



Massachusetts Cannabis Control Commission

Marijuana Cultivator

Business Name:	Patriot Care Corp	License Number:	MC281265
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: Employee 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: 17th 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 executive 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

Business Interest in Other State 1

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

Owner First Name:

Owner Middle Name:

Owner Last Name:

Owner Suffix:

Entity State Business Identification Number: N/A

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

Entity Legal Name: Columbia Care LLC

Entity DBA:

Entity Description: Delaware Limited Liability Company

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: 17th Floor

Entity City: New York

Entity State: NY

Entity Zip Code: 10151

Entity Country: USA

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

Entity Mailing Country: USA

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

Cultivation Tier: Tier 06: 40,001 to 50,000 sq. ft

Cultivation Environment: Indoor

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Community Outreach Meeting Documentation	CommunityOutreach_Lowell Cult_Mfg.pdf	pdf	5addf99a2654f0360aecf47b	04/23/2018
Plan to Remain Compliant with Local Zoning	Local Zoning Compliance_170 Lincoln.pdf	pdf	5adf09eb47a84a7e843c3b08	04/24/2018
Certification of Host Community Agreement	HostCert_PCC_Lowell.pdf	pdf	5b0eca4d5ba56c042922c865	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	5ae6098f39740e0d95e83c51	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: George Middle Name: Charles Last Name: Agganis Suffix:

RMD Association: RMD Manager

Background Question: no

Individual Background Information 3

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 4

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

Individual Background Information 5

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 6

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 7

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

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:** info@col-care.com
Primary Business Address 1: 745 Fifth Avenue **Primary Business Address 2:** 17th 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	5ad7edb87212167e7aeed7cb	04/18/2018
Department of Revenue - Certificate of Good standing	MA DOR Certificate of Good Standing.pdf	pdf	5ad7edd3e459990d85448d85	04/18/2018
Articles of Organization	FILED Articles of Entity Conversion - 4_12_18.pdf	pdf	5ad8e37009fa3e0db3eebd5f	04/19/2018
Bylaws	Patriot Care Post Conversion By-Laws.pdf	pdf	5ad8e3e72654f0360aecf1e2	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	5ad8e89c93460b0dc73ecc0a	04/19/2018
Proposed Timeline	Timeline_Cultivation and Manufacturing.pdf	pdf	5ae0769609fa3e0db3eec111	04/25/2018
Business Plan	Business Plan Summary_Combined.pdf	pdf	5af075bb9a67bb11cc7e4506	05/07/2018
Proposed Timeline	Timeline_Cultivation and Manufacturing_rev_7_26_18.pdf	pdf	5b59beedf002a22861568c83	07/26/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Policies and Procedures for cultivating.	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0aea6fb0f811c2265e12	05/02/2018
Policies and Procedures for cultivating.	Lowell RMD_AdultUse P&P - CultivationManuf_4_30_18_Clean.pdf	pdf	5aea0b159bcf5a047e351184	05/02/2018
Separating recreational from medical operations, if applicable	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b2aa6b56e3d675715d5	05/02/2018
Restricting Access to age 21 and older	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b361f5e4d0443cb5cba	05/02/2018
Security plan	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b416fb0f811c2265e16	05/02/2018
Prevention of diversion	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b4bb2a9e2046441b889	05/02/2018
Storage of marijuana	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b5a9bcf5a047e351188	05/02/2018
Transportation of marijuana	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b665ba56c042922b861	05/02/2018
Inventory procedures	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b73da8de63d8fd165a5	05/02/2018
Quality control and testing	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b845ba56c042922b865	05/02/2018
Dispensing procedures	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0b919bcf5a047e35118e	05/02/2018
Personnel policies including background checks	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0ba15ba56c042922b869	05/02/2018
Record Keeping procedures	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0bb20d20bf11ae6d886d	05/02/2018
Maintaining of financial records	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0bc71f5e4d0443cb5cc2	05/02/2018
Diversity plan	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0bdada8de63d8fd165b3	05/02/2018
Qualifications and training	ApplicationIndex_P&P_Cultiv.pdf	pdf	5aea0be89eb86611ea7d3858	05/02/2018

ATTESTATIONS

Date generated: 08/22/2019

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

FEE QUESTIONS

Cultivation Tier: Tier 06: 40,001 to 50,000 sq. ft Cultivation Environment: Indoor

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:

Sunday From: Sunday To: