



**Manzi Bonanno & Bowers**  
— ATTORNEYS AT LAW —

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Hon. Mary McCauley Manzi (Ret.)  
Vincent C. Manzi, Jr.  
Maria Bonanno  
James M. Bowers

*Of Counsel*  
Charles Scott Nierman  
Rachel L. Judkins  
Alex Moskovsky

*Paralegal*  
Jennifer M. Boylan  
Paulina Taveras

VIA FEDEX

December 11, 2017

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

RE: BeWell Organic Medicine, Inc.  
RMD Application of Intent (#1 of 1)

Dear Sir/Madam:

On behalf of BeWell Organic Medicine, Inc. ("BeWell"), kindly find enclosed:

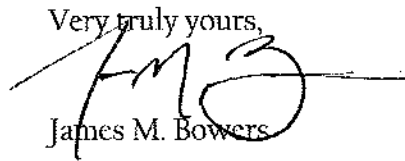
- (1) Application of Intent;
- (2) Certificate of Legal Existence;
- (3) Character and Competency forms;
- (4) Financial Account Summary;
- (5) Remittance form;
- (6) Bank check in the sum of \$1,500.00.

Kindly be advised that both Vincent Manzi, Jr. (Director of Legal Compliance), and Robyn Saba (Director of Training ) are members of the Board of Directors. The Business Entity Summary, from the Secretary of the Commonwealth, dated 12/11/17, is also provided. Also, please note that Jennifer Lynn Napolitano (Director of Accounts/ Comptroller), is serving in a role equivalent to the role of a Chief Financial Officer. These answers to these questions were provided by BeWell, in response to questions received following submission of an application submitted in July 2107 (which was timed-out for failure to submit a Management and Operations Profile within 45 days).

Medical Use of Marijuana Program  
RMD Applications  
Page 2

Thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'JMB', with a long horizontal line extending to the right from the end of the signature.

James M. Bowers

JMB/pt  
Enclosures



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

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

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 \_\_\_\_\_

**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).

Application 1 of 1 Name of Applicant Corporation BeWell Organic Medicine, 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: GJS

**SECTION A. APPLICANT INFORMATION**

1. BeWell Organic Medicine, Inc.  
Legal name of Applicant Corporation
  
2. Charles J. Saba  
Mailing address of Applicant Corporation (Street, City/Town, Zip Code)
  
3. 280B Merrimack Street, Methuen, MA 01844  
Applicant Corporation's point of contact (the person the Department should contact regarding this application)
  
4. Charles J. Saba  
Point of contact's telephone number
  
5. 978 376-8447  
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.

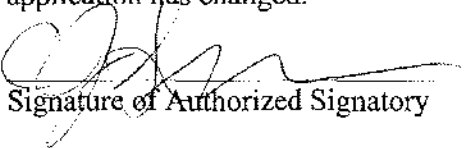
Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Jennifer Napolitano	NFS, LLC	Revocable Trust	\$ 1424641.00	<i>Jennifer Napolitano</i>
Arthur J. Napolitano, Jr.	Ohio National	SEP IRA	\$ 775873.07	<i>Arthur J. Napolitano, Jr.</i>
Jennifer Napolitano	Morgan Stanley	Active Assets Acct.	\$ 784374.55	<i>Jennifer Napolitano</i>
			\$	
			\$	
			\$	
			\$	
			\$ 2,984,888.63	
			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.

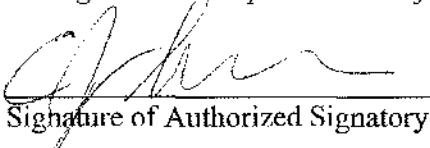
  
Signature of Authorized Signatory

12/11/2017  
Date Signed

Charles J Saba  
Print Name of Authorized Signatory

CEO/President  
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

12/11/2017  
Date Signed

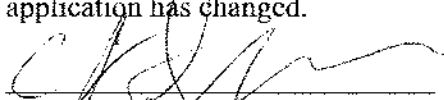
Charles J Saba  
Print Name of Authorized Signatory

CEO/President  
Title of Authorized Signatory

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

\_\_\_\_\_  
12/11/2017  
Date Signed

\_\_\_\_\_  
Charles J Saba  
Print Name of Authorized Signatory

\_\_\_\_\_  
CEO/President  
Title of Authorized Signatory



BERMAN ♦ MCALEER (ix)

Arthur & Jennifer Nap...  
Arthur & Jennifer Nap...

Jen Napolitano Rev Trust, Revocable Trust

Year To Date as of Last Business Day (12/8/2017) Settings

Account Values

Account Name	Symbol	Units	Ending Value
Jen Napolitano Rev Trust...			

Group by: Classes | Expand Level - Collapse All

Name	Symbol	Units	Ending Value
Jen Napolitano Rev Trust, Revocable Trust		-	1,424,641

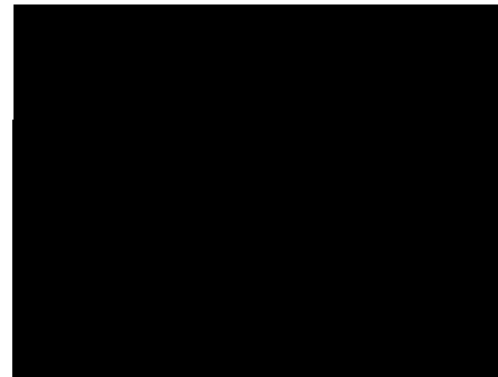
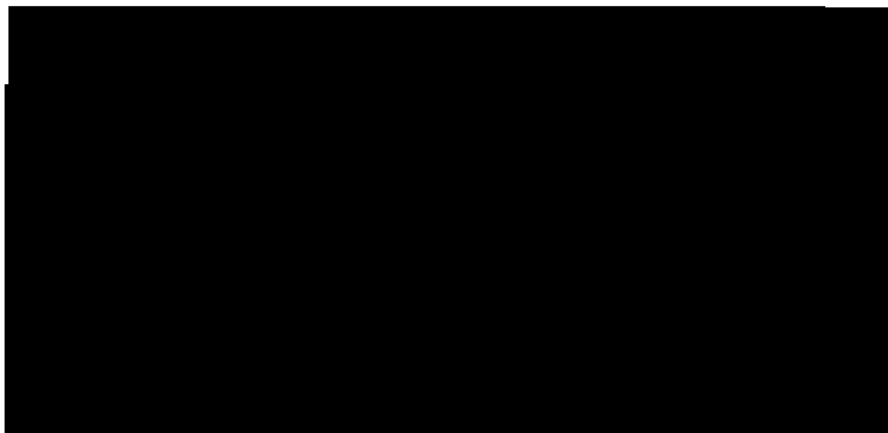
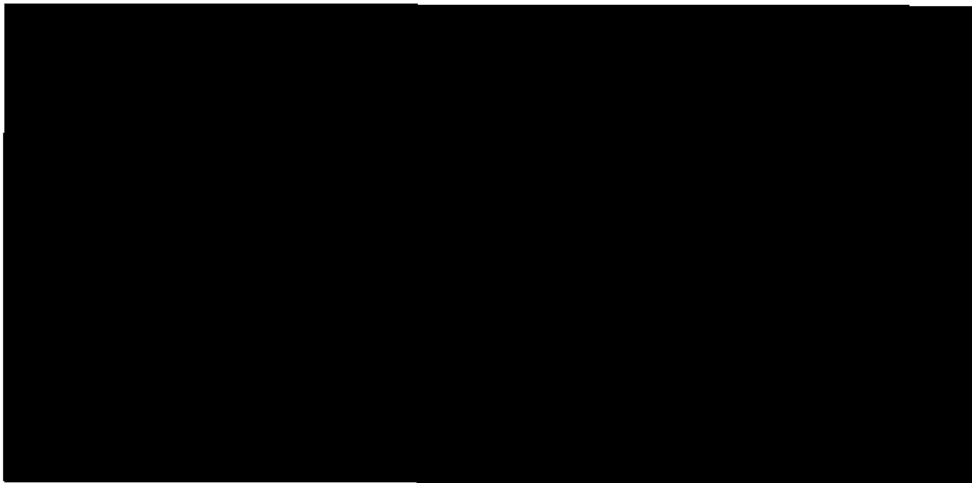
CLIENT STATEMENT | For the Period November 1-30, 2017

Account Summary

MSL FBO JENNIFER L NAPOLITANO TTEE  
JENNIFER L NAPOLITANO TRUST U/A

CHANGE IN VALUE OF YOUR ACCOUNTS (includes accrued interest)

	This Year (11/1/17-11/30/17)
TOTAL ENDING VALUE	\$784,374.55



*This asset allocation represents holdings on a trade date basis, and projected settled Cash/BDP and MMF balances. These classifications do not constitute a recommendation and may differ from the classification of instruments for regulatory or tax purposes.*





William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: August 21, 2017

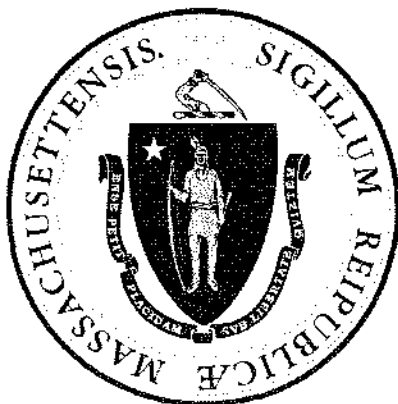
To Whom It May Concern :

I hereby certify that

**BEWELL ORGANIC MEDICINE, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **August 20, 2013** (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: 17080339320

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

Processed by:



**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts

## Corporations Division

### Business Entity Summary

ID Number: 463466824

[Request certificate](#)

[New search](#)

Summary for: **BEWELL ORGANIC MEDICINE, INC.**

<b>The exact name of the Nonprofit Corporation:</b> BEWELL ORGANIC MEDICINE, INC.			
<b>Entity type:</b> Nonprofit Corporation			
<b>Identification Number:</b> 463466824			
<b>Date of Organization in Massachusetts:</b> 08-20-2013			
<b>Last date certain:</b>			
<b>Current Fiscal Month/Day:</b> 12/31			
<b>The location of the Principal Office in Massachusetts:</b>			
Address: 92 BOLT STREET			
City or town, State, Zip code,      LOWELL, MA 01852 USA			
Country:			
<b>The name and address of the Resident Agent:</b>			
Name: JAMES M. BOWERS			
Address: 280B MERRIMACK STREET			
City or town, State, Zip code,      METHUEN, MA 01844 USA			
Country:			
<b>The Officers and Directors of the Corporation:</b>			
Title	Individual Name	Address	Term expires:
PRESIDENT	CHARLES J. SABA	[REDACTED]	/a
TREASURER	JENNIFER L. NAPOLITANO		/a
CLERK	ROBYN A. SABA		/a
DIRECTOR	DR. JEAN TABIT D.O.		
DIRECTOR	JENNIFER L. NAPOLITANO		/a
DIRECTOR	CHARLES J. SABA		/a

DIRECTOR	ROBYN A. SABA	[REDACTED]	/a
DIRECTOR	VINCENT C. MANZI JR.	[REDACTED]	/a
DIRECTOR	DAVID T. HILDT	[REDACTED]	/a
DIRECTOR	RONALD D'ARCANGELO	[REDACTED]	/a
DIRECTOR	KEVIN P. HERLIHY	[REDACTED]	/a

Consent   
 Confidential Data   
 Merger Allowed   
 Manufacturing

**View filings for this business entity:**

- ALL FILINGS
- Annual Report
- Application For Revival
- Articles of Amendment
- Articles of Consolidation - Foreign and Domestic

[View filings](#)

**Comments or notes associated with this business entity:**

[New search](#)