload Date: 4/4/19

Drag document(s) or click here

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PLAN TO REMAIN COMPLIANT WITH LOCAL ZONING

Northeast Select Harvest Corp. (“Northeast Select Harvest”) 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, Northeast Select Harvest’s 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, Northeast Select Harvest will apply for a Special Permit and/or Site Plan Approval, as applicable, from the Planning Board. Northeast Select Harvest will apply for any other local permits, including a License from the Licensing Commission, required to operate a Marijuana Retailer at the proposed location. Northeast Select Harvest will comply with all conditions and standards set forth in any local permit required to operate a Marijuana Retailer at Northeast Select Harvest’s proposed location.

Northeast Select Harvest has already attended several meetings with various municipal officials and boards to discuss Northeast Select Harvest’s plans for a proposed Marijuana Retailer. Northeast Select Harvest will continue to work cooperatively with various municipal departments, boards, and officials to ensure that Northeast Select Harvest’s 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 #: MRN282571

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: Northeast Select Harvest_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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NESH supports the Commission's goal of helping minorities and people who were disproportionately convicted of marijuana-related drug offenses in the past to enter the newly regulated cannabis industry.

We are committed to a Positive Impact Plan with the following Goals, Programs and Evaluation Metrics.

POSITIVE IMPACT GOALS

- Hire employees that were formerly incarcerated or convicted for marijuana-related offenses
- Offer training and other technical resources to those who may not have otherwise received opportunity to participate in the retail cannabis industry
- Partner with community groups that provide training and other assistance to those residents who were disproportionately harmed by prohibition and enforcement laws.
- Provide ownership opportunities to those with marijuana-related convictions in their background

POSITIVE IMPACT PROGRAMS

- We have set our target to comprise at least 30% of our workforce from the following groups: (i) Somerville residents who are of African American decent, (ii) Somerville residents who are of Latino decent (iii) Veterans, and (iv) Individuals who are "Economic Empowerment" applicants, as defined by the Commission.
- Give hiring preference to the following disproportionately affected populations: MA residents with past convictions, MA residents with parents or spouses who have past convictions and MA residents who have been disproportionately impacted by the war on drugs
- Partner with community organizations who are currently on the ground working to improve the lives of people affected by the war on drugs due to their geographic locations.
- Provide technical assistance by offering training, workshops and seminars to enhance skill levels of individuals from disproportionately harmed areas



EVALUATION METRICS TO MEASURE POSITIVE IMPACT

- We will conduct an annual evaluation of our hiring procedures and results at the end of every fiscal year. We will evaluate the number of applicants from our targeted groups mentioned above, how many of them were hired, retained and/or promoted, and what was the turn over rate, if any, among specific demographics.
- We will track the impact of our partnerships with community organizations in being able to reach out to targeted beneficiaries and how the relationship can be improved for greater results.
- We will evaluate our positive impact plan from an employee life-cycle perspective through employee surveys and exit interview, if any.

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Application #: MRN282571

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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