



William Francis Galvin
Secretary of the
Commonwealth

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

Date: April 03, 2019

To Whom It May Concern :

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

NORTHEAST SELECT HARVEST CORP.

is a domestic corporation organized on **April 02, 2019** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 19040078050

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

Processed by:

Date of this notice: 04-02-2019

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 A

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

NORTHEAST SELECT HARVEST CORP
% ROBERT GREGORY
23 CHESTER ST
SOMERVILLE, MA 02144

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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

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

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

Form 1120

04/15/2020

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

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

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

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



Commonwealth of Massachusetts
Department of Revenue
Christopher C. Harding, Commissioner

mass.gov/dor

Letter ID: L1834280320
Notice Date: April 2, 2019
Case ID: 0-000-671-692



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



NORTHEAST SELECT HARVEST CORP
23 CHESTER ST
SOMERVILLE MA 02144-3004



Why did I receive this notice?

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

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

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

What if I have questions?

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

Visit us online!

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

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

Edward W. Coyle, Jr., Chief
Collections Bureau

North East Select Harvest Corporation
CAPITAL RESOURCES CERTIFICATION

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



Robert Gregory

President (AND NOT INDIVIDUALLY)
North East Select Harvest Corp.



CITY OF SOMERVILLE

MARIJUANA ESTABLISHMENT HOST COMMUNITY AGREEMENT (HCA) AND LICENSE APPLICATION

Section 1. Business Information:

Business Legal Name: NorthEast Select Harvest Corp.

Business DBA, if different: N/A

Business Address: #378A, #378B, #380 Highland Ave Somerville MA 02144

Phone: [REDACTED] Website: N/A

Federal Employer Identification Number (EIN): [REDACTED]

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

If yes, describe: N/A

Primary Contact Name: Robert Gregory

Mailing Address: 23 Chester St Somerville, MA 02144

Email: Rob@redbones.com Phone: [REDACTED]

Emergency Contact Name: Maria Cacciola

Email: [REDACTED] Phone: _____

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

Mailing Contact Name: N/A

Mailing Address: N/A

Type of Business

Check only one and provide names as indicated:

- Sole Proprietor:** Name of Owner: _____
- Partnership (inc. LLP):** Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____

- Trust:** Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____

- Corporation:** Name of Corporation: NorthEast Select Harvest Corp.
Name of President: Robert Gregory
Name of Secretary: Robert Gregory Name of Treasurer: Maria Cacciola
- LLC:** Name of LLC: _____
Names of All Managers Who Own More Than 10%: _____

- Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Type of Establishment

Select all that apply:

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

Section 2. Priority Status

For Marijuana Retailers Only

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

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

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

- Group B Priority. Attach proof** that your company is a Registered Marijuana Dispensary currently operating in Somerville that will continue selling medicinal products.
- No Priority.** All applicants who are not Group A or B should check here.

Section 3. Operating Information

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

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

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

See Attached Addendum Sheet

Section 4. Compliance Information

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

Owner's Name: Robert Gregory Ownership Stake (%) 51%

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

If yes, explain: _____

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

If yes, explain: _____

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

If yes, explain: _____

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

If no, explain: _____

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

If no, explain: _____

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

If yes, explain: _____

Section 5. Property Owner's Certification and Authorization:

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

Street Address of Business Location: #378A, #378B & #380 HIGHLAND AVE - SOMERVILLE MA

Zoning District and Overlay District, if any: _____

Assessor's Map _____ Block _____ Lot _____ Ward _____

Property Owner's Legal Name: CHRISTOS POUTAHIDIS MANAGEMENT, LLC

Property Owner's Mailing Address (with zip code): 147 WILLOW ST - SOMERVILLE, MA 02144

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: _____

Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: CHRISTOS POUTAHIDIS MANAGEMENT, LLC

Name of President: CHRISTOS POUTAHIDIS - MANAGER

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 #378A, #378B & #380 HIGHLAND AVE - SOMERVILLE MA
- NORTH EAST SELECT HARVEST 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: Christos Poutahidis Date: 3/31/2019

Print Name: CHRISTOS POUTAHIDIS

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

Email: _____ Phone: _____

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

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

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

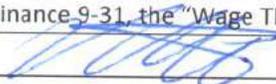
I certify that I will make no changes to any component of the business plan described in this application without written notification to, and the prior approval of, the City.

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

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

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

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

Signature:  Date: 3/31/2019

Print Name: Robert Gregory

Title (Owner, President, Agent, Etc.): PRESIDENT (and not individually)

Email: Rob@redbones.com Phone: 

Sec. 9-31. - Wage theft.

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

Section 7. Worker's Compensation Insurance Affidavit



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

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

Applicant Information

Please Print Legibly

Business/Organization Name: NorthEast Select Harvest

Address: 23 Chester St

City/State/Zip: Somerville, MA 02144

Phone #: 617-943-2186

Are you an employer? Check the appropriate box:

1. I am an employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____

Expiration Date: _____

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

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

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

Signature: _____

Date: 4/5/19

Phone #: 617-943-2186

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

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

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

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

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

City or Town Officials

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

The Department's address, telephone and fax number:

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

HIGHLAND COMMONS REALTY TRUST

P.O. BOX 281
SOMERVILLE, MA 02143
TEL: 617-625-8866
617-440-1100
FAX: 617-627-9966

April 3, 2019

Attn.: Robert Gregory, President
Northeast Select Harvest Corp.
23 Chester Street
Somerville, MA 02144

Highland Commons Realty Trust is pleased to offer you a tenancy on the following terms and conditions:

LESSOR:	Highland Commons Realty Trust
LESSEE:	Northeast Select Harvest Corp.
GUARANTOR:	Subject to Satisfactory Financials
LOCUS:	Fifteen (15) designated parking spaces adjacent to 373 Highland Avenue, Somerville, Massachusetts 02144, with 24-hour access.
TERM:	Three Years from the opening of an Adult-Use Marijuana Retail Establishment at 378-380 Highland Avenue, Somerville, Massachusetts.
RENT:	\$250.00 per parking space* per month At Lessee's option, Lessee has the right to lease fewer parking spaces should the Lessee require fewer parking spaces than the fifteen (15) designated spaces.
OPTIONS TO RENEW:	Three year option to renew. Option term rent TBN.

SNOW REMOVAL: Lessor's responsibility

UTILITIES: N/A

REAL ESTATE TAXES: N/A

MAINTENANCE: Lessor's responsibility

REPAIRS:
(Interior & Exterior) N/A

INSURANCE: Lessor to be named as an additional insured on the Lessee's Certificate of Insurance.

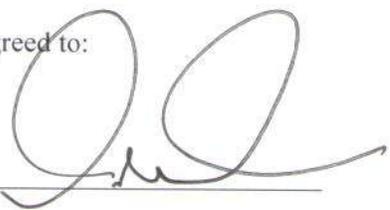
INSURANCE:
(Tenant) N/A

USE: Parking for customers, invitees, and employee of the proposed Adult-Use Marijuana Dispensary to be located at 378-380 Highland Avenue, Somerville, Massachusetts.

SECURITY DEPOSIT: 1 Month's Rent

SUBLEASING: Not permitted

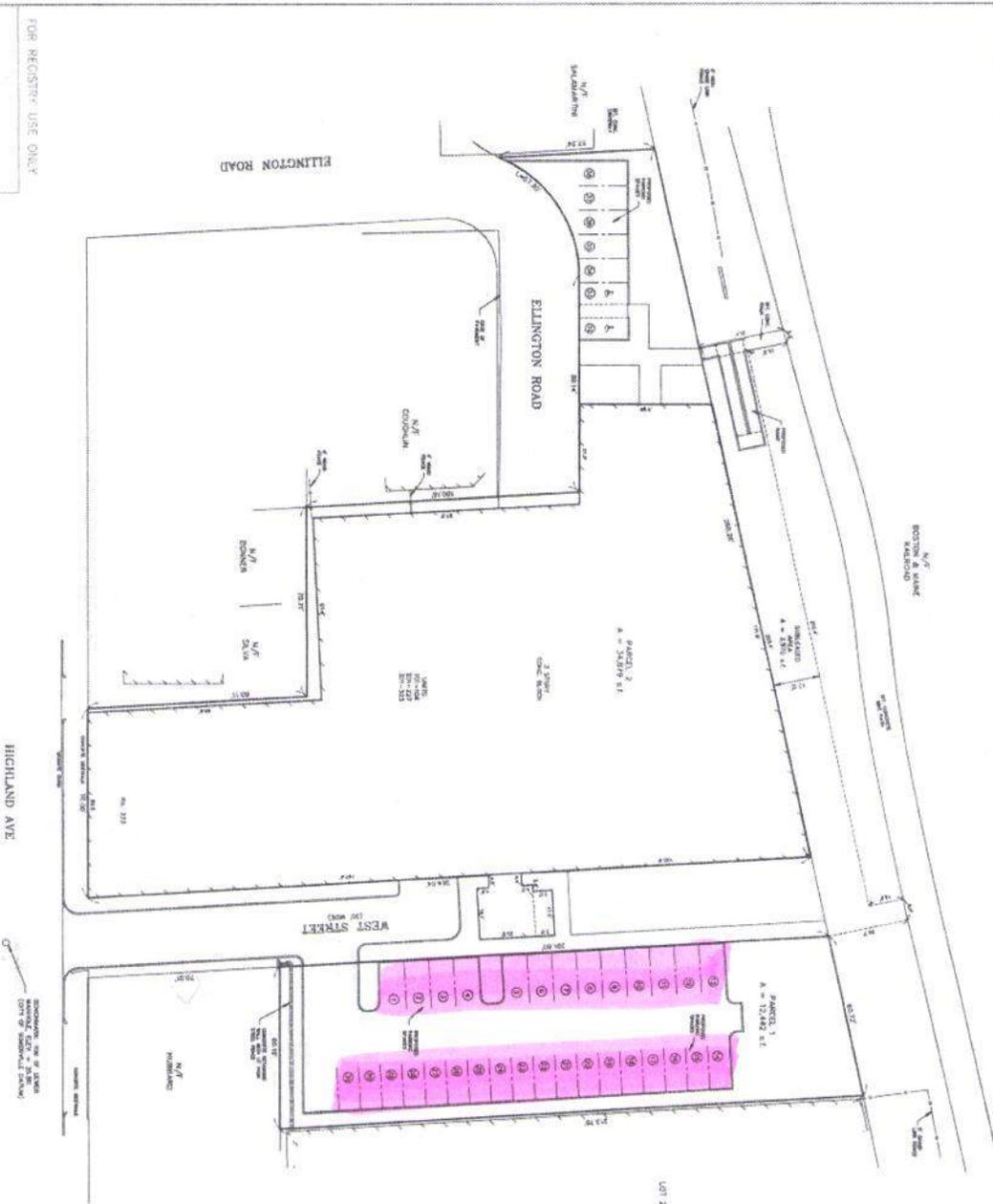
PERMITTING: Lessee is responsible to obtain all zoning relief needed to permit off-site parking.

Agreed to:


Gray Echavarria
Property Manager

Agreed to:


Northeast Select Harvest Corp.
Robert Gregory, President *(and not individually)*



FOR RECORRING USE ONLY

Massachusetts Registry of Deeds,
 Southern District
 Commonwealth of Massachusetts
 Plan No. 2024-19-399
 Registered on 07/19/24
 at 1:34 PM, Doc No. 2570
 Rec'd. By: 2/2/24 Page 2/32

Attest:
[Signature]
 Registrar

562-1

FILE REF: BC 13184, P.C. 55
 PLAN REF: PL No. 102 of 1999

DATE: APR. 5, 1998

CONDOMINIUM SITE PLAN
 FOR THE
 HIGHLAND COMMONS CONDOMINIUM
 SOMERVILLE, MASS.
 (MIDDLESEX COUNTY)

FLOOR	DIMENSIONS
1st FLOOR	41.1
2nd FLOOR	41.2
3rd FLOOR	31.4

[Signature]
 ARCHD. & ENGINEER P.E. & P.L.S.
 DATE

NOTES:
 1. HEREBY CERTIFY THAT THE PROPERTY LINES SHOWN ON THIS PLAN ARE THE RESULT OF A SURVEY MADE BY ME OR UNDER MY SUPERVISION AND THAT THE LINES OF STREETS AND WAYS SHOWN ARE THOSE OF PUBLIC OR PRIVATE STREETS AND WAYS ALREADY ESTABLISHED AND NO NEW LINES FOR THE DIVISION OF EXISTING OWNERSHIP OR FOR NEW WAYS ARE SHOWN.
 2. HEREBY CERTIFY THAT THIS PLAN FULLY AND ACCURATELY REPRESENTS THE CONDOMINIUM AS-BUILT AND FULLY LISTS THE UNITS CONTAINED THEREIN.
 3. HEREBY CERTIFY THAT THIS PLAN HAS BEEN PREPARED IN CONFORMANCE WITH THE RULES AND REGULATIONS OF THE REGISTER OF DEEDS OF THE COMMONWEALTH OF MASSACHUSETTS.
 4. HEREBY CERTIFY THAT PROPERTY IS NOT LOCATED IN AN UNDESIGNATED FLOOD HAZARD AREA ACCORDING TO THE FIRM CONTOUR MAP, 53057N, DATED JULY 17, 1998.

PREPARED BY:
 METROFORM ENGINEERING & SURVEY
 15 HALL ST. METROFORM, VA. 02155
 781-356-4405
 781-356-4402



FILE NO.	DATE	DESCRIPTION	BY