



Massachusetts Cannabis Control Commission

Marijuana Retailer

Business Name:	Mass Alternative Care, Inc.	License Number:	MR281371
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: 6.1
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: 6.1
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: 6.1
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: 6.1
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: 6.1
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:** 6.1
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:** 6.1
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:** 6.1
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:**
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 Calandra. 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 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 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 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 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

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: 24000 How many abutters does this property have?: 7

Have all property abutters 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	5b7ef22e377423394139423f	08/23/2018
Community Outreach Meeting Documentation	Community Outreach Meeting Attestation Form (Final).pdf	pdf	5b7ef23b8d67cc394b81bb4a	08/23/2018
Plan to Remain Compliant with Local Zoning	MAC Plan to Remain Compliant with Local Zoning.pdf	pdf	5bafecd153586f55aecff3a	09/29/2018

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	5bc533f6f747bc02b7d23017	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: G 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: Executive / Officer Other Role:
First Name: Kevin Middle Name: M Last Name: Collins Suffix:
RMD Association: RMD Manager
Background Question: yes

Individual Background Information 10

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

Individual Background Information 11

Role: Executive / Officer Other Role:
First Name: Dain Middle Name: Last Name: Colandro 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	5b9c442d03a477392d0a48fb	09/14/2018
Department of Revenue - Certificate of Good standing	MAC DOR Certificate of Good Standing (20180402).pdf	pdf	5b9c445a3774233941395999	09/14/2018
Articles of Organization	Articles of Entity Conversion.pdf	pdf	5b9c44718d67cc394b81d295	09/14/2018
Bylaws	Mass Alternative Care, Inc. (By-Laws Post Conversion).pdf	pdf	5b9c4496da72283955c6240d	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	5b9c44b45e9b3d2d528a9215	09/14/2018
Business Plan	MAC Business Plan.pdf	pdf	5bc5360a658c0f0c3ca7a583	10/15/2018
Proposed Timeline	MAC Timeline_Retail.pdf	pdf	5be363871a7752047b590f19	11/07/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Plan for obtaining marijuana or marijuana products	MAC Plan to obtain marijuana.pdf	pdf	5bc536f1c4bce20c0e8e1da1	10/15/2018

Separating recreational from medical operations, if applicable	MAC Plan for Separating Recreational from Medical Operations.pdf	pdf	5bc53708629ac50c14735d9f	10/15/2018
Restricting Access to age 21 and older	MAC Policy for Limiting Access to Age 21 and Older.pdf	pdf	5bc5371aa5b0140c1e4b9761	10/15/2018
Security plan	MAC CNB Security Plan.pdf	pdf	5bc5372af70a1a0c28f7642f	10/15/2018
Prevention of diversion	MAC CNB Prevention of Diversion SOP.pdf	pdf	5bc5373ca18c210c32431a34	10/15/2018
Storage of marijuana	MAC CNB Storage SOP.pdf	pdf	5bc53752658c0f0c3ca7a587	10/15/2018
Transportation of marijuana	MAC CNB Transportation of Marijuana SOP.pdf	pdf	5bc537653fbe330c461d1c4c	10/15/2018
Inventory procedures	MAC CNB Inventory and Tracking SOP .pdf	pdf	5bc537792d28790c50081337	10/15/2018
Quality control and testing	MAC Quality Control and Testing SOP.pdf	pdf	5bc5378fc4bce20c0e8e1da5	10/15/2018
Dispensing procedures	MAC Dispensing Procedure.pdf	pdf	5bc537a2629ac50c14735da3	10/15/2018
Personnel policies including background checks	MAC Personnel Policies.pdf	pdf	5bc537b5a5b0140c1e4b9765	10/15/2018
Record Keeping procedures	MAC CNB Record Keeping Procedure.pdf	pdf	5bc537c9f70a1a0c28f76433	10/15/2018
Maintaining of financial records	MAC Maintenance of Financial Records SOP.pdf	pdf	5bc537d2a18c210c32431a38	10/15/2018
Diversity plan	MAC Diversity Plan.pdf	pdf	5bc537e8658c0f0c3ca7a58b	10/15/2018
Qualifications and training	MAC CNB Qualifications and Trainnig SOP.pdf	pdf	5bc537f43fbe330c461d1c50	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

HOURS OF OPERATION

Monday From: 9:00 AM	Monday To: 9:00 PM
Tuesday From: 9:00 AM	Tuesday To: 9:00 PM
Wednesday From: 9:00 AM	Wednesday To: 9:00 PM
Thursday From: 9:00 AM	Thursday To: 9:00 PM
Friday From: 9:00 AM	Friday To: 9:00 PM
Saturday From: 9:00 AM	Saturday To: 9:00 PM
Sunday From: 12:00 PM	Sunday To: 5:00 PM