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ELLEN B. KAPLAN
KATHRYN SULLIVAN

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February 25, 2021

Pam Thors, Board Administrator
West Tisbury Zoning Board of Appeals
West Tisbury Town Hall
1059 State Road
P.O. Box 278
West Tisbury, MA 02575

Re: FFD Enterprises MA, Inc.
Special Permit Applications
90 Dr. Fisher Road, West Tisbury, MA
510 State Road, West Tisbury, MA

Dear Ms. Thors:

Enclosed with this letter are two Special Permit Applications submitted on behalf of FFD Enterprises MA, Inc. ("FFD") for its proposed operations at 90 Dr. Fisher Road, West Tisbury and 510 State Road, West Tisbury.

Historically, on February 6, 2020, the West Tisbury Zoning Board of Appeals (the "Board") granted a Special Permit with conditions to Patient Centric of Martha's Vineyard, Ltd. ("Patient Centric") to allow the cultivation and manufacturing of Adult/Recreational Use Marijuana in an existing structure at 90 Daniel Fisher Road previously approved for the cultivation of Medical Marijuana. (ZBA Case File 2020-3). The Special Permit became final on March 4, 2020.

On October 29, 2020, the Board granted a Special Permit with conditions to Patient Centric to allow the operation of an Adult/Recreational Use Registered Marijuana Dispensary at 510 State Road, West Tisbury along with a Registered Medical Marijuana Dispensary previously approved at that location. (ZBA Case File 2020-47). This Special Permit became final on December 2, 2020.

FFD is purchasing certain assets of Patient Centric including 100% of the interest in the following licenses issued by the Massachusetts Cannabis Control Commission: RMD1165, MC282347, MP281747, and MR282947. These licenses, issued to Patient Centric are required to operate the facilities at 90 Daniel Fisher Road and at 510 State Road as are allowed in the two above described Special Permits issued by the Board to Patient Centric. FFD is also acquiring all of the physical assets for the marijuana establishments at both sites and an assignment of the

Pam Thors
February 25, 2021
Page Two

Patient Centric lease for each site. Patient Centric, as the owner of the Marijuana establishments in West Tisbury, and FFD, as the proposed new owner of the establishments, have submitted an Application to the Massachusetts Cannabis Control Commission for a Change of Ownership and Control over the two West Tisbury establishments to FFD. That review is underway, with expected approvals between February-April. A copy of the Application to the Cannabis Control Commission is attached to this letter.

FFD seeks two Special Permits from the Board:

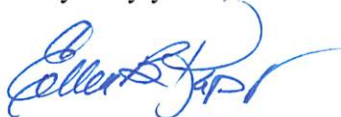
1. For 90 Dr. Fisher Road, West Tisbury, MA: A Special Permit for the cultivation and production of Adult/Recreational Use Marijuana and Registered Medical Use Marijuana in a structure located at 90 Dr. Fisher Road, West Tisbury, MA.
2. For 510 State Road, West Tisbury, MA: A Special permit for the operation of an Adult/Recreational Use Marijuana Dispensary and a Registered Medical Marijuana Use Dispensary at 510 State Road, West Tisbury, MA.

FFD will comply with all of the requirements and conditions of the Special Permits, as granted to it by the Board, and to the Host Community Agreement(s) and the Massachusetts Cannabis Control Commission regulations in 935 CMR 500.00 and 501.000 et seq.

If you need further information or have any questions, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,



Ellen B. Kaplan

EBK/lkk
encs.

Application: Change of Ownership and Control Request

General Information

Pursuant to 935 CMR 500.104(1)(b), a Marijuana Establishment shall request and receive approval from the Commission prior to effectuating a change in ownership and control over the establishment. This request (“application”) shall be filled out and submitted by the Marijuana Establishment prior to any changes being effectuated.

This application must be completed if a proposed change would qualify an individual or entity as being one of the following:

1. Acquiring or increasing its ownership to 10% or more of the equity in the establishment; or
2. In a position to control the decision-making of the establishment. This occurs when the individual or entity possesses one of the following:
 - a. Actual control of more than 50% of the voting equity or has the power to appoint more than 50% of the directors;
 - b. Contract rights to control; or
 - c. Right to veto significant events.

For more information on whether the establishment must fill out this application and receive approval from the Commission prior to any ownership or control changes, please refer to the Commission’s guidance located on the website: <https://mass-cannabis-control.com/guidancedocuments/>

Please note that this information, and the referenced guidance, is not legal advice. Please consult an attorney if you have any questions regarding the laws that apply to adult-use marijuana.

Failure to obtain Commission approval prior to making a change in ownership may result in a license being suspended, revoked or deemed void.



Instructions

Marijuana Establishments requesting a change in ownership and control over the establishment must complete this application, submit all required documentation, and remit the applicable fee.

The Marijuana Establishment may request a change in ownership and control for multiple licenses in one application if the proposed change will be the same for each license.

The application contains the following five (5) sections that must be fully completed:

- I. Marijuana Establishment Information;
- II. Required Disclosures;
- III. Required Documentation;
- IV. Required Attestations; and
- V. Attestation of Required Payment.

Please ensure that all responses are typed into the application. All attachments should be labeled so as to reference the particular document that is required. Please use the reference label that will be associated with each required document (i.e. "Document A"). This reference label should be on the top right corner of each page of the document. Every section and numbered item of this application is required to be filled in with the required information. No section or numbered item should be left blank.

Where the current majority owner or person in control will no longer have majority ownership or control, this application must be completed by the current individual or entity (or its Representative) and attested to by the new majority owner or person in control (or its Representative). Where no change in majority ownership or control, no additional attestation is required.

This application cannot be used for a change in name, location, structural changes, or any other type of change.

Completed Request

Once completed, please have the application notarized. The application and all required information shall then be combined into a single PDF document and emailed to Commission@cccmass.com. The applicable fee may be paid in the following manners:

1. You may mail a cashier's check or personal check for standard delivery to: Cannabis Control Commission, PO BOX 412144, Boston, MA 02241-2144. Please reference the license number(s) on the check with the notation "Change Request".



2. You may mail a cashier's check or personal check for overnight delivery to: Bank of America Lockbox Services, Cannabis Control Commission 412144, MA5-527-02-07, 2 Morrissey Blvd, Dorchester, MA 02125. Please reference the license number(s) on the check with the notation "Change Request".

Pursuant to 935 CMR 500.005(1)(f), the applicable application fee for a change in ownership and control is \$500.00 per license. Additional fees related to costs associated with background checks may be required.

Review of the Request

The Marijuana Establishment's application will not be reviewed until the applicable fee(s) are received by the Commission. Once the payment is received, the application will be reviewed for completeness. If Commission staff require additional information, a notice will be sent to the email address stated on the request application.

Once the application is deemed complete, the establishment will receive the following:

1. Notification that the application has been deemed complete;
2. Notification to remit payment to Creative Services, Inc., for the applicable background checks to be performed; and
3. Notification to have required individuals be fingerprinted.

When all background reports and fingerprint results are received, they will be reviewed. If no suitability issues exist, the request for change will be forwarded to the Commission for its consideration.

Process

The Commission may approve, deny, request additional information, or approve with conditions relating to the change request. The Marijuana Establishment shall receive notice of the Commission's decision. If aggrieved by the decision, the Marijuana Establishment may request a hearing by making a written request to the Commission within twenty-one days of receiving the decision pursuant to 935 CMR 500.500(2)(d).



Marijuana Establishment Information

1. Name of Marijuana Establishment:

Patient Centric of Martha's Vineyard, LTD

2. License number(s) affected by this request:

1. RMD1165
2. MCN282347
3. MPN281747
4. MRN282947

3. Physical address(es) of the Marijuana Establishment affected by this request:

1. 90 Dr. Fisher Rd, West Tisbury, MA 02575 (Medical Cultivation and Product Manufacturing, Adult-use Cultivation and Product Manufacturing)
2. 510 State Rd, West Tisbury, MA 02575 (Medical Dispensary and Adult-use Retail)

4. Name and contact information for the Marijuana Establishment's owner or person with majority control ("Marijuana Establishment Representative") completing the application (name, email address and phone number):

Geoff Rose
geoff@pcmv.com
774-836-4397

5. Marijuana Establishment's business email address (official correspondence from the Commission regarding this application will be sent via email to this email address):

Correspondence regarding this application should be sent to Geoff Rose (geoff@pcmv.com) and Ben Zachs (bzachs@mcmgmt.com)



Required Disclosures

1. Please give a summary of the proposed change in ownership and control. *(if additional space is needed, please submit an addendum labeled "Addendum #6" with your application)*

FFD Enterprises MA, Inc. ("FFD") is purchasing certain of the assets of Patient Centric of Martha's Vineyard, LTD ("PCMV"), including 100% of the interests in the above-listed medical and adult-use licenses, which are required to operate the cultivation and processing facility (both medical and adult-use) located at 90 Dr. Fisher Rd, West Tisbury, MA 02575 and the retail facility (both medical and adult-use) located at 510 State Rd, West Tisbury, MA 02575. FFD is also acquiring all of the physical assets for the marijuana establishments located at those sites.

PCMV is retaining all of the assets (including license MRN283035) related to its adult-use retail facility located at 15 Mechanics St, Tisbury, MA 02568. Likewise, PCMV is retaining all assets related to its planned adult-use retail facility in Framingham.

Please note that FFD previously operated under the name Ipswich Pharmaceutical Associates, Inc. and the CCC approved its name change to FFD Enterprises MA, Inc.



2. Please disclose the legal name of each individual proposed to acquire ownership and/or control over the establishment. If more than one individual will be listed, please number the individuals sequentially. Along with the name of each individual, please disclose the following beneath their names: *(if additional space is needed, please submit an addendum labeled "Addendum #7" with your application)*
- a. Physical address;
 - b. Phone number;
 - c. Email address;
 - d. Date of birth;
 - e. Role in the establishment (i.e. owner, director, board member, etc.); and
 - f. Proposed percentage of ownership and control

Individual #1 - Henry Zachs

- a. Address: 181 Spring Mountain Road, Farmington, CT 06032
- b. Phone number: (860) 727-5702
- c. Email address: hzachs@mcmgmt.com
- d. DOB: September 25, 1934
- e. Role in the Establishment: Henry is a Board Member and Chairman of FFD and a 1% owner and sole managing member of FFD's parent company ZAFAXXV, LLC.
- f. Ownership: 1% of ZAFAXXV, LLC, parent company of FFD.
- g. Control: As a Board Member and Chairman of FFD and an owner and managing member of FFD's parent company ZAFAXXV, LLC, Henry Zachs will exercise control over the licenses changing ownership.

Henry Zachs passed a CCC background check within the past year. Accordingly, Henry Zachs is not submitting background check forms as part of this application.

Individual #2 - Benjamin Zachs

- a. Address: 455 W. 20th Street, New York, NY 10011
- b. Phone number: (860) 490-0359
- c. Email address: bzachs@mcmgmt.com
- d. DOB: August 23, 1988
- e. Role in the Establishment: Ben is a Board Member and CEO of FFD and is a 10% owner of FFD's parent company ZAFAXXV, LLC.
- f. Ownership: 10% of ZAFAXXV, LLC, parent company of FFD.
- g. Control: As a Board Member and CEO of FFD and as an owner of FFD's parent company ZAFAXXV, LLC, Benjamin Zachs will exercise control over the licenses changing ownership.

Benjamin Zachs passed a CCC background check within the past year. Accordingly, Benjamin Zachs is not submitting background check forms as part of this application.

Individual #3 - Eric Zachs

- a. Address: 53 Norwood Road, West Hartford, CT 06117



3. Please disclose the business name of each entity proposed to acquire ownership and/or control over the establishment. If more than one entity will be listed, please number the entities sequentially. Along with the name of each entity, please disclose the following beneath their names: *(if additional space is needed, please submit an addendum labeled "Addendum #8" with your application)*
- a. Physical address of the headquarters;
 - b. Business phone number;
 - c. Business email address;
 - d. Entity's website address;
 - e. Description of the entity's business;
 - f. Description of the entity's role in the establishment; and
 - g. Proposed percentage of ownership and control.

FFD is acquiring 100% of the interests in the following medical and adult-use licenses: RMD1165, MCN282347, MPN281747 and MRN282947. The entities with ownership and/or control of FFD are ZAF A XXV, LLC and ZAF A II, LLC. Each of the three entities is described more fully below:

Entity # 1: FFD Enterprises MA, Inc.

- a. Headquarters Address: 40 Woodland Street, Hartford, CT 06105
- b. Phone number: (860) 547-1444
- c. Email address: hzachs@mcmgmt.com
- d. Website: N/A
- e. Description of entity's business: Operator of medical and adult-use cultivation, manufacturing and retail facilities.
- f. Description of entity's role in the establishment: Owner of the above-listed medical and adult-use licenses.
- g. Ownership: 100% ownership of the above-described licenses.
- h. Control: 100% control of the above-described licenses.

Entity # 2: ZAF A XXV, LLC

- a. Headquarters Address: 40 Woodland Street, Hartford, CT 06105
- b. Phone number: (860) 547-1444
- c. Email address: hzachs@mcmgmt.com
- d. Website: N/A
- e. Description of entity's business: Closely held manager-managed LLC that serves as a family investment vehicle. Henry Zachs is the sole managing member of ZAF A XXV, LLC.
- f. Description of entity's role in the establishment: ZAF A XXV, LLC is the sole shareholder of FFD



4. Please disclose the individual interests of each individual and entity (identified in disclosure #7 and #8) in any medical-use or adult-use license in Massachusetts. If an interest exists, please disclose the individual or entity with the interest, the name of the business, type of business, and the specific interest in the business. If no interest exists, please state that below. *(this section should not be left blank) (if additional space is needed, please submit an addendum labeled "Addendum #9" with your application)*

FFD owns 100% of the interests in the following medical and adult-use licenses in Massachusetts:

1. RMD1306
2. MC281749
3. MR281571

Eric Zachs and Benjamin Zachs each individually own less than .05% of each of the following companies:

1. Ascend Wellness Holdings, LLC (private company), which holds Massachusetts licenses. Eric and Ben have interests in Ascend Wellness Holdings, LLC through their ownership stakes in the Zachs Family Investment Fund II.
2. Green Thumb Industries, Inc. (public stock), which holds Massachusetts licenses. Eric and Ben have interests in Green Thumb Industries, Inc. through their ownership stakes in the Generations Fund, LLC.
3. Holistic Industries Inc. (private company), which holds Massachusetts licenses. Eric and Ben have interests in Holistic Industries Inc. through their ownership stakes in the Zachs Family Investment Fund II.

Other than his interests in FFD's licenses, Henry Zachs has no interests to disclose.



5. Please disclose the individual interests of each individual and entity (identified in disclosure #7 and #8) in any medical-use or adult-use license in another state or jurisdiction. If an interest exists, please disclose the name of the business, type of business, and the specific interest in the business. If no interest exists, please state that below. *(this section should not be left blank) (if additional space is needed, please submit an addendum labeled "Addendum #10" with your application)*

Connecticut:

Eric Zachs owns 46% and Benjamin Zachs owns 4.9% percent of FFD Holdings, LLC. The applicable license holders in the state are: 1) FFD Central, LLC; and 2) FFD Newington, LLC. Both entities are wholly-owned subsidiaries of FFD Holdings, LLC. Benjamin Zachs is Chief Operating Officer of FFD Holdings, LLC and Eric Zachs is Chairman of FFD Holdings, LLC.

Rhode Island

Eric Zachs owns 90% and Benjamin Zachs owns 10% of FFD RI, LLC. FFD RI, LLC owns 70% of New Leaf, LLC, a Class B Cultivation licensee in the state. Benjamin Zachs is Chief Operating Officer and a Board Member of FFD RI, LLC. Eric Zachs is a Board Member of FFD RI, LLC. Ben Zachs and Eric Zachs are Board Members of New Leaf, LLC.



6. Please disclose background information of each individual and entity (identified in disclosure #7 and #8) pursuant to the required categories of information in 935 CMR 500.101(1)(b)(3) or 935 CMR 500.101(2)(d). If background information exists, please disclose the relevant and specific information. If no background information exists, please state that below. *(this section should not be left blank) (if additional space is needed, please submit an addendum labeled "Addendum #11" with your application)*

No background information exists.



7. Please disclose the individuals and entities that will no longer have ownership or control over the establishment based on the proposed changes. For each individual and entity, please disclose the reasoning they are no longer have ownership or control. If no individuals or entities are being removed from the license, please state that below. *(this section should not be left blank) (if this change request is approved, these individuals and entities will be removed from the applicable license(s).)*

Individual #1: Geoff Rose

Because PCMV is selling 100% of its interests in the above-described licenses, Geoff Rose will no longer exercise ownership or control over the licenses.

Entity #1: High Street Capital Partners, LLC

Because PCMV is selling 100% of its interests in the above-described licenses, High Street Capital Partners, LLC will no longer exercise ownership or control over the licenses.



8. Please state all individuals and entities and their respective percentages of ownership and control that should be on the license if the change is approved. *(this section should not be left blank)*

Entity #1 - FFD Enterprises MA, Inc.
Ownership: 100% ownership of licenses RMD1165, MCN282347, MPN281747 and MRN282947.
Control: 100% control of licenses RMD1165, MCN282347, MPN281747 and MRN282947.

Entity #2 - ZAFa XXV, LLC
Ownership: 100% of FFD
Control: ZAFa XXV, LLC will exercise control as parent company of FFD.

Entity #3 - ZAFa II, LLC
Ownership: 60% of ZAFa XXV, LLC
Control: ZAFa II, LLC will exercise control as a 60% owner of FFD's parent company.

Individual #1 - Henry Zachs
Ownership: 1% of ZAFa XXV, LLC
Control: As a Board Member and Chairman of FFD and owner and managing member of FFD's parent company ZAFa XXV, LLC, Henry Zachs will exercise control over FFD.

Individual #2 - Benjamin Zachs
Ownership: 10% of ZAFa XXV, LLC
Control: As a Board Member and CEO of FFD and owner of FFD's parent company ZAFa XXV, LLC, Benjamin Zachs will exercise control over FFD.

Individual #3 - Eric Zachs
Ownership: 29% of ZAFa XXV, LLC
Control: As an owner of FFD's parent company and sole managing member of an entity that owns 60% of FFD's parent company, Eric Zachs will exercise control over FFD.



9. All individuals proposed as part of this change request must submit to a background check. In order for the background check to be performed, each individual must submit the following documents:
- a. A copy of an unexpired government-issued identification card (“Document A”);
 - b. CORI Acknowledgement Form (“Document B”);
 - c. Disclosure and Acknowledgment Form (“Document C”);
 - d. IVES Form 4506-T (“Document D”); and
 - e. Release Authorization Form (“Document E”)

Each individual must properly label and submit these five documents. Guidance on how to properly fill out documents B-E can be found here: <https://mass-cannabis-control.com/guidancedocuments/>. The documents to use can be found here: <https://mass-cannabis-control.com/forms-and-templates/>. No forms are necessary for background checks on entities.

10. Changes in ownership and control may require modifications to current articles of incorporation and bylaws. If the proposed change will require modification to these documents, please submit the following:
- a. Draft of updated articles of incorporation for the establishment (“Document F”) *(this document should not be sent to the Secretary of the Commonwealth’s office for filing until approved for the change)*; and
 - b. Draft of the updated bylaws for the establishment (“Document G”)

If no changes to these documents will occur, please explain below:

The changes in ownership and control proposed in this application would not require changes to the Articles of Incorporation or the Bylaws of either PCMV or FFD.

11. A certificate of good standing from the Department of Revenue, which shall be dated within 30 days of the change request, shall be included with this application. (“Document H”).
12. A certificate of good standing or compliance from the Department of Unemployment Assistance (“DUA”), which shall be dated within 30 days of the change request, shall be included with this application. (“Document I”)



Required Attestations

Please attest to the following statements by initialing the corresponding box:

- | | |
|-------|--------------------------|
| Geoff | <input type="checkbox"/> |
| rey | <input type="checkbox"/> |
| Rose | <input type="checkbox"/> |

 a. The Marijuana Establishment Representative has the authority to act on behalf of the Marijuana Establishment to complete and submit this application to the Commission for its consideration;
- | | |
|-------|--------------------------|
| Geoff | <input type="checkbox"/> |
| rey | <input type="checkbox"/> |
| Rose | <input type="checkbox"/> |

 b. No additional entities or individuals meeting the requirement set forth in 935 CMR 500.104(1)(b) have been omitted by the Marijuana Establishment;
- | | |
|-------|--------------------------|
| Geoff | <input type="checkbox"/> |
| rey | <input type="checkbox"/> |
| Rose | <input type="checkbox"/> |

 c. All entities who are required to be listed above do not include any omitted individuals, who by themselves, would be required to be listed individually pursuant to 935 CMR 500.104(1)(b);
- | | |
|-------|--------------------------|
| Geoff | <input type="checkbox"/> |
| rey | <input type="checkbox"/> |
| Rose | <input type="checkbox"/> |

 d. The acquisition of any ownership or control, for any added person or entity contained within this application, does not violate specific license ownership or control provisions pursuant to 935 CMR 500.050(1)(b); and
- | | |
|-------|--------------------------|
| Geoff | <input type="checkbox"/> |
| rey | <input type="checkbox"/> |
| Rose | <input type="checkbox"/> |

 e. The acquisition of any ownership or control, for any added person or entity contained within this application, does not violate specific cultivation tier limits pursuant to 935 CMR 500.050(1)(c).

Attestation of Required Payment

1. Please disclose the payment amount sent for this application:

\$20,000.00

2. Please attest to the following statement by initialing the corresponding box:
- | | |
|-------|--------------------------|
| Geoff | <input type="checkbox"/> |
| rey | <input type="checkbox"/> |
| Rose | <input type="checkbox"/> |

 a. The Marijuana Establishment or its Representative has sent the appropriate payment in the manner prescribed above in the instructions.



By signing this document, I affirm that all the information provided above is true and accurate.

Signature of the Marijuana Establishment's Representative:

Geoffrey Rose

Date of Attestation:

01-11-21

If a change in majority ownership or control will occur, as the new majority owner or person in control (or its Representative), I affirm that all the information provided above has been reviewed and is true and accurate.

Signature of the New Owner or Person in Control (or its Representative):

Date of Attestation:

AUTHENTICATION BY NOTARY PUBLIC

On this 11th day of January 2021, before me, the undersigned notary public, personally appeared Geoffrey Rose, proved to me through satisfactory evidence of identification to be the person whose name is signed above and that he/she did so voluntarily for its stated purpose.

Kayla Ann Leonard

Notary Public Signature



NOTARY STAMP/SEAL

By signing this document, I affirm that all the information provided above is true and accurate.

Signature of the Marijuana Establishment's Representative:

Geoffrey Rose

Digitally signed by Geoffrey Rose
Date: 2020.12.07 09:48:58 -05'00'

Date of Attestation:

If a change in majority ownership or control will occur, as the new majority owner or person in control (or its Representative), I affirm that all the information provided above has been reviewed and is true and accurate.

Signature of the New Owner or Person in Control (or its Representative):

Benjamin Zachs

Digitally signed by Benjamin Zachs
Date: 2021.01.05 16:58:21 -05'00'

Date of Attestation:

1/6/2021



AUTHENTICATION BY NOTARY PUBLIC

On this 6th day of January 2021, before me, the undersigned notary public, personally appeared Benjamin Zachs, proved to me through satisfactory evidence of identification to be the person whose name is signed above and that he/she did so voluntarily for its stated purpose.

Holly H. Martino
Holly H. Martino
Notary Public Signature

NOTARY STAMP/SEAL

HOLLY H. MARTINO
NOTARY PUBLIC
State of Connecticut
My Commission Expires
June 30, 2023





CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



FFD ENTERPRISES MA INC
40 WOODLAND ST
HARTFORD CT 06105-2331

000100

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, FFD ENTERPRISES MA INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Document H.

Letter ID: L2129454400
Notice Date: January 7, 2021
Case ID: 0-001-050-068



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



PATIENT CENTRIC OF MARTHAS VINEY
PO BOX 1323 90 DR FISHER RD
WEST TISBURY MA 02575-1323

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, PATIENT CENTRIC OF MARTHAS VINEY is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau

000105



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Charles D. Baker
GOVERNOR

Karyn E. Polito
LT. GOVERNOR



305739766

Rosalin Acosta
SECRETARY

Richard A. Jeffers
DIRECTOR

FFD Enterprises MA, Inc.
Attn: Benjamin Zachs
40 Woodland Street
Hartford, CT 06105

EAN: 22138534
January 06, 2021

Certificate Id:44101

The Department of Unemployment Assistance certifies that as of 1/6/2021 ,FFD Enterprises MA, Inc. is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.

Richard A. Jeffers, Director

Department of Unemployment Assistance



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Charles D. Baker
GOVERNOR

Karyn E. Polito
LT. GOVERNOR



305981261

Rosalin Acosta
SECRETARY

Richard A. Jeffers
DIRECTOR

Patient Centric of Martha's Vineyard
PO Box 1323
West Tisbury, MA 02575-1323

EAN: 22071428
January 07, 2021

Certificate Id:44193

The Department of Unemployment Assistance certifies that as of 1/7/2021 ,Patient Centric of Martha's Vineyard is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.

Richard A. Jeffers, Director

Department of Unemployment Assistance