

JAN - 2 RECD



Massachusetts Cannabis Industry Portal (MassCIP)

PD
PLANNING BOARD
GRAFTON, MA

Cannabis Control Commission > My Licenses > Marijuana Retailer > Marijuana Retailer - Application of Intent

Application #: MRN282399

You have submitted the application below on 11-11-2019. The review process may take several weeks or longer, the Commission will notify you when a decision regarding your application has been made. Please print this page or save a screenshot for your records.

About the Marijuana Establishment

Business Legal Name: Resinate, Inc. Federal Tax Identification Number EIN/TIN: 47-4392516

Phone Number: 508-864-8150 Email Address: pdecaro@iresinate.com

Business Address 1: 120 Gilboa Street Business Address 2:

Business City: Douglas Business State: MA Business Zip Code: 01516

Mailing Address 1: 120 Gilboa Street Mailing Address 2:

Mailing City: Douglas Mailing State: MA Mailing Zip Code: 01516

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: RP201945

RMD Information

Name of RMD: Resinate, Inc.

Department of Public Health RMD
Registration Number: PCR Only

Operational and Registration Status: Obtained Provisional Certificate of Registration only

Certificate of Registration

Upload a scanned copy of your current Certificate of Registration (Provisional or Final) from the Department of Public Health



Document Name: Provisional Certificate Registration-Resinate MAI.pdf

Document Category: Provisional Certificate

Upload Date: 9/8/19



Document Name: Name Change Approval DPH MAI-Resinate 102618.pdf

Document Category: Provisional Certificate

Upload Date: 9/12/19

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: 0

Percentage Of
Control: 20

Role: Board Member

Other Role:

First Name: James

Middle
Name: Hollenback

Last Name: Ross

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: 413-364-
5729

Email: jimross3rd@gmail.com

Primary Address 1: 6 Chatham Trace Circle Primary Address 2:

City: Wibraham

State: MA

Zip Code: 01095

Gender: Male

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

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: 11.41 Percentage Of Control: 20

Role: Executive / Officer Other Role:

First Name: Peter Middle Name: John Last Name: DeCaro Suffix: Former Last Name:

Alias - 1: Alias - 2: Alias - 3:

Phone: 508-864-8150 Email: pdecaro@iresinate.com

Primary Address 1: 2 Taft Circle Primary Address 2:

City: Millbury State: MA Zip Code: 01527

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: 0 Percentage Of Control: 20

Role: Board Member Other Role:

First Name: Rocco Middle Name: Joseph Last Name: Falcone Suffix: Former Last Name:

Alias - 1: Alias - 2: Alias - 3:

Phone: 413-531-4024 Email: rfalcone@rockys.com

Primary Address 1: 195 Twin Hill Drive Primary Address 2:

City: Longmeadow State: MA Zip Code: 01106

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: 0 Percentage Of Control: 20

Role: Board Member Other Role:

First Name: Mark Middle Name: Last Name: Cutting Suffix: Former Last Name:

Alias - 1: Alias - 2: Alias - 3:

Phone: 413-222-3636 Email: Markc@cdindustries.com

Primary Address 1: 40 Briar Drive Primary Address 2:

City: Holyoke State: MA Zip Code: 01040

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: 0 Percentage Of Control: 20

Role: Board Member Other Role:

First Name: Lisa Middle Name: Last Name: Gibbs Suffix: Former Last Name:

Alias - 1: Alias - 2: Alias - 3:

Phone: 508-612-8534 Email: ptrgibbs@gmail.com

Primary Address 1: 46 Westwood Drive Primary Address 2:

City: Worcester State: MA Zip Code: 01609

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

Entity with Direct or Indirect Authority 1

Percentage of Ownership: 51.5 Percentage of Control: 0

Entity Legal Name: Springfield Investment Group, LLC Entity DBA: DBA City: Springfield

Entity Description: Domestic Limited Liability Company

Foreign Subsidiary Narrative:

Entity Phone: 413-364-5729 Entity Email: jross@hollenbach.com Entity Website:

Entity Address 1: 317 Meadow Street Entity Address 2: Suite 1

Entity City: Chicopee Entity State: MA Entity Zip Code: 01103

Entity Mailing Address 1: 317 Meadow Street, Suite 1 Entity Mailing Address 2:

Entity Mailing City: Chicopee Entity Mailing State: MA Entity Mailing Zip Code: 01103

Relationship Description: Investor and Owner

Entity with Direct or Indirect Authority 2

Percentage of Ownership: 8.33 Percentage of Control: 0

Entity Legal Name: Mass Flower Power, LLC Entity DBA: DBA City: Worcester

Entity Description: Domestic Limited Liability Company

Foreign Subsidiary Narrative:

Entity Phone: 508-612-8534 Entity Email: peter@yourworkcentral.com Entity Website:

Entity Address 1: 46 Westwood Drive Entity Address 2:

Entity City: Worcester Entity State: MA Entity Zip Code: 01609

Entity Mailing Address 1: 46 Westwood Drive Entity Mailing Address 2:

Entity Mailing City: Worcester Entity Mailing State: MA Entity Mailing Zip Code: 01609

Relationship Description: Investor and Owner

Entity with Direct or Indirect Authority 3

Percentage of Ownership: 15 Percentage of Control: 0

Ownership: 100% Control: 0

Entity Legal Name: Polman Investments, LLC Entity DBA: DBA City: Springfield

Entity Description: Domestic Limited Liability Company

Foreign Subsidiary Narrative:

Entity Phone: 413-530-9912 Entity Email: dgoodman@northstarpp.com Entity Website:

Entity Address 1: 89 Guion Street Entity Address 2:

Entity City: Springfield Entity State: MA Entity Zip Code: 01104

Entity Mailing Address 1: 89 Guion Street Entity Mailing Address 2:

Entity Mailing City: Springfield Entity Mailing State: MA Entity Mailing Zip Code: 01104

Relationship Description: Owner

Close Associates and Members

Close Associates or Member 1

First Name: Diane Middle Name: Last Name: Frydrych Suffix: Former Last Name:

Alias 1: Alias 2: Alias 3:

Phone: 508-868-5490 Email: dfrydrych@iresinate.com

Primary Address 1: 7 Chartwell Circle Primary Address 2:

City: Shrewsbury State: MA Zip Code: 01545

Describe the nature of the relationship this person has with the Marijuana Establishment: Chief Financial Officer

Close Associates or Member 2

First Name: Jillian Middle Name: Marie Last Name: Williamson Suffix: Former Last Name: Lord

Alias 1: Alias 2: Alias 3:

Phone: 413-374-1949 Email: jwilliamson@iresinate.com

Primary Address 1: 336 Oak Street Primary Address 2:

City: Indian Orchard State: MA Zip Code: 01151

Describe the nature of the relationship this person has with the Marijuana Establishment: Director of Operations

Capital Resources - Individuals

No entries were provided for this section.

Capital Resources Documentation - Individuals

Amounts and Sources of Capital Documentation

Documentation detailing the amounts and sources of capital resources available to the applicant from any entity that will be contributing capital resources to the applicant for purposes of establishing or operating the identified Marijuana Establishment for each license applied for.

Capital Resources - Entities

Entity Contributing Capital 1

Entity Legal Name: Springfield Investment Group, LLC Entity DBA:

Email: jross@hollenback.com Phone: 413-364-5729

Address 1: 317 Meadow Street, Suite 1 Address 2:

City: Chicopee State: MA Zip Code: 01103

Types of Capital:	Monetary/Equity	Other Type of Capital:	Total Value of Capital Provided: \$10,644,500.00	Percentage of Initial Capital: 61.85
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Capital Attestation: Yes

Entity Contributing Capital 2

Entity Legal Name: Mass Flower Power, LLC Entity DBA:

Email: ptrgibbs@gmail.com Phone: 508-612-8534

Address 1: 46 Westwood Drive Address 2:

City: Worcester State: MA Zip Code: 01609

Types of Capital:	Monetary/Equity	Other Type of Capital:	Total Value of Capital Provided: \$2,128,900.00	Percentage of Initial Capital: 12.37
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Capital Attestation: Yes

Capital Resources Documentation - Entity

Amounts and Sources of Capital Documentation



Document Name: SIG Affidavit 8.6.19.pdf

Document Category: Funds Certification

Upload Date: 9/8/19



Document Name: FlowerPower Affidavit.pdf

Document Category: Funds Certification

Upload Date: 9/8/19



Document Name: Resinate_Account Statement_Redacted.pdf

Document Category: Existence of Capital Verification

Upload Date: 9/18/19

Business Interests in other States or Countries

No entries were provided for this section.

Business Interest Documentation

Supporting Document

Disclosure of Individual Interests

No entries were provided for this section.

Individual Interest Documentation

Supporting Documents

Marijuana Establishment Property Details

Establishment Address 1: 135 Westborough Road

Establishment Address 2:

Establishment City: Grafton Establishment Zip Code: 01519

Approximate square footage of the establishment: 3000 How many abutters does this property have?: 11

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

Bond or Escrow Documentation

Documentation of a bond or other resources held in an escrow account in an amount sufficient to adequately support the dismantling and winding down of the Marijuana Establishment



Document Name: Escrow Letter Resinate Grafton.pdf

Document Category: Documentation of Escrow Account

Upload Date: 10/24/19

Property Interest Documentation

Documentation of a property interest in the proposed address. Interest may be demonstrated by one of the following:

- Clear legal title to the proposed site;
- An option to purchase the proposed site;
- A legally enforceable agreement to give such title; or
- Binding permission to use the premises.



Document Name: Lease Grafton-min.pdf

Document Category: Permission to Use Premises

Upload Date: 10/2/19

Host Community Information

Host Community Documentation

Please upload the required documentation below



Document Name: Host Community Agreement Douglas Updated to Resinate.pdf

Document Category: Certification of Host Community Agreement

Upload Date: 10/6/19



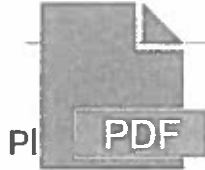
Document Name: Community Outreach Grafton.pdf

Document Category: Community Outreach Meeting Documentation

Upload Date: 10/11/19

Document Name: Local Zoning Grafton Resinate.pdf

Document Category: Plan to Remain Compliant with Local Zoning



Plan to Positively Impact

Upload Date: 11/11/19

Plan to Positively Impact Areas of Disproportionate Impact

Upload narrative



Document Name: Jeremiah's Inn Positive Impact Letter.pdf

Document Category: Other

Upload Date: 10/6/19



Document Name: Plan for Positive Impact Resinate.pdf

Document Category: Plan for Positive Impact

Upload Date: 10/6/19

Additional Information Notification

Notification: I understand

OK

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at cannabiscommission@state.ma.us