



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
**Medical Use of Marijuana Program**  
99 Chauncy Street, 11<sup>th</sup> Floor, Boston, MA 02111

RECEIVED

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

OCT 27 2017

MA Dept. of Public Health  
99 Chauncy Street  
Boston, MA 02111

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-660-5370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

**APPLICATION OF INTENT**  
**Request for a Certificate of Registration to**  
**Operate a Registered Marijuana Dispensary**

**INSTRUCTIONS**

This application form is to be completed by a non-profit corporation or domestic business corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts ("applicant").

If seeking a Certificate of Registration for more than one RMD, the applicant must submit a separate *Application of Intent*, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an *Application of Intent* for more than one RMD, an applicant need only submit one *Character and Competency form* for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labeled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided on 8 ½" x 11" paper, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Application of Intent*, with all required attachments, the \$1,500 application fee, and Remittance Form to:

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111

**Application fees are non-refundable and non-transferable.**

Application 1 of 1 Name of Applicant Corporation 1Connection Corp

## REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health ("Department"), the Department will review the information and will contact the applicant if clarifications or updates to the submitted application materials are needed. The Department will notify the applicant whether it has met the standards necessary to be invited to submit a *Management and Operations Profile*.

If invited by the Department to submit a *Management and Operations Profile*, the applicant must submit the *Management and Operations Profile* within 45 days from the date of the invitation letter, or the applicant must submit a new *Application of Intent* and fee in order to proceed in the application process. Applicants must receive an invitation from the Department to submit a *Siting Profile* within 1 year of the date of submission of the *Management and Operations Profile*.

## PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants must receive a Provisional Certificate of Registration from the Department within 1 year of the date of the invitation letter from the Department to submit a *Siting Profile*. If the applicant does not meet this deadline, the application will be considered to have expired. Should the applicant wish to proceed with obtaining a Certificate of Registration, a new application must be submitted, beginning with an *Application of Intent*, together with the associated fee.

## REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100, as well as materials posted on the Medical Use of Marijuana Program website: [www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana).

It is the applicant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

## PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

## QUESTIONS

If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: RC

Application 1 of 1 Name of Applicant Corporation 1Connection Corp

### CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

- A fully and properly completed *Application of Intent*, signed by an authorized signatory of the applicant
- A copy of the applicant's *Certificate of Legal Existence* (as outlined in Section B)
- A completed and signed *Character and Competency* form for each required actor (as outlined in Section C)
- Financial account summary(ies) (as outlined in Section D)
- A completed *Remittance Form* (use template provided)
- A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$1,500

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**SECTION A. APPLICANT INFORMATION**

1. 1Connection Corp  
Legal name of Applicant Corporation
  
2. 25 Jessica's Way, Attleboro, 02703  
Mailing address of Applicant Corporation (Street, City/Town, Zip Code)
  
3. Robert A. Caruso  
Applicant Corporation's point of contact (the person the Department should contact regarding this application)
  
4. 6173350004  
Point of contact's telephone number
  
5. RCaruso@1connectioncare.com  
Point of contact's e-mail address
  
6. Number of applications: How many *Applications of Intent* does the applicant intend to submit?  
1

**SECTION B. INCORPORATION**

7. Attach a *Certificate of Legal Existence* from the Massachusetts Secretary of the Commonwealth, documenting that the applicant is incorporated as a non-profit corporation or domestic business corporation in Massachusetts.

**SECTION C. CHARACTER AND COMPETENCY**

8. Attach a completed and signed *Character and Competency* form (use template provided) for each required actor (as outlined in the *Character and Competency* form).

**SECTION D. INITIAL CAPITAL REQUIREMENT**

Describe the sources, types, and amounts of required initial capital in the table below, showing that the applicant has at least \$500,000 in its control and available for this *Application of Intent* and at least \$400,000 in its control and available for each additional *Application of Intent*, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the applicant, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

In addition to completing this table, submit a one-page financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

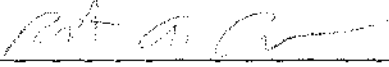
Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Robert A. Caruso and Linda C. Caruso	Watertown Savings Bank	Line of Credit	\$305,000 +	<i>Robert A. Caruso</i> <i>Linda C. Caruso</i>
Robert J. Caruso and Suzanne M. Caruso	Bank of America	Line of Credit (Home Equity)	\$130,000 +	<i>Robert J. Caruso</i> <i>Suzanne M. Caruso</i>
Robert A Caruso & Andrea Caruso Amaral +	Bank of America	Savings Account (Money Market)	\$35,000 +	<i>Robert A. Caruso</i> <i>Andrea Amaral Caruso</i>
Robert J. Caruso	Merrill Edge	IRA	\$30,000 +	<i>Robert J. Caruso</i>
			\$	
			\$	
			\$	
-----	-----	-----	\$500,000.00 Total	----

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Application 1 of 1 Name of Applicant Corporation 1Connection Corp

ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Department if the information presented within this application has changed.

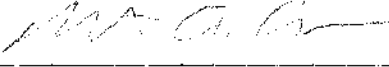
  
Signature of Authorized Signatory

10/22/2017  
Date Signed

Robert A. Caruso  
Print Name of Authorized Signatory

Ceo  
Title of Authorized Signatory

I, the authorized signatory for the applicant, hereby attest that if the applicant is allowed to proceed to submit a *Management and Operations Profile*, the applicant is prepared to pay a non-refundable application fee of \$30,000 and the cost of all required background checks, and comply with all *Management and Operations Profile* and *Siting Profile* requirements.

  
Signature of Authorized Signatory

10/22/2017  
Date Signed

Robert A. Caruso  
Print Name of Authorized Signatory

Ceo  
Title of Authorized Signatory

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Signature of Authorized Signatory

10/22/2017  
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Print Name of Authorized Signatory

Ceo  
Title of Authorized Signatory

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William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: October 26, 2017

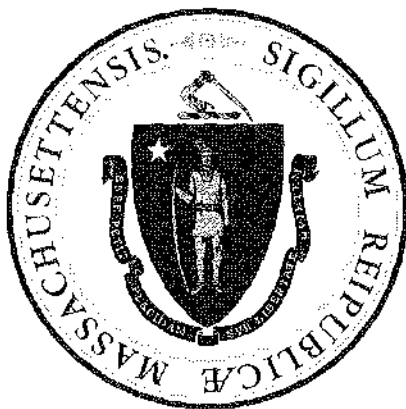
To Whom It May Concern :

I hereby certify that

**1CONNECTION CORP**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **May 25, 2017** (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 17100436840

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by:



# Bank of America

Bank of America, N.A.  
P.O. Box 26249  
Tampa, FL 33623-6249

## Customer service information

Customer service: 800.934.LOAN (5626)  
TDD/TTY users only: 866.345.1260  
En Español: 800.688.6086  
bankofamerica.com

HO 493 037 079 018645 #001 SP 0.500

ROBERT J CARUSO  
SUZANNE M CARUSO

## Bank of America Home Equity Account

Billing cycle: 09/12/2017 - 10/12/2017

Account number: [REDACTED]

**IMPORTANT:** If you are an eligible client, we will send you an updated home equity line of credit Visa Access card and associated PIN in November. If you have any questions, please call us at 800.934.LOAN(5626).

### Account summary

Account type	Principal balance	Account number
Variable rate	\$15,000.00	[REDACTED]

### Variable rate snapshot

Previous outstanding variable balance	\$0.00
New outstanding variable balance	[REDACTED]
Credit limit	\$150,000.00
Total principal balance available credit	\$135,000.00

Payment shown above does not include Fixed Rate Loan Options. Any Fixed Rate Loan Options you have will be billed separately.

Fixed rate loan options are available. Please call customer service for current rates. Information about your transactions is included on the next page of this statement.



P.O. Box 15284  
Wilmington, DE 19850

ROBERT A CARUSO OR  
ANDREA M AMARAL



**Customer service information**

- ☎ Customer service: 1.800.432.1000
- TDD/TTY users only: 1.800.288.4408
- En Español: 1.800.688.6086
- 🌐 bankofamerica.com
- 📍 Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

### Your Rewards Money Market Sav

for September 16, 2017 to October 17, 2017

Account number:

ROBERT A CARUSO OR ANDREA M AMARAL

#### Account summary

Beginning balance on September 16, 2017

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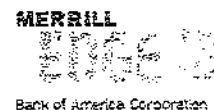
Ending balance on October 17, 2017

\$35,527.36

Annual Percentage Yield Earned this statement period: 0.03%.  
Interest Paid Year To Date: \$1.79.

Thank you for choosing Bank of America.

55M-02-17-0616.A1 | ARG777T



Online at [www.merrilledge.com](http://www.merrilledge.com)

Account Number: [REDACTED]

24-Hour Assistance: (877) 653-4732

Access Code: 79-877-10587

MLPF& S CUST FPO  
ROBERT J CARUSO IRA  
FBO ROBERT J CARUSO  
[REDACTED]

**Net Portfolio Value:**

**\$74,395.01**

Your Merrill Lynch Office:

Merrill EDGE  
FL9-802-03-05  
P.O. BOX 40486  
JACKSONVILLE, FL 32203

## ■ RETIREMENT ACCOUNT

This account is enrolled in the Merrill Edge Self-Directed Service

August 01, 2017 - September 29, 2017

This Statement

Opening Value (08/01)

Market Gains/(Losses)

Closing Value (09/29)

\$74,395.01



Go paperless! Receive this statement online instead of by mail. Visit [merrilledge.com](http://merrilledge.com) to enroll in online delivery.

Merrill Edge is the marketing name for two businesses: Merrill Edge Advisory Center, which offers team-based advice and guidance brokerage services; and a self-directed online investing platform. Both are made available through Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S). MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of Bank of America Corporation. Investment products: **Are Not FDIC Insured | Are Not Bank Guaranteed | May Lose Value**

Statement Closing Date 09/30/17  
Credit Limit \$350,000.00

FOR BILLING INQUIRIES PLEASE CALL 617-928-2399

STATEMENT DATED 8/31/17 PAGE 1

LINDA C. CARUSO  
ROBERT CARUSO

WATERTOWN SAVINGS BANK  
60 MAIN STREET  
WATERTOWN MA 02472