



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, 11th Floor, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

NOV 21 2017

RECEIVED
NOV 21 2017
BUREAU OF HEALTH CARE SAFETY AND QUALITY

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
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 1/2" 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, 11th Floor
Boston, MA 02111

Application fees are non-refundable and non-transferable.

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.

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.

Application 1 of 1 Name of Applicant Corporation Emerald Grove, Inc.

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

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: A.G.

SECTION A. APPLICANT INFORMATION

1. Emerald Grove, Inc.
Legal name of Applicant Corporation
2. 31 Sadies Way - East Harwich, MA 02645
Mailing address of Applicant Corporation (Street, City/Town, Zip Code)
3. Alexander Jamoulis
Applicant Corporation's point of contact (the person the Department should contact regarding this application)
4. 774-722-4128
Point of contact's telephone number
5. Jamoulex@gmail.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

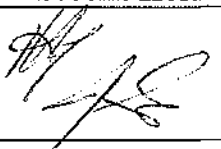
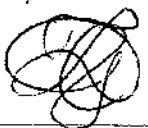
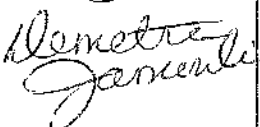
8. Attach a completed and signed *Character and Competency* form (use template provided) for each required actor (as outlined in the *Character and Competency* form).

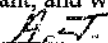
Application 1 of 1 Name of Applicant Corporation _____**SECTION D. INITIAL CAPITAL REQUIREMENT**

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.

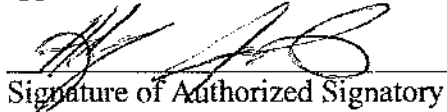
Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Alexander Jamoulis	RBC Capital Markets	Brokerage	\$ 100,000.00	
Timothy Jamoulis	RBC Capital Markets	Brokerage	\$ 100,000.00	
Demetra G. Jamoulis	RBC Capital Markets	Brokerage	\$ 300,000.00	
			\$	
			\$	
			\$	
			\$	
			\$ 500,000.00	
			Total	

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: 

Application 1 of 1 Name of Applicant Corporation

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

11/09/2017

Date Signed

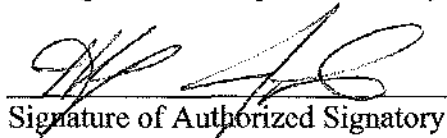
Alexander Jamoulis

Print Name of Authorized Signatory

Chief Executive Officer

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

11/09/2017

Date Signed

Alexander Jamoulis

Print Name of Authorized Signatory

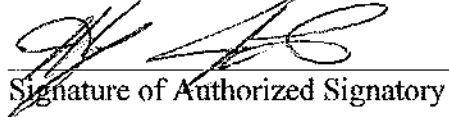
Chief Executive Officer

Title of Authorized Signatory

Application 1 of 1 Name of Applicant Corporation Emerald Grove, Inc.

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

11/09/2017

Date Signed

Alexander Jamoulis

Print Name of Authorized Signatory

Chief Executive Officer

Title of Authorized Signatory

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: A.J.



Wealth Management

A division of RBC Capital Markets, L.L.C., Member NYSE/FINRA/SIPC

0037610 01 AB 01400 01 TH 00171 01CDDN03 000000
ALEXANDER JAMOULIS

0107N
CWW



YOUR INFORMATION

Individual Account

Your Financial Advisor

Williams Investment Group
RBC Wealth Management
3 Bristol Drive
Suite 2
South Boston, MA 02375
Telephone: (708) 200-8960 or (888) 863-6500
E-mail: kevin.williams@rbc.com
norma.jamoulis@rbc.com
Web: www.rbcwm-usa.com

Branch Director: Kevin L. Williams
Telephone: (708) 200-8960 or (888) 863-6500

Complex Director

Irwin Katz
75 State St
Suite 1700
Boston, MA 02109
Telephone: (617) 726-2000



ACCOUNT STATEMENT

OCTOBER 1, 2017 - OCTOBER 31, 2017

Account number: [REDACTED]

Page 1 of 6

ACCOUNT VALUE SUMMARY

THIS PERIOD

THIS YEAR

Ending account value

\$150,484.89

\$150,484.89

YOUR PREMIER CLIENT MESSAGE BOARD

Whether you want to build, preserve, enjoy, or share your hard-earned wealth, we're here to help. For questions about your account, please contact your financial advisor, who will be happy to assist you.

Annuity Policyholders: Coming soon! When provided, additional annuity information, including living and death benefit values, will be added to your statement.



**Wealth
Management**

A division of RBC Capital Markets, LLC, Member NYSE/FINRA/SIPC.

TIMOTHY JAMOUS

01479
CWW



ACCOUNT STATEMENT

OCTOBER 1, 2017 - OCTOBER 31, 2017

Account number

Page 1 of 6

ACCOUNT VALUE SUMMARY

THIS PERIOD

THIS YEAR

Ending account value

\$198,339.50

\$198,339.50

YOUR INFORMATION

Individual Account

Your Financial Advisor

Williams Investment Group
RBC Wealth Management
5 Beistel Drive
Suite 2
South Boston, MA 02375
Telephone: (508) 230-8900 or (888) 853-5500
E-mail: kevin.williams@rbc.com
nora.yousif@rbc.com
Web: www.rbcwm-usa.com

Branch Director: Kevin L. Williams
Telephone: (508) 230-8900 or (888) 853-5500

Complex Director

Urban Katz
75 State St
Suite 1700
Boston, MA 02109
Telephone: (617) 725-2000

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Wealth Management

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DEMETRA G JAMOULIS

0101N
CWW



ACCOUNT STATEMENT

OCTOBER 1, 2017 - OCTOBER 31, 2017

Account number: [REDACTED]

Page 1 of 6

ACCOUNT VALUE SUMMARY

[REDACTED]	[REDACTED]	[REDACTED]
Ending account value	\$344,588.67	\$344,588.67

YOUR INFORMATION

Individual Account

Your Financial Advisor

Williams Investment Group
RBC Wealth Management
31 Bristol Drive
Suite 2
South Boston, MA 02126
Telephone: (508) 280-8900 or (888) 853-5530
E-mail: kevin.williams@rbc.com
anna.sousa@rbc.com
Web: www.rbcwm-usa.com

Branch Director: Kevin L. Williams

Telephone: (508) 280-8900 or (888) 853-5530

Complex Director

Brian Kite
73 State ST
Suite 1700
Boston, MA 02109
Telephone: (617) 743-2000

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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: November 07, 2017

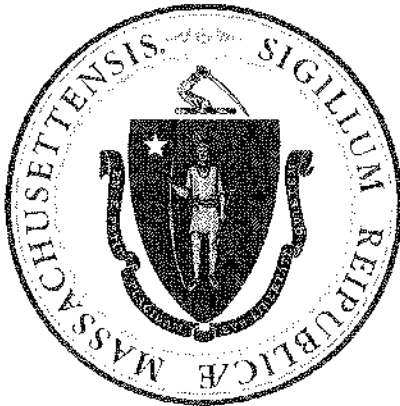
To Whom It May Concern :

I hereby certify that

EMERALD GROVE, INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **September 06, 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: 17110129310

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

Processed by: