



Massachusetts Cannabis Control Commission

Public Record Request

ABOUT THE MARIJUANA ESTABLISHMENT

Business Legal Name: SIRA NATURALS, INC. **Federal Tax Identification Number EIN/TIN:** [REDACTED]

Phone Number: 617-833-2077 **Email Address:** MDUNDAS@SIRANATURALS.ORG

Business Address 1: 300 TRADE CENTER DRIVE **Business Address 2:** SUITE 7700

Business City: WOBURN **Business State:** MA **Business Zip Code:** 01801

Mailing Address 1: 300 TRADE CENTER DRIVE **Mailing Address 2:** SUITE 7700

Mailing City: WOBURN **Mailing State:** MA **Mailing Zip Code:** 01801

MARIJUANA ESTABLISHMENT LICENSE INFORMATION

License or Application Number: MCN281252; REN281260; MPN281303; MXN281310

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: RP201855

RMD INFORMATION

Name of RMD: SIRA NATURALS, INC.

Department of Public Health RMD Registration Number: 010

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:** 16

Role: Director **Other Role:** CHIEF EXECUTIVE OFFICER

First Name: MICHAEL **Middle Name:** **Last Name:** DUNDAS **Suffix:**

Gender: Male **User Defined Gender:**

What is this person's race or ethnicity?: Decline to Answer

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 2

Percentage Of Ownership: Percentage Of Control: 16

Role: Director Other Role:

First Name: LOUIS Middle Name: Last Name: KARGER Suffix:

Gender: Male User Defined Gender:

What is this person's race or ethnicity?: Decline to Answer

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 3

Percentage Of Ownership: Percentage Of Control: 16

Role: Director Other Role:

First Name: DAVID Middle Name: Last Name: ROSENBERG Suffix:

Gender: Male User Defined Gender:

What is this person's race or ethnicity?: Decline to Answer, Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 4

Percentage Of Ownership: Percentage Of Control: 16

Role: Director Other Role:

First Name: ROBERT Middle Name: Last Name: EDELSTEIN Suffix:

Gender: Male User Defined Gender:

What is this person's race or ethnicity?: Decline to Answer, American Indian or Alaska Native

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 5

Percentage Of Ownership: Percentage Of Control: 16

Role: Director Other Role:

First Name: ERIC Middle Name: Last Name: WARDROP Suffix:

Gender: Male User Defined Gender:

What is this person's race or ethnicity?: Decline to Answer

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 6

Percentage Of Ownership: Percentage Of Control:

Role: Manager Other Role:

First Name: MICHELLE Middle Name: Last Name: FOLEY Suffix:

Gender: Female User Defined Gender:

What is this person's race or ethnicity?: Decline to Answer

Specify Race or Ethnicity:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES - ENTITIES

Entity Contributing Capital 1

| | | | |
|---|-------------------------------|--|--|
| Entity Legal Name: SIRA NATURALS, INC. | | Entity DBA: | |
| Email: MDUNDAS@SIRANATURALS.ORG | Phone: 617-833-2077 | | |
| Address 1: 300 TRADE CENTER DRIVE | | Address 2: SUITE 7700 | |
| City: WOBURN | State: MA | Zip Code: 01801 | |
| Types of Capital: Monetary/Equity, Land, Buildings | Other Type of Capital: | Total Value of Capital Provided: \$2000000 | 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 the Marijuana Establishment | | | |
| Owner First Name: | Owner Middle Name: | Owner Last Name: | Owner Suffix: |
| Entity State Business Identification Number: NV20141501721 | | Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED] | |
| Entity Legal Name: Tahoe-Reno Botanicals, LLC | | Entity DBA: KYND Cannabis Company | |
| Entity Description: Cannabis cultivation | | | |
| Entity Phone: 775-786-0100 | Entity Email: info@washoewellness.com | Entity Website: | |
| Entity Address 1: 1645 Crane Way | | Entity Address 2: | |
| Entity City: Sparks | Entity State: NV | Entity Zip Code: 89431 | Entity Country: United States |
| Entity Mailing Address 1: 1645 Crane Way | | Entity Mailing Address 2: | |
| Entity Mailing City: Sparks | Entity Mailing State: NV | Entity Mailing Zip Code: 89431 | Entity Mailing Country: United States |

Business Interest in Other State 2

| | | | |
|---|---|--|----------------------|
| Business Interest of an Owner or the Marijuana Establishment: Business Interest of the Marijuana Establishment | | | |
| Owner First Name: | Owner Middle Name: | Owner Last Name: | Owner Suffix: |
| Entity State Business Identification Number: NV20141501745 | | Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED] | |
| Entity Legal Name: Tahoe-Reno Extractions, LLC | | Entity DBA: KYND Cannabis Company | |
| Entity Description: Cannabis manufacturing and production | | | |
| Entity Phone: 775-786-0100 | Entity Email: info@washoewellness.com | Entity Website: | |
| Entity Address 1: 1645 Crane Way | | Entity Address 2: | |

Entity City: Sparks Entity State: NV Entity Zip Code: 89431 Entity Country: United States
Entity Mailing Address 1: 1645 Crane Way Entity Mailing Address 2:
Entity Mailing City: Sparks Entity Mailing State: NV Entity Mailing Zip Code: Entity Mailing Country: United States
89431

Business Interest in Other State 3

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

Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:
Entity State Business Identification Number: NV20161012662 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business
ID: [REDACTED]
Entity Legal Name: Kynd-Strainz, LLC Entity DBA: MYNT Cannabis Company
Entity Description: Dispensary
Entity Phone: Entity Email: Entity Website:
775-686-6968 info@myntcannabis.com
Entity Address 1: 132 E. 2nd Street Entity Address 2:
Entity City: Reno Entity State: NV Entity Zip Code: 89501 Entity Country: United States
Entity Mailing Address 1: 132 E. 2nd Street Entity Mailing Address 2:
Entity Mailing City: Reno Entity Mailing State: NV Entity Mailing Zip Code: Entity Mailing Country: United States
89501

Business Interest in Other State 4

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

Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:
Entity State Business Identification Number: NV20161088240 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business
ID: [REDACTED]
Entity Legal Name: Lemon Aide, LLC Entity DBA: MYNT Cannabis Company
Entity Description: Dispensary
Entity Phone: Entity Email: Entity Website:
775-686-6968 info@myntcannabis.com
Entity Address 1: 340 Lemmon Drive Entity Address 2:
Entity City: Reno Entity State: NV Entity Zip Code: 89506 Entity Country: United States
Entity Mailing Address 1: 340 Lemmon Drive Entity Mailing Address 2:
Entity Mailing City: Reno Entity Mailing State: NV Entity Mailing Zip Code: Entity Mailing Country: United States
89506

Business Interest in Other State 5

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

Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:
Entity State Business Identification Number: NV20141459289 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business
ID: [REDACTED]
Entity Legal Name: LivFree Wellness LLC Entity DBA: The Dispensary
Entity Description: Dispensary
Entity Phone: Entity Email: Entity Website:
702-476-0420 info@thedispensarynv.com

Entity Address 1: 100 W. Plumb Lane
Entity City: Reno Entity State: NV
Entity Mailing Address 1: 100 W. Plumb Lane
Entity Mailing City: Reno Entity Mailing State: NV
Entity Address 2:
Entity Zip Code: 89509 Entity Country: United States
Entity Mailing Address 2:
Entity Mailing Zip Code: 89509 Entity Mailing Country: United States

Business Interest in Other State 6

Business Interest of an Owner or the Marijuana Establishment: Business Interest of the Marijuana Establishment
Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:
Entity State Business Identification Number: NV20141459289 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: LivFree Wellness LLC Entity DBA: The Dispensary
Entity Description: Dispensary
Entity Phone: 702-476-0420 Entity Email: info@thedispensarynv.com Entity Website:
Entity Address 1: 50 Gibson Rd #170 Entity Address 2:
Entity City: Henderson Entity State: NV Entity Zip Code: 89014 Entity Country: United States
Entity Mailing Address 1: 50 Gibson Rd #170 Entity Mailing Address 2:
Entity Mailing City: Henderson Entity Mailing State: NV Entity Mailing Zip Code: 89014 Entity Mailing Country: United States

Business Interest in Other State 7

Business Interest of an Owner or the Marijuana Establishment: Business Interest of the Marijuana Establishment
Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:
Entity State Business Identification Number: NV20141459289 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: LivFree Wellness LLC Entity DBA: The Dispensary
Entity Description: Dispensary
Entity Phone: 702-476-0420 Entity Email: info@thedispensarynv.com Entity Website:
Entity Address 1: 5347 S Decatur Blvd #100 Entity Address 2:
Entity City: Las Vegas Entity State: NV Entity Zip Code: 89118 Entity Country: United States
Entity Mailing Address 1: 5347 S Decatur Blvd #100 Entity Mailing Address 2:
Entity Mailing City: Las Vegas Entity Mailing State: NV Entity Mailing Zip Code: 89118 Entity Mailing Country: United States

Business Interest in Other State 8

Business Interest of an Owner or the Marijuana Establishment: Business Interest of the Marijuana Establishment
Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:
Entity State Business Identification Number: NV20141459289 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: LivFree Wellness LLC Entity DBA: The Dispensary
Entity Description: Cannabis cultivation, production, and manufacturing
Entity Phone: Entity Email: Entity Website:

702-476-0420 info@thedispensarynv.com

Entity Address 1: 3900 Ponderosa Way

Entity Address 2:

Entity City: Las Vegas Entity State: NV

Entity Zip Code: 89118 Entity Country: United States

Entity Mailing Address 1: 3900 Ponderosa Way

Entity Mailing Address 2:

Entity Mailing City: Las Vegas Entity Mailing State: NV

Entity Mailing Zip Code: 89118 Entity Mailing Country: United States

Business Interest in Other State 9

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

Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:

Entity State Business Identification Number: NV20141459289 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]

Entity Legal Name: LivFree Wellness LLC Entity DBA: The Dispensary

Entity Description: Cannabis cultivation, production, and manufacturing

Entity Phone: Entity Email: Entity Website:

702-476-0420 info@thedispensarynv.com

Entity Address 1: 435 Eureka Avenue

Entity Address 2:

Entity City: Reno Entity State: NV Entity Zip Code: 89512 Entity Country: United States

Entity Mailing Address 1: 435 Eureka Avenue Entity Mailing Address 2:

Entity Mailing City: Reno Entity Mailing State: NV Entity Mailing Zip Code: 89512 Entity Mailing Country: United States

Business Interest in Other State 10

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

Owner First Name: Owner Middle Name: Owner Last Name: Owner Suffix:

Entity State Business Identification Number: NV20171207815 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]

Entity Legal Name: CannaPunch of Nevada LLC Entity DBA: N/A

Entity Description: Cannabis extraction, manufacturing, and distribution

Entity Phone: Entity Email: Entity Website:

702-749-6437 hrnv@cannapunch.com

Entity Address 1: 3790 Paradise Road

Entity Address 2:

Entity City: Las Vegas Entity State: NV Entity Zip Code: 89169 Entity Country: United States

Entity Mailing Address 1: 3790 Paradise Road Entity Mailing Address 2:

Entity Mailing City: Las Vegas Entity Mailing State: NV Entity Mailing Zip Code: 89169 Entity Mailing Country: United States

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 13 COMMERCIAL WAY

Establishment Address 2:

Establishment City: Milford Establishment Zip Code: 01757

Approximate square footage of the Establishment: 30000

How many abutters does this property have?: 4

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

HOST COMMUNITY INFORMATION

Host Community Documentation:

| Document Category | Document Name | Type | ID | Upload Date |
|--|------------------------------------|------|--------------------------|-------------|
| Certification of Host Community Agreement | HCA Certification.pdf | pdf | 5ad8936441df29361e475306 | 04/19/2018 |
| Community Outreach Meeting Documentation | Community Outreach Attestation.pdf | pdf | 5ad8936f0cc9397eb6ce7b3d | 04/19/2018 |
| Plan to Remain Compliant with Local Zoning | PLAN FOR ZONING COMPLIANCE.pdf | pdf | 5ad893886232520dbd5929a2 | 04/19/2018 |

Total amount of financial benefits accruing to the municipality as a result of the host community agreement. If the total amount is zero, please enter zero and provide documentation explaining this number.: \$1

PLAN FOR POSITIVE IMPACT

Plan to Positively Impact Areas of Disproportionate Impact:

| Document Category | Document Name | Type | ID | Upload Date |
|--------------------------|--------------------------|------|--------------------------|-------------|
| Plan for Positive Impact | POSITIVE IMPACT PLAN.pdf | pdf | 5ad8939d7212167e7aeed813 | 04/19/2018 |

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Other Role:
 First Name: MICHAEL Middle Name: Last Name: DUNDAS Suffix:
 RMD Association: RMD Manager
 Background Question: no

Individual Background Information 2

Role: Other Role:
 First Name: LOUIS Middle Name: Last Name: KARGER Suffix:
 RMD Association: RMD Manager
 Background Question: no

Individual Background Information 3

Role: Other Role:
 First Name: ROBERT Middle Name: Last Name: EDELSTEIN Suffix:
 RMD Association: RMD Manager
 Background Question: no

Individual Background Information 4

Role: Other Role:
 First Name: DAVID Middle Name: Last Name: ROSENBERG Suffix:
 RMD Association: RMD Manager

Background Question: no

Individual Background Information 5

Role: Other Role:
First Name: ERIC Middle Name: Last Name: WARDROP Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 6

Role: Other Role:
First Name: MICHELLE Middle Name: Last Name: FOLEY Suffix:
RMD Association: RMD Manager
Background Question: no

ENTITY BACKGROUND CHECK INFORMATION

Entity Background Check Information 1

Role: Other (specify) Other Role: RMD
Entity Legal Name: SIRA NATURALS, INC. Entity DBA: Federal Tax Identification Number EIN/TIN:
Entity Description: MASSACHUSETTS C-CORPORATION
Phone: 617-833-2077 Email: MDUNDAS@SIRANATURALS.ORG
Primary Business Address 1: 300 TRADE CENTER DRIVE Primary Business Address 2: SUITE 7700
Primary Business City: WOBURN Primary Business State: MA Principal Business Zip Code: 01801

Additional Information:

MASSACHUSETTS BUSINESS REGISTRATION

Required Business Documentation:

Table with 5 columns: Document Category, Document Name, Type, ID, Upload Date. Rows include Secretary of Commonwealth - Certificate of Good Standing, Department of Revenue - Certificate of Good standing, Articles of Organization, and Bylaws.

Certificates of Good Standing:

Table with 5 columns: Document Category, Document Name, Type, ID, Upload Date. Rows include Secretary of Commonwealth - Certificate of Good Standing, Department of Unemployment Assistance - Certificate of Good standing, and Department of Revenue - Certificate of Good Standing.

Massachusetts Business Identification Number: 001312028

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Business Plan Documentation:

| Document Category | Document Name | Type | ID | Upload Date |
|------------------------------|--|------|--------------------------|-------------|
| Business Plan | BUSINESS PLAN.pdf | pdf | 5ad897ac6232520dbd5929ae | 04/19/2018 |
| Proposed Timeline | PROPOSED TIMELINE.pdf | pdf | 5ad897b6fe11f335e6a96b4a | 04/19/2018 |
| Plan for Liability Insurance | PLAN FOR OBTAINING LIABILITY INSURANCE.pdf | pdf | 5ad897bf6d28ab7e8e788941 | 04/19/2018 |

OPERATING POLICIES AND PROCEDURES

Policies and Procedures Documentation:

| Document Category | Document Name | Type | ID | Upload Date |
|--|--|------|--------------------------|-------------|
| Restricting Access to age 21 and older | RESTRICTING ACCESS TO 21 AND OLDER.pdf | pdf | 5ad8989ae459990d85448dda | 04/19/2018 |
| Security plan | SECURITY PLAN.pdf | pdf | 5ad898b9ccedc435f6f6a601 | 04/19/2018 |
| Prevention of diversion | PREVENTION OF DIVERSION.pdf | pdf | 5ad898d939740e0d95e83386 | 04/19/2018 |
| Storage of marijuana | STORAGE OF MARIJUANA.pdf | pdf | 5ad898e52654f0360aecf0f3 | 04/19/2018 |
| Transportation of marijuana | TRANSPORTATION OF MARIJUANA.pdf | pdf | 5ad898f21a56be7ea2dd047e | 04/19/2018 |
| Inventory procedures | INVENTORY PROCEDURES.pdf | pdf | 5ad89902c357ae0da9a3dedc | 04/19/2018 |
| Quality control and testing | QUALITY CONTROL AND TESTING.pdf | pdf | 5ad8991341df29361e475316 | 04/19/2018 |
| Personnel policies including background checks | PERSONNEL POLICIES INCLUDING BACKGROUND CHECKS.pdf | pdf | 5ad8992a0cc9397eb6ce7b4b | 04/19/2018 |
| Record Keeping procedures | RECORD KEEPING PROCEDURES.pdf | pdf | 5ad8993f6d28ab7e8e788947 | 04/19/2018 |
| Maintaining of financial records | MAINTAINING OF FINANCIAL RECORDS.pdf | pdf | 5ad8995539740e0d95e8338a | 04/19/2018 |
| Diversity plan | DIVERSITY PLAN.pdf | pdf | 5ad899632654f0360aecf0f7 | 04/19/2018 |
| Qualifications and training | QUALIFICATIONS AND TRAINING.pdf | pdf | 5ad899721a56be7ea2dd0482 | 04/19/2018 |

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 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 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.:

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 Agree

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 Agree

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

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

COMPLIANCE WITH POSITIVE IMPACT PLAN

Progress or Success Goal 1

Description of Progress or Success: POSITIVE IMPACT PLAN

Sira Naturals hereby submits this progress statement on implementation of its Positive Impact Plan. We would note however, that the submission of the Positive Impact Plan with our applications for the licenses up for renewal in this application (license numbers MC281252, MP281303, and MX281310) occurred early in the Commission's licensing process and the Plan was therefore not required to include detailed targets and a timeline for meeting those targets. Sira Naturals subsequently submitted an application for license number MCN282015 (still in process and not yet provisionally licensed), for which it included a more detailed Positive Impact Plan. We believe that the more recently submitted Positive Impact Plan that includes benchmarks and timelines is a more appropriate document to base progress on. We have attached that Plan to this renewal application, and the outline of steps taken below are based on that Positive Impact Plan.

The successful launch and continued operation of the Sira Accelerator program demonstrates compliance with Sira Naturals' Positive Impact Plan. The program has taken on two applicants that meet our program criteria. One of these applicants, 612 Studios, has completed the program and launched a product it controls into the regulated market. This historic event marked the very first, and as far as we know still the only, capital inflow from operations into an Economic Empowerment company in the Commonwealth.

We are also gratified to see other cannabis companies starting their own accelerator-type programs. For example, Garden Remedies started its "Catalyst" program, Revolutionary Clinics launched its "ASPIRE" program and Theory Wellness has launched its "Theory Social Equity Program." We believe that if it were not for the Sira Accelerator, none of these follow on programs would exist.

- a. Number of groups accepted to the Program that meet the Goal criteria (Plan Groups): 2.
- b. Progress of Plan Groups through various stages of the Program: 1 complete, 1 in-process.
- c. Number of Plan Groups that successfully complete the Program: 1.
- d. Qualitative surveys of Program participants to gauge their perceptions of the Program:
- e. Number of cannabis licenses given to Program participants: 0
- f. Number of businesses owned or controlled by Program Groups: Several.

We have also attached for the Commission's review a Sira Accelerator Progress Report to demonstrate how we interact with our Sira Accelerator participants and some of the goals and measurements we implement internally.

Placeholder.

COMPLIANCE WITH DIVERSITY PLAN

Diversity Progress or Success 1

Description of Progress or Success: DIVERSITY PLAN

Sira Naturals hereby submits this progress statement on implementation of its Diversity Plan. We would note however, that the submission of the Diversity Plan with our applications for the licenses up for renewal in this application (license numbers MC281252, MP281303, and MX281310) occurred early in the Commission's licensing process and the Plan was therefore not required to include detailed targets and a timeline for meeting those targets. Sira Naturals subsequently submitted an application for license number MCN282015 (still in process and not yet provisionally licensed), for which it included a more detailed Diversity Plan. We believe that the more recently submitted Diversity Plan that includes benchmarks and timelines is a more appropriate document

to base progress on. We have attached that Plan to this renewal application, and the outline of steps taken below are based on that Diversity Plan.

As you can see from the summary below, Sira Naturals has made material progress toward its diversity goals and is set to achieve them by the target date.

CURRENT HOST COMMUNITY DEMOGRAPHICS:

Cambridge: 66% White, 15% Asian 11% Black, 7% Hispanic, 1% other.

Somerville: 70% White, 10% Asian, 9% Hispanic, 6% Black, 5% other.

Needham: 92% White, 7% Asian, 1% Black, 1% other.

Milford: 92% White, 4% Hispanic, 2% Asian, 1% Black, 1% other.

GOAL: At least 30% minority representation by the end of 2020.

CURRENT SIRA NATURALS ACTUAL:

Cambridge: 78% White, 0% Asian 9% Black, 9% Hispanic, 4% other - (22% Minority)

Somerville: 72% White, 0% Asian, 9% Hispanic, 14% Black, 5% other - (28% Minority)

Needham: 76% White, 0% Asian, 8% Black, 8% Hispanic 8% other - (24% Minority)

Milford: 93% White, 6% Hispanic, 1% Asian, 0% Black, 0% other – (7% Minority)

HOURS OF OPERATION

| | |
|--------------------------------------|------------------------------------|
| Monday From: Open 24 Hours | Monday To: Open 24 Hours |
| Tuesday From: Open 24 Hours | Tuesday To: Open 24 Hours |
| Wednesday From: Open 24 Hours | Wednesday To: Open 24 Hours |
| Thursday From: Open 24 Hours | Thursday To: Open 24 Hours |
| Friday From: Open 24 Hours | Friday To: Open 24 Hours |
| Saturday From: Open 24 Hours | Saturday To: Open 24 Hours |
| Sunday From: Open 24 Hours | Sunday To: Open 24 Hours |