



Massachusetts Cannabis Control Commission

Independent Testing Laboratory

Business Name:	CDX Analyticc, LLC	License Number:	IL281275
Tax Identification Number:	*****	Issued Date:	09/13/2018
Business Email Address:	acapano@cdxanalytics.com	Expiration Date:	09/13/2019
Business Phone Number:	978-619-2244	Revoked Date:	N/A
Mailing Address:	39 Norman Street Salem MA 01970	Surrendered Date:	N/A
Business Address:	39 Norman Street Salem MA 01970		

CERTIFIED DISADVANTAGED BUSINESS ENTERPRISES (DBES)

Certified Disadvantaged Business Enterprises (DBEs): Not a DBE

PRIORITY APPLICANT

Priority Applicant: no
 Priority Applicant Type: Not a Priority Applicant
 Economic Empowerment Applicant Certification Number:
 RMD Priority Certification Number:

RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	DPH_ITL_Cert of Reg_#002.pdf	pdf	5b05d0081fc0413d614fe8dd	05/23/2018

Name of RMD: CDX Analytics, LLC
 Department of Public Health RMD Registration Number: 002
 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: 100	Percentage Of Control: 100			
Role: Owner / Partner	Other Role:			
First Name: Brian	Middle Name: J	Last Name: Strasnick	Suffix: Ph. D.	Former Last Name:
Alias - 1:	Alias - 2:	Alias - 3:		
Phone: [REDACTED]	Email: [REDACTED]			
Primary Address 1: [REDACTED]	Primary Address 2:			
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]		

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: Employee

Other Role:

First Name: Eamon

Middle Name:

Last Name: Travers

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

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: Employee

Other Role:

First Name: Brianna

Middle Name:

Last Name: Cassidy

Suffix: Ph. D.

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Gender: Female

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

No records found

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

Individual Contributing Capital 1

First Name: Brian

Middle Name:

Last Name: Strasnick

Suffix:

Email: [REDACTED]

Phone: [REDACTED]

Address 1: [REDACTED]

Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Types of Capital: Monetary/Equity

Other Type of Capital:

Total Value of the Capital Provided: \$100

Percentage of Initial Capital: 100

Capital Attestation: Yes

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

Document Category	Document Name	Type	ID	Upload Date
Bank Record	Capital Documentation 7.2.18.pdf	pdf	5b3a4f01c0ef253ee143ad04	07/02/2018

CAPITAL RESOURCES - ENTITIES

No records found

CAPITAL RESOURCES DOCUMENTATION - ENTITY

No documents uploaded

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

BUSINESS INTEREST DOCUMENTATION

No documents uploaded

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

INDIVIDUAL INTEREST DOCUMENTATION

No documents uploaded

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Escrow Account	Escrow Agreement FINAL 6.18.18.pdf	pdf	5b27c95bdb987f505ab29ba9	06/18/2018
Permission to Use Premises	Binding permission to use the premises 6.18.18.pdf	pdf	5b27b1fb5617f143c98bafa8	06/18/2018

Establishment Address 1: 39 Norman Street

Establishment Address 2:

Establishment City: Salem

Establishment Zip Code: 01970

Approximate square footage of the Establishment: 1600

How many abutters does this property have?: 191

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
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning 6.28.18.pdf	pdf	5b34ead38d1e3843f1b00727	06/28/2018
Community Outreach Meeting Documentation	Community Outreach Meeting Documentation 7.3.18.pdf	pdf	5b3b8138a074053215dda801	07/03/2018
Certification of Host Community Agreement	Host Community Agreement Certification Form 7.3.18.pdf	pdf	5b3b8477c7cb5d31f7ff82a8	07/03/2018
Community Outreach Meeting Documentation	Community Outreach Meeting Documentation 7.18.18.pdf	pdf	5b4f99c1a18777320b0d8281	07/18/2018

No documents uploaded

Date generated: 07/15/2019

No documents uploaded

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	Plan for Positive Impact_FINAL_7.30.18.pdf	pdf	5b5f8e58065a6d348d6fc39a	07/30/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Owner / Partner Other Role:

First Name: Brian Middle Name: Last Name: Strasnick Suffix: Former Last Name:

Alias 1: Alias 2: Alias 3:

Phone: [REDACTED] Email: [REDACTED]

Primary Address 1: [REDACTED] Primary Address 2:

Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Owner

Background Question: no

Description of Background Events:

Individual Background Information 2

Role: Manager Other Role:

First Name: Eamon Middle Name: Last Name: Travers Suffix: Former Last Name:

Alias 1: Alias 2: Alias 3:

Phone: [REDACTED] Email: [REDACTED]

Primary Address 1: [REDACTED] Primary Address 2:

Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Staff

Background Question: no

Description of Background Events:

Individual Background Information 3

Role: Manager Other Role:

First Name: Brianna Middle Name: Marie Last Name: Cassidy Suffix: Former Last Name:

Alias 1: Alias 2: Alias 3:

Phone: [REDACTED] Email: [REDACTED]

Primary Address 1: [REDACTED] Primary Address 2:

Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Staff

Background Question: no

Description of Background Events:

BACKGROUND CHECK SUPPORTING DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
MA Driver's License	B.Strasnick MA License.pdf	pdf	5b200b53a6220743bfd9cbf8	06/12/2018
Release authorization form	B.Strasnick Release Form.pdf	pdf	5b200b8ba6220743bfd9cbfc	06/12/2018
Massachusetts CORI Authorization Form	B.Strasnick CORI Form.pdf	pdf	5b200bb6e0abb143d3545949	06/12/2018
Disclosure and acknowledgement form	B.Strasnick D&A Form.pdf	pdf	5b200c2d5246fb5032dde59f	06/12/2018
Release authorization form	E.Travers Release Form.pdf	pdf	5b2012ddb797ff43e7a4fcc5	06/12/2018
Disclosure and acknowledgement form	E.Travers D&A.pdf	pdf	5b2012ef10757543fbca693a	06/12/2018
Massachusetts CORI Authorization Form	E.Travers CORI Form.pdf	pdf	5b2012f9b47dfe43b93eb663	06/12/2018
MA Driver's License	E.Travers MA License.png	png	5b20299f5617f143c98baa53	06/12/2018
MA Driver's License	B.Cassidy MA License.pdf	pdf	5b22a99f61b87343dda2ffa2	06/14/2018
Release authorization form	B.Cassidy Release Form.pdf	pdf	5b22a9a863f5ba502c343c82	06/14/2018
Disclosure and acknowledgement form	B.Cassidy D&A Form.pdf	pdf	5b22a9bb5617f143c98bac98	06/14/2018
Massachusetts CORI Authorization Form	B.Cassidy Cori Form.pdf	pdf	5b22a9c8e0abb143d3545bc7	06/14/2018
IVES form 4506-T	E.Travers 4506-T Form.pdf	pdf	5b27c927db987f505ab29ba5	06/18/2018
IVES form 4506-T	B.Cassidy 4506-T Form.pdf	pdf	5b27c93007462b5064379e89	06/18/2018
IVES form 4506-T	B.Strasnick 4506-T Form.pdf	pdf	5b27c939480890506ed9b1f2	06/18/2018

ENTITY BACKGROUND CHECK INFORMATION

No records found

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Secretary of Commonwealth - Certificate of Good Standing	05312018110131-0001.pdf	pdf	5b1010d19eb86611ea7d4907	05/31/2018
Department of Revenue - Certificate of Good standing	COGS_Tax Compliance_Good Standing_06062018.pdf	pdf	5b17f88307462b5064379514	06/06/2018
Articles of Organization	CDX_Articles_8.9.18.pdf	pdf	5b6c59dd377423394139336e	08/09/2018
Articles of Organization	Withdrawal Notice 8.9.18.pdf	pdf	5b6c5f8703a477392d0a22f1	08/09/2018
Articles of Organization	CDX Letter to CCC FINAL 8-9-18.pdf	pdf	5b6c6024aa953e3937b592ec	08/09/2018
Bylaws	Operating Agreement 8.9.18.pdf	pdf	5b6c6c6418807b2d67c3f308	08/09/2018

No documents uploaded

Massachusetts Business Identification Number: 001197301

Doing-Business-As Name:

DBA Registration City: Salem

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	Business Plan 6.18.18.pdf	pdf	5b27d9255617f143c98bb026	06/18/2018
Plan for Liability Insurance	Proof of Insurance 6.19.18.pdf	pdf	5b290c655246fb5032ddeb3	06/19/2018
Proposed Timeline	CDX Proposed Timeline 7.18.18.pdf	pdf	5b4f9871b0153b3eaf4b3ff1	07/18/2018

LABORATORY CERTIFICATION

Document Category	Document Name	Type	ID	Upload Date
Certification	ISO17025 Certificate of Accreditation.pdf	pdf	5b0856c3ddfb91046e611001	05/25/2018

Certifying Body: Perry Johnson Laboratory Accreditation, Inc. **ISO 17025 Accreditation Certificate Number:** 90358

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Quality control and testing	SOP-105 Rev 0 Complaint Handling.pdf	pdf	5b085d371fc0413d614fea71	05/25/2018
Personnel policies including background checks	SOP-107 Rev 0 Management Responsibility.pdf	pdf	5b085e84a9bf2311b8c6e1ca	05/25/2018
Record Keeping procedures	SOP-113 Rev 0 Confidential and Privileged Information.pdf	pdf	5b085f2952bc563da3bfe6f4	05/25/2018
Quality control and testing	SOP-116 Rev 0 Environmental Monitoring.pdf	pdf	5b085f3a11a2fe04237f78f5	05/25/2018
Transportation of marijuana	SOP-119 Rev 0 Sample Transport.pdf	pdf	5b085f464acea511a836997e	05/25/2018
Inventory procedures	SOP-128 Rev 0 Laboratory Waste Handling.pdf	pdf	5b085fb29a67bb11cc7e5064	05/25/2018
Quality control and testing	SOP-129 Rev 0 Laboratory Cleaning and Sanitizing.pdf	pdf	5b085fbcda8de63d8fd17402	05/25/2018
Qualifications and training	SOP-160 Rev 0 Training.pdf	pdf	5b085ff500caab11e09ca305	05/25/2018
Security plan	SOP-119 Rev 1 Sample Transport.pdf	pdf	5b34f92b480890506ed9bb2e	06/28/2018
Storage of marijuana	CDX Storage of Marijuana_AJC.pdf	pdf	5b4ca8fe85e0cc3ea5b904a5	07/16/2018
Personnel policies including background checks	SOP-120 Rev 0 Hiring.pdf	pdf	5b4cab60c0ef253ee143b78d	07/16/2018
Personnel policies including background checks	SOP-146 Rev 1 Dismissal of Laboratory Agents Policy.pdf	pdf	5b4cab7985e0cc3ea5b904ab	07/16/2018
Record Keeping procedures	SOP-101 Rev A Document and Record Control.pdf	pdf	5b4cabb65af6a93eb9cd878c	07/16/2018
Qualifications and training	SOP-160 Rev 0 Training.pdf	pdf	5b4cac24c7cb5d31f7ff8b22	07/16/2018
Transportation of marijuana	CDX Inventory procedures summary_AJC 7.17.18.pdf	pdf	5b4f8b0d228a4c3e9f188302	07/18/2018
Security plan	CDX Hours of Operations_7.18.18.pdf	pdf	5b4f8c075ed31d3ecdee95fc	07/18/2018
Qualifications and training	CDX Qualifications and Training 7.18.18.pdf	pdf	5b4f8eeda18777320b0d8277	07/18/2018
Diversity plan	Diversity Plan 7.18.18.pdf	pdf	5b4f8faaa074053215ddb332	07/18/2018

Record Keeping procedures	CDX Record Keeping Procedure_FINAL 7.18.18.pdf	pdf	5b4f900f5c57ce321fac590b	07/18/2018
Personnel policies including background checks	CDX Personnel Policies Summary 7.18.18.pdf	pdf	5b4f90d508716131e75c7a02	07/18/2018
Inventory procedures	CDX Inventory procedures summary_7.18.18.pdf	pdf	5b4f9177a208e331ed151881	07/18/2018
Storage of marijuana	CDX Storage of Marijuana_7.18.18.pdf	pdf	5b4f95565c57ce321fac590f	07/18/2018
Prevention of diversion	CDX Prevention of Diversion_7.18.18.pdf	pdf	5b4f961ca208e331ed151887	07/18/2018
Security plan	CDX Security Plan Updated_7.18.18.pdf	pdf	5b4f9752c7cb5d31f7ff8d9d	07/18/2018
Maintaining of financial records	CDX Maintaining of Financial Records 7.18.18.pdf	pdf	5b4fa8e408716131e75c7a12	07/18/2018

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

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:

Date generated: 07/15/2019

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Sunday From: Sunday To:

EMERGENCY CONTACTS

No records found