

February 1, 2019

Anthony Parrinello  
Evergreen Strategies, LLC  
52 Whispering Way  
Stow, MA 01775

Re: Request for Information

Dear Mr. Parrinello:

This letter is to inform you that the Medical Use of Marijuana Program at the Cannabis Control Commission has reviewed Evergreen Strategies LLC's *Application of Intent* (Application 1 of 1). The *Application of Intent* requires the following information before the Program may complete its evaluation:

1. In Section A of the application, the applicant refers to itself as "Evergreen Strategies, Inc." but the Certificate of Good Standing, and the header on each page of the application, states that its name is "Evergreen Strategies, LLC." Please clarify this discrepancy in information and provide corrected application materials where needed.
2. The applicant did not include a Date of Birth in Section C for its Chief Financial Officer, Alan Barber. Please submit a revised and complete Section C of the application that lists the Date of Birth for the individual named above.
3. The submitted financial account summary for Catherine Parinello's Fidelity account does not meet the requirement of being dated no earlier than 30 days prior to the date the Application of Intent was submitted to the Department. The applicant must resubmit the financial account summary. The financial account summary must be dated no earlier than 30 days prior and the applicant must demonstrate that it has the required amount of initial capital in its control for the Application of Intent.



4. The applicant provided information in Section D showing that it does not meet the initial capital requirement of at least \$500,000. The table and financial account summary must demonstrate that the applicant has at least \$500,000 in its control for the Application of Intent. Please submit an updated version of Section D demonstrating that the applicant organization meets the capital requirements for the Application of Intent.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.

Please remember to type all responses in the information or materials resubmitted to the Program, other than any required signatures, as well as include the name of the Applicant Corporation *and* the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

Please resubmit the additional or revised information, as outlined above, via U.S. mail to:

Cannabis Control Commission  
Medical Use of Marijuana Program  
RMD Applications  
101 Federal Street, 13<sup>th</sup> Floor  
Boston, MA 02110

Upon receipt, the Program will review the information and will notify the applicant if it is invited to submit a *Management and Operations Profile* or if further information is required before the applicant may proceed.

If you have questions or need assistance, you may contact the Program at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Sincerely,  
The Cannabis Control Commission

