



Massachusetts Cannabis Control Commission

Marijuana Product Manufacturer

Business Name:	Mass Alternative Care, Inc.	License Number:	MP281468
Tax Identification Number:	[REDACTED]	Issued Date:	01/29/2019
Business Email Address:	kmcollins@massaltcare.com	Expiration Date:	01/29/2020
Business Phone Number:	413-377-6240	Revoked Date:	N/A
Mailing Address:	1247 East Main Street Chicopee MA 01020	Surrendered Date:	N/A
Business Address:	1247 East Main Street Chicopee MA 01020		

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: RPA201836

RMD INFORMATION

Name of RMD: Mass Alternative Care, Inc.
Department of Public Health RMD Registration Number: 031
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: 18 Percentage Of Control: 6.1
Role: Executive / Officer Other Role:
First Name: Kevin Middle Name: G Last Name: Collins 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: 16 Percentage Of Control: 6.1
Role: Director Other Role:
First Name: Ronald Middle Name: Last Name: Paasch 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: 61
Role: Director Other Role:
First Name: David Middle Name: Last Name: Spannaus 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: 61
Role: Director Other Role:
First Name: Heather Middle Name: Last Name: Andresen 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 5

Percentage Of Ownership: 3 Percentage Of Control: 61
Role: Director Other Role:
First Name: Nicholas Middle Name: Last Name: Tamborrino 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 6

Percentage Of Ownership: Percentage Of Control: 61
Role: Executive / Officer Other Role:
First Name: Christopher Middle Name: Last Name: Mayle 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: 5 Percentage Of Control: 6.1
Role: Executive / Officer Other Role:
First Name: Vincent Middle Name: Last Name: Cardillo 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 8

Percentage Of Ownership: 1 Percentage Of Control: 61
Role: Executive / Officer Other Role:

First Name: Ronald Middle Name: Last Name: Campurciani 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 9

Percentage Of Ownership: 10 Percentage Of Control: 61

Role: Executive / Officer Other Role:

First Name: Kevin Middle Name: M Last Name: Collins 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 10

Percentage Of Ownership: 1 Percentage Of Control: 61

Role: Manager Other Role:

First Name: John Middle Name: Last Name: Turgeon 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 11

Percentage Of Ownership: Percentage Of Control: 61

Role: Executive / Officer Other Role:

First Name: Dain Middle Name: Last Name: Colandro 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

Percentage of Control: 33 Percentage of Ownership: 25

Entity Legal Name: AGLMA, LLC Entity DBA: DBA City:

Entity Description: AGLMA is a management company that provides cultivation, processing and other marijuana operations management and support

Foreign Subsidiary Narrative:

Entity Phone: 475-227-0028 Entity Email: dlipton@advancedgrowlabs.com Entity Website: advancedgrowlabs.com

Entity Address 1: 400 Frontage Road Entity Address 2:

Entity City: West Haven Entity State: CT Entity Zip Code: 06516

Entity Mailing Address 1: 400 Frontage Road Entity Mailing Address 2:

Entity Mailing City: West Haven Entity Mailing State: CT Entity Mailing Zip Code: 06516

Relationship Description: AGLMA, LLC. provides operational expertise and intellectual property to Mass Alternative Care. AGL supplies our company with our COO, Christopher Mayle and the Head Cultivator, Dain Calandro. AGLs experience and intellectual property that they have acquired from years as a Marijuana Cultivator in Connecticut allows MAC to provide high quality

marijuana and marijuana products in a cost efficient manner. Mass Alternative Care has a Management Agreement with AGLMA outlining the scope and terms of the services that they provide.

Entity with Direct or Indirect Authority 2

Percentage of Control: Percentage of Ownership: 100

Entity Legal Name: CAL Funding, LLC **Entity DBA:** **DBA City:**

Entity Description: CAL Funding, LLC ("CAL") is a Capital Holding Company that funds Mass Alternative Care ("MAC")

Foreign Subsidiary Narrative:

Entity Phone: 413-252-0285 **Entity Email:** jturgeon@johnturgeoncpa.com **Entity Website:**

Entity Address 1: 75 North Main Street **Entity Address 2:**

Entity City: East Longmeadow **Entity State:** MA **Entity Zip Code:** 01028

Entity Mailing Address 1: 75 North Main Street **Entity Mailing Address 2:**

Entity Mailing City: East Longmeadow **Entity Mailing State:** MA **Entity Mailing Zip Code:** 01028

Relationship Description: CAL Funding, LLC is funded by 17 private investors. CAL is the sole capital contributor to Mass Alternative Care and per an operating agreement owns 100% of the Company. The ownership percentages outlined in Section 4 and 5 of this application are the ownership percentages that each individual and AGLMA has in CAL Funding, LLC.

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES - ENTITIES

Entity Contributing Capital 1

Entity Legal Name: CAL Funding, LLC **Entity DBA:**

Email: jturgeon@johnturgeoncpa.com **Phone:** 413-252-0285

Address 1: 75 North Main Street **Address 2:**

City: East Longmeadow **State:** MA **Zip Code:** 01028

Types of Capital: Monetary/Equity **Other Type of Capital:** **Total Value of Capital Provided:** \$300000 **Percentage of Initial Capital:** 100

Capital Attestation: Yes

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

Business Interest in Other State 1

Business Interest of an Owner or the Marijuana Establishment: Business Interest of an Owner

Owner First Name: Christopher **Owner Middle Name:** **Owner Last Name:** Mayle **Owner Suffix:**

Entity State Business Identification Number: 1077769 Connecticut **Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID:** [REDACTED]

Entity Legal Name: Advance Grow Labs, LLC **Entity DBA:**

Entity Description: Advanced Grow Labs, LLC is Licensed in the State of Connecticut as a Marijuana Cultivator and Product Manufacturer

Entity Phone: 475-227-0028 **Entity Email:** dlipton@advancedgrowlabs.com **Entity Website:**

Entity Address 1: 400 Frontage Road
Entity City: West Haven Entity State: CT
Entity Mailing Address 1: 400 Frontage Road
Entity Mailing City: West Haven Entity Mailing State: CT
Entity Address 2:
Entity Zip Code: 06516 Entity Country: USA
Entity Mailing Address 2:
Entity Mailing Zip Code: Entity Mailing Country: USA
06516

Business Interest in Other State 2

Business Interest of an Owner or the Marijuana Establishment: Business Interest of an Owner
Owner First Name: Dain Owner Middle Name:
Owner Last Name: Colandro Owner Suffix:
Entity State Business Identification Number: 1077769 Connecticut
Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: Advance Grow Labs, LLC
Entity DBA:
Entity Description: Advanced Grow Labs, LLC is Licensed in the State of Connecticut as a Marijuana Cultivator and Product Manufacturer
Entity Phone: 475-227-0028 Entity Email: dlipton@advancedgrowlabs.com
Entity Website:
Entity Address 1: 400 Frontage Road
Entity City: West Haven Entity State: CT
Entity Zip Code: 06516 Entity Country: USA
Entity Mailing Address 1: 400 Frontage Road
Entity Mailing Address 2:
Entity Mailing City: West Haven Entity Mailing State: CT
Entity Mailing Zip Code: Entity Mailing Country: USA
06516

Business Interest in Other State 3

Business Interest of an Owner or the Marijuana Establishment: Business Interest of an Owner
Owner First Name: Nicholas Owner Middle Name:
Owner Last Name: Tamborrino Owner Suffix:
Entity State Business Identification Number: 1260715 Connecticut
Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: BLUEPOINT APOTHECARY, LLC
Entity DBA: BLUEPOINT WELLNESS OF CONNECTICUT
Entity Description: Bluepoint Wellness of Connecticut is a Medical Marijuana Dispensary in Connecticut
Entity Phone: 203-488-1388 Entity Email: nick@bluepointwellnessct.com
Entity Website:
Entity Address 1: 400 FRONTAGE ROAD
Entity Address 2:
Entity City: WEST HAVEN Entity State: CT
Entity Zip Code: 06516 Entity Country: USA
Entity Mailing Address 1: 400 FRONTAGE ROAD
Entity Mailing Address 2:
Entity Mailing City: WEST HAVEN Entity Mailing State: CT
Entity Mailing Zip Code: Entity Mailing Country: USA
06516

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 1247 East Main Street
Establishment Address 2:
Establishment City: Chicopee Establishment Zip Code: 01020
Approximate square footage of the Establishment: 23800 How many abutters does this property have?: 7

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
Certification of Host Community Agreement	Host Community Agreement Certification Form (Chicopee).pdf	pdf	5b9c5ca4cea8212d4c7b6bc5	09/14/2018
Community Outreach Meeting Documentation	Community Outreach Meeting Attestation Form (Final).pdf	pdf	5b9c5cbc5e9b3d2d528a9221	09/14/2018
Plan to Remain Compliant with Local Zoning	MAC Plan to Remain Compliant with Local Zoning.pdf	pdf	5b9c5cc818807b2d67c41845	09/14/2018

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	MAC Plan for Positive Impact.pdf	pdf	5bc525c5658c0f0c3ca7a567	10/15/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer Other Role:
First Name: Kevin Middle Name: Last Name: Collins Suffix:
RMD Association: RMD Owner
Background Question: yes

Individual Background Information 2

Role: Director Other Role:
First Name: Ronald Middle Name: Last Name: Paasch Suffix:
RMD Association: RMD Owner
Background Question: yes

Individual Background Information 3

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

Individual Background Information 4

Role: Director Other Role:
First Name: Heather Middle Name: Last Name: Andresen Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 5

Role: Director Other Role:
First Name: Nicholas Middle Name: Last Name: Tamborrino Suffix:
RMD Association: RMD Owner
Background Question: no

Individual Background Information 6

Role: Executive / Officer Other Role:
First Name: Christopher Middle Name: Last Name: Mayle Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 7

Role: Executive / Officer Other Role:
First Name: Vincent Middle Name: Last Name: Cardillo Suffix:
RMD Association: RMD Owner
Background Question: no

Individual Background Information 8

Role: Executive / Officer Other Role:
First Name: Ronald Middle Name: Last Name: Campurciani Suffix:
RMD Association: RMD Owner
Background Question: yes

Individual Background Information 9

Role: Manager Other Role:
First Name: John Middle Name: Last Name: Turgeon Suffix:
RMD Association: RMD Owner
Background Question: no

Individual Background Information 10

Role: Executive / Officer Other Role:
First Name: Kevin Middle Name: M Last Name: Collins Suffix:
RMD Association: RMD Manager
Background Question: yes

Individual Background Information 11

Role: Executive / Officer Other Role:
First Name: Dain Middle Name: Last Name: Collandro Suffix:
RMD Association: RMD Manager
Background Question: no

ENTITY BACKGROUND CHECK INFORMATION

Entity Background Check Information 1

Role: Investor/Contributor Other Role:
Entity Legal Name: CAL Funding, LLC. Entity DBA: Federal Tax Identification Number EIN/TIN:
[REDACTED]

Entity Description: CAL Funding is the Capital Holding Company

Phone: 413-252-0285 Email: jturgeon@johnturgeoncpa.com

Primary Business Address 1: 75 North Main Street Primary Business Address 2:

Primary Business City: North Primary Business State: Principal Business Zip
Longmeadow MA Code: 01028

Additional Information:

Entity Background Check Information 2

Role: Partner Other Role:

Entity Legal Name: AGLMA, LLC. Entity DBA: Federal Tax Identification Number EIN/TIN:

Entity Description: Management Company

Phone: 475-227-0028 Email: dlipton@advancedgrowlabs.com

Primary Business Address 1: 400 Frontage Road Primary Business Address 2:

Primary Business City: West Primary Business State: CT Principal Business Zip Code:
Haven 06516

Additional Information:

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Secretary of Commonwealth - Certificate of Good Standing	MAC SOC Certificate of Good Standing (20180125).pdf	pdf	5b9c37b2da72283955c62401	09/14/2018
Department of Revenue - Certificate of Good standing	MAC DOR Certificate of Good Standing (20180402).pdf	pdf	5b9c37bc3f9f81395f137433	09/14/2018
Bylaws	Mass Alternative Care, Inc. (By-Laws Post Conversion).pdf	pdf	5b9c37d5b60ce4391d880413	09/14/2018
Articles of Organization	Articles of Entity Conversion.pdf	pdf	5b9c385a5a6f093923e5173c	09/14/2018

No documents uploaded

Massachusetts Business Identification Number: 001302536

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	MAC Liability Insurance Plan.pdf	pdf	5b9c3e893f9f81395f137437	09/14/2018
Business Plan	MAC Business Plan.pdf	pdf	5bc52852f70a1a0c28f76415	10/15/2018
Proposed Timeline	MAC Timeline_Product Manufacturer.pdf	pdf	5be3628825766f0d55cc2a84	11/07/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Types of products Manufactured.	MAC Products to be Manufactured.pdf	pdf	5bc52b862d28790c5008131f	10/15/2018

Method used to produce products	MAC Methods Used to Produce Products.pdf	pdf	5bc52e0f629ac50c14735d8d	10/15/2018
Sample of unique identifying marks used for branding	MAC Unique Identifying Marks Used for Branding.pdf	pdf	5bc52e7ea5b0140c1e4b974b	10/15/2018
Separating recreational from medical operations, if applicable	MAC Plan for Separating Recreational from Medical Operations.pdf	pdf	5bc52e9ff70a1a0c28f76419	10/15/2018
Restricting Access to age 21 and older	MAC Policy for Limiting Access to Age 21 and Older.pdf	pdf	5bc53080658c0f0c3ca7a573	10/15/2018
Security plan	MAC CNB Security Plan.pdf	pdf	5bc530a93fbe330c461d1c36	10/15/2018
Prevention of diversion	MAC CNB Prevention of Diversion SOP.pdf	pdf	5bc530dfc4bce20c0e8e1d91	10/15/2018
Storage of marijuana	MAC CNB Storage SOP.pdf	pdf	5bc5311c629ac50c14735d91	10/15/2018
Transportation of marijuana	MAC CNB Transportation of Marijuana SOP.pdf	pdf	5bc53133a5b0140c1e4b974f	10/15/2018
Inventory procedures	MAC CNB Inventory and Tracking SOP .pdf	pdf	5bc53154f70a1a0c28f7641d	10/15/2018
Quality control and testing	MAC Quality Control and Testing SOP.pdf	pdf	5bc5316da18c210c32431a24	10/15/2018
Dispensing procedures	MAC Dispensing Procedure.pdf	pdf	5bc5319d3fbe330c461d1c3a	10/15/2018
Personnel policies including background checks	MAC Personnel Policies.pdf	pdf	5bc531b92d28790c50081325	10/15/2018
Record Keeping procedures	MAC CNB Record Keeping Procedure.pdf	pdf	5bc531d6c4bce20c0e8e1d95	10/15/2018
Maintaining of financial records	MAC Maintenance of Financial Records SOP.pdf	pdf	5bc53269629ac50c14735d95	10/15/2018
Diversity plan	MAC Diversity Plan.pdf	pdf	5bc53284a5b0140c1e4b9753	10/15/2018
Qualifications and training	MAC CNB Qualifications and Trainnig SOP.pdf	pdf	5bc53299f70a1a0c28f76421	10/15/2018

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: