



Massachusetts Cannabis Control Commission

Marijuana Product Manufacturer

Business Name:	Patriot Care Corp	License Number:	MP281308
Tax Identification Number:	[REDACTED]	Issued Date:	09/12/2018
Business Email Address:	bmayerson@col-care.com	Expiration Date:	09/12/2019
Business Phone Number:	978-771-1434	Revoked Date:	N/A
Mailing Address:	70 Industrial Avenue East Suite B Lowell MA 01852	Surrendered Date:	N/A
Business Address:	170 Lincoln Street Lowell MA 01852		

CERTIFIED DISADVANTAGED BUSINESS ENTERPRISES (DBES)

Certified Disadvantaged Business Enterprises (DBEs): Not a DBE

PRIORITY APPLICANT

Priority Applicant: yes
Priority Applicant Type: RMD Priority
Economic Empowerment Applicant Certification Number:
RMD Priority Certification Number: RPA201838

RMD INFORMATION

Name of RMD: Patriot Care Corp
Department of Public Health RMD Registration Number: 005 (Lowell), 009 (Boston), 036 (Greenfield)
Operational and Registration Status: Obtained Final Certificate of Registration and is open for business in Massachusetts
To your knowledge, is the existing RMD certificate of registration in good standing?: yes
If no, describe the circumstances below:

PERSONS WITH DIRECT OR INDIRECT AUTHORITY

Person with Direct or Indirect Authority 1

Percentage Of Ownership:	Percentage Of Control:		
Role: Executive / Officer	Other Role:		
First Name: Robert	Middle Name: Keith	Last Name: Mayerson	Suffix:
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 2

Percentage Of Ownership:	Percentage Of Control:
Role: Executive / Officer	Other Role:

First Name: Nicholas Middle Name: Keane Last Name: Vita Suffix:
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 3

Percentage Of Ownership: Percentage Of Control:
Role: Executive / Officer Other Role:
First Name: Michael Middle Name: James Last Name: Abbott Suffix:
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 4

Percentage Of Ownership: Percentage Of Control:
Role: Executive / Officer Other Role:
First Name: George Middle Name: Charles Last Name: Agganis Suffix:
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: Percentage Of Control:
Role: Executive / Officer Other Role:
First Name: Mary-Alice Middle Name: Last Name: Miller Suffix:
Gender: Female 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 6

Percentage Of Ownership: Percentage Of Control:
Role: Executive / Officer Other Role:
First Name: David Middle Name: James Last Name: Hart Suffix:
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 7

Percentage Of Ownership: Percentage Of Control:
Role: Director Other Role:
First Name: David Middle Name: James Last Name: Catanzano Suffix:
Gender: Male User Defined Gender:
What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)
Specify Race or Ethnicity:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

Entity with Direct or Indirect Authority 1

Date generated: 08/22/2019

Percentage of Control: 100 Percentage of Ownership: 100

Entity Legal Name: Columbia Care LLC Entity DBA: DBA
City:

Entity Description: Delaware Limited Liability Company

Foreign Subsidiary Narrative:

Entity Phone: 212-634-7100 Entity Email: info@col-care.com Entity Website: www.col-care.com

Entity Address 1: 745 Fifth Avenue Entity Address 2: 11th Floor

Entity City: New York Entity State: NY Entity Zip Code: 10151

Entity Mailing Address 1: 70 Industrial Avenue East Entity Mailing Address 2: Suite B

Entity Mailing City: Lowell Entity Mailing State: MA Entity Mailing Zip Code: 01852

Relationship Description: Columbia Care is the nation's largest and most experienced manufacturer and provider of medical marijuana products and services. Since first applying for licenses in Massachusetts in 2013 and being awarded 3 licenses, Columbia Care has provided all of the capital and know-how that has been required to build Patriot Care into the leading position that it enjoys today in the medical marijuana market in Massachusetts. Following the recent conversion of Patriot Care from a not-for-profit entity to a for-profit entity, Columbia Care is the sole member of Patriot Care Corp and thus owns 100% of the equity and control. It exercises its authority through executives of Columbia Care that are also executives of Patriot Care. Four of these executives also comprise 100% of the Board of Patriot Care Corp.

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES - ENTITIES

No records found

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 170 Lincoln Street

Establishment Address 2:

Establishment City: Lowell Establishment Zip Code: 01852

Approximate square footage of the Establishment: 40000 How many abutters does this property have?: 36

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

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Community Outreach Meeting Documentation	CommunityOutreach_Lowell Cult_Mfg.pdf	pdf	5ade96a62654f0360aecf52b	04/23/2018
Plan to Remain Compliant with Local Zoning	Local Zoning Compliance_170 Lincoln.pdf	pdf	5adf0b64423af335ecabb140	04/24/2018
Certification of Host Community Agreement	HostCert_PCC_Lowell.pdf	pdf	5b0eccbbb2a9e2046441c8b6	05/30/2018

Total amount of financial benefits accruing to the municipality as a result of the host community agreement: \$

PLAN FOR POSITIVE IMPACT

Document Category	Document Name	Type	ID	Upload Date
Plan for Positive Impact	PlanForPositiveImpact_LowellCult&Mfg.pdf	pdf	5ae609b5e459990d8544969f	04/29/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer Other Role:
First Name: Robert Middle Name: Keith Last Name: Mayerson Suffix:
RMD Association: RMD Manager
Background Question: yes

Individual Background Information 2

Role: Executive / Officer Other Role:
First Name: Nicholas Middle Name: Keane Last Name: Vita Suffix:
RMD Association: RMD Manager
Background Question: yes

Individual Background Information 3

Role: Executive / Officer Other Role:
First Name: Michael Middle Name: James Last Name: Abbott Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 4

Role: Executive / Officer Other Role:
First Name: David Middle Name: James Last Name: Hart Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 5

Role: Executive / Officer Other Role:
First Name: Mary-Alice Middle Name: Last Name: Miller Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 6

Role: Executive / Officer Other Role:
First Name: George Middle Name: Charles Last Name: Agganis Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 7

Date generated: 08/22/2019

Role: Director **Other Role:**
First Name: David **Middle Name:** James **Last Name:** Catanzano **Suffix:**
RMD Association: RMD Manager
Background Question: no

ENTITY BACKGROUND CHECK INFORMATION
 Entity Background Check Information 1

Role: Parent Company **Other Role:**
Entity Legal Name: Columbia Care LLC **Entity DBA:** **Federal Tax Identification Number EIN/TIN:**
XXXXXXXXXX
Entity Description: Delaware Limited Liability Company
Phone: 212-634-7100 **Email:** infor@col-care.com
Primary Business Address 1: 745 Fifth Avenue **Primary Business Address 2:** 11th Floor
Primary Business City: New York **Primary Business State:** NY **Principal Business Zip Code:** 10151
Additional Information:

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Secretary of Commonwealth - Certificate of Good Standing	PATRIOT CARE CORP-MA-Certificate of Good Standing...4_13_18.pdf	pdf	5ad8ee9841df29361e475425	04/19/2018
Department of Revenue - Certificate of Good standing	MA DOR Certificate of Good Standing.pdf	pdf	5ad8eeb009fa3e0db3eebd95	04/19/2018
Articles of Organization	FILED Articles of Entity Conversion - 4_12_18.pdf	pdf	5ad8eec6fe11f335e6a96c51	04/19/2018
Bylaws	Patriot Care Post Conversion By-Laws.pdf	pdf	5ad8eed44e185c0d9f42a753	04/19/2018

No documents uploaded

Massachusetts Business Identification Number: 463348302
Doing-Business-As Name: Patriot Care Corp
DBA Registration City: Lowell

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	COI_In Force Coverage_PCC Locations.pdf	pdf	5ad8eef92654f0360aecf214	04/19/2018
Proposed Timeline	Timeline_Cultivation and Manufacturing.pdf	pdf	5ae118bb94c954361422cad0	04/25/2018
Business Plan	Business Plan Summary_Combined.pdf	pdf	5af075f353899e3d7b66122c	05/07/2018
Proposed Timeline	Timeline_Cultivation and Manufacturing_rev_7_26_18.pdf	pdf	5b59bf874ddf463465016f62	07/26/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Types of products Manufactured.	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0dea9eb86611ea7d3860	05/02/2018
Types of products Manufactured.	Lowell RMD_AdultUse P&P - CultivationManuf_4_30_18_Clean.pdf	pdf	5aea0e2253899e3d7b660eee	05/02/2018
Method used to produce products	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0e341f5e4d0443cb5cca	05/02/2018
Sample of unique identifying marks used for branding	Marks_SOOTHE_TM-01.jpg	jpeg	5aea0e4e6fb0f811c2265e26	05/02/2018
Sample of unique identifying marks used for branding	Marks_SQUEEZE_TM-01.jpg	jpeg	5aea0e5bda8de63d8fd165bb	05/02/2018
Sample of unique identifying marks used for branding	Marks_TREAT_TM-01 .jpg	jpeg	5aea0e8211a2fe04237f6aa5	05/02/2018
Sample of unique identifying marks used for branding	Marks_TEND_VERTICAL_TM-01.jpg	jpeg	5aea0e9475ce440437857d8e	05/02/2018
Sample of unique identifying marks used for branding	Marks_TEND_HORIZONTAL_TM-01 .jpg	jpeg	5aea0ea1ad75cc3d99a98e94	05/02/2018
Separating recreational from medical operations, if applicable	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0ebe00caab11e09c948d	05/02/2018
Restricting Access to age 21 and older	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0ec911a2fe04237f6aa9	05/02/2018
Security plan	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0eda4acea511a8368a81	05/02/2018
Prevention of diversion	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0ee653899e3d7b660ef2	05/02/2018
Storage of marijuana	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0ef36fb0f811c2265e2a	05/02/2018
Transportation of marijuana	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f01da8de63d8fd165bf	05/02/2018
Inventory procedures	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f0db2a9e2046441b89a	05/02/2018
Quality control and testing	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f1df5ed5811d6e44774	05/02/2018
Dispensing procedures	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f2d9bcf5a047e35119e	05/02/2018
Personnel policies including background checks	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f3aa6b56e3d675715e6	05/02/2018
Record Keeping procedures	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f496fb0f811c2265e2e	05/02/2018
Maintaining of financial records	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f59f5ed5811d6e44778	05/02/2018
Diversity plan	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f685ba56c042922b875	05/02/2018
Qualifications and training	ApplicationIndex_P&P_Mfg.pdf	pdf	5aea0f79f5ed5811d6e4477c	05/02/2018

ATTESTATIONS

I certify that no additional entities or individuals meeting the requirement set forth in 935 CMR 500.101(1)(b)(1) or 935 CMR 500.101(2)(c)(1) have been omitted by the applicant from any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

I understand that the regulations stated above require an applicant for licensure to list all executives, managers, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment; close

associates and members of the applicant, if any; and a list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.: I Agree

I certify that any entities who are required to be listed by the regulations above do not include any omitted individuals, who by themselves, would be required to be listed individually in any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.:

I Agree

Notification: I Understand

I certify that any changes in ownership or control, location, or name will be made pursuant to a separate process, as required under 935 CMR 500.104(1), and none of those changes have occurred in this application.:

I certify that to the best knowledge of any of the individuals listed within this application, there are no background events that have arisen since the issuance of the establishment's final license that would raise suitability issues in accordance with 935 CMR 500.801.:

I certify that all information contained within this renewal application is complete and true.:

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

COMPLIANCE WITH DIVERSITY PLAN

No records found

PRODUCT MANUFACTURER SPECIFIC REQUIREMENTS

No records found

HOURS OF OPERATION

Monday From: Monday To:

Tuesday From: Tuesday To:

Wednesday From: Wednesday To:

Thursday From: Thursday To:

Friday From: Friday To:

Saturday From: Saturday To:

Sunday From: Sunday To: