Devlin Law Offices, L.L.C.

PH: 617-514-2828 Fax: 617-514-2825 jdevlin@devlinlawoffices.com www.devlinlawoffices.com

INCOMPANYED

1 : 2018

February 13, 2018

MOARD OF SELECTIMENT NATION, MA

Attn: Donna Donovan, License Administrator Town of Natick 13 East Central Street Natick, MA 01760

Via Federal Express

RE: Application for a New Annual Restaurant All Alcoholic Beverages License of Anthony's Coal Fired Pizza of Natick LLC (the "Applicant") d/b/a Anthony's Coal Fired Pizza, 881 Worcester Street, Natick, MA

Dear Ms. Donovan:

Enclosed please find the following documents with regard to the above-referenced application for New Annual Restaurant All Alcoholic Beverages Liquor License:

- 1) Proof of payment to the ABCC in the amount of \$200.
- 2) Municipal fee of \$250.
- 3) ABCC Online Application Forms, including:
 - a. Monetary Transmittal Form.
 - b. Retail Application.
 - c. Applicant's Statement.
 - d. Beneficial Interest and CORI Forms.
- 4) Certificate of Authorization naming Mark Rahall manager and authorizing the Manager, Ronald DiNella, to apply for the change of beneficial interest of the above-referenced liquor license.
- 5) LLC Documents copy of Certificate of Organization.
- 6) Proof of Citizenship for the LLC Managers.
- 7) Source of Funds.
- 8) Loan Documents.
- 9) Lease.
- 10) Floorplan.

1 Harris Street
Suite 1
Clients/Anthony's-Natick/ABCC/Liquor Docs Natick
Newburyport, MA 01950

50 Congress Street Suite 420 Boston, MA 02109

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Thank you very much for your time and cooperation. If you have any questions or need additional information, please feel free to call me at extension 101.

Sincerely yours;

Soseph H. Devlin

Attorney at law

Enclosure

.....

() (1)

Mariel Cabot

From:

dbobb@tre.state.ma.us

Sent:

Tuesday, February 13, 2018 11:49 AM

To:

Mariel Cabot

Subject:

Commonwealth ABCC (no validation) authorized payment confirmation

This is an electronically generated acknowledgement of our receipt of your payment. Please print this message or save it on your computer.

Here is your payment information:

Customer Name:

Anthony Coal Fired Natick LLC

Payment Date/Time:

2/13/2018 11:48:57 AM (ET)

Payment Amount:

\$200.00

Method of Payment:

Checking

Bank Account Number:

****5933 211371502

Bank Routing Number: Name on Account:

Devlin Law Offices L.L.C.

Payment Reference Number:

044003

Note: In most cases, your bank account will be debited in one to two business days.

Deron Bobb

(617) 727-3040 ext 23

APPLICATION AND FORMS

Print Form



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE:	RETA						
CHECK PAYABLE TO ABO	CC OR C	OMMONWEA	LTH OF MA:		\$	200.00	
(CHECK MUST DENOTE TH	E NAME	OF THE LICENS	EE CORPORAT	ION, LLC	PARTN	ERSHIP, OR INDIVIDU	JAL)
CHECK NUMBER							
IF USED EPAY, CONFIRMA	TION N	JMBER					
A.B.C.C. LICENSE NUMBER	R (IF AN	EXISTING LICEN	SEE, CAN BE C	BTAINE	FROM	тне сіту)	
LICENSEE NAME	Anthon	y's Coal Fired Pi	zza of Natick I	rc			
ADDRESS	219 No	th Main Street					
CITY/TOWN	Natick			STATE	MA	ZIP CODE	01760
TRANSACTION TYPE (Plea	se check	all relevant tra	nsactions):	٠			
Alteration of Licensed Pr	emises	Cordials/Lic	ueurs Permit		□ Ne	w Officer/Director	☐ Transfer of License
Change Corporate Nar	ne	ssuance of	Stock		☐ Ne	w Stockholder	Transfer of Stock
Change of License Type		Manageme	nt/Operating A	greement	☐ Ple	edge of Stock	Wine & Malt to All Alcohol
Change of Location		More than	(3) §15		☐ Ple	edge of License	6-Day to 7-Day License
Change of Manager		New Licen:	se .		☐ Se	asonal to Annual	
Other							
THE LOCAL LICE	ENSIN	G AUTHORI	TY MUST I	MAIL T	HIS TF	RANSMITTAL FO	ORM ALONG WITH THE

CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

Please co	omplete this entire appli	cation, leaving no fields bla	nk. If Jiela aoes not	арріу то уойг ѕітий	tion, please write NyA.
1. <u>NAME</u>	OF PROPOSED LICE	NSEE (Business Contact)	Anthony's Coal Fire	ed Pizza of Natick LLC	
This is the corpore corporation or ot	ation or LLC which will hold the lic her legal entity, you may enter you	ense, not the individual submitting thi Ir personal name here.	is application. If you are ap	olying for this license as a sc	ole proprietor, <u>not</u> an LLC,
2. RETAIL	APPLICATION INFO	ORMATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
There are two	o ways to obtain an alcoho gh a transfer or by applyir	olic beverages license in the C	ommonwealth of Ma _	ssachusetts, either b	y obtaining an existing
or the transfe If applying fo	ying for a new license er of an existing license? or a new license, are you appecial legislation? Chapter	,	current ABCC lare seeking to lare seeking to lare lare lare lare lare lare lare lare	please indicate the icense number you obtain: by what method eing transferred?	
3. LICENS	E INFORMATION /	QUOTA CHECK	0:-/0#	-Premises	
City/Town	Natick		On-Pre		
TYPE		CATEGORY			CLASS
§12 Restau	ırant	All Alcoholic B	everages		Annual
The applica	torney	and is the person who will b		me: Devlin	
	evlin@devlinlawoffices.co	m	7	ļ	
An individual owns Smith LLC An individual of how removed operation. For license. A. A. A. B. A. B. A. A. B. A. A. B. A. A. B. A. A. A. A. B. B. A. B.	or entity has a <u>direct beneficial</u> C, a licensee, John Smith has a control or entity has an <u>indirect benefice</u> From direct ownership, 2) any for Example, Jane Doe owns Doe half individuals listed below are reconstituted.	duals or entities with a direct or ind interest in a license when the individirect beneficial interest in the licer ial interest if the individual or entity form of control over part of a license Holding Company Inc., which is a shall required to complete a Beneficial In ship in this license and/or the pro-	idual or entity owns or co nse. y has 1) any ownership in e no matter how attenua areholder of Doe LLC, the Il Interest Contact - Indiv terest Contact - Organiz	entrols any part of the lice terest in the license throu ted, or 3) otherwise bene license holder. Jane Doe vidual form. lation form.	ense. For example, if John Smith agh an intermediary, no matter fits in any way from the license's has an indirect interest in the
	Name	Title / Positi	ion	% Owned	Other Beneficial Interest
Anthony's P	izza Holding Company L	LLC Memb	er	100%	
	Wayne Jones	LLC Manager, Pr	resident	0%	

Name		•	Title / Position	າ	% Owne	d	Other Be	neficial in	terest
Michelle Zavol	ta	- LL	C Manager, S	ec.	0%		1 .		
Ronald DiNell	a	LLC	Manager, Tr	eas.	0%		0.09%	6 upper-ti	er
		:							
. PREMISES INFO	RMATION		······································						
lease enter the addres	ss where the al	coholic bever	ages are solo	I.	•				
Premises Address									
Street Number: 219		Street Name:	North Main	Street		Uı	nit:		
City/Town; Natick			State:	MA	Zip C	lode:	01760	effetigiet die february between voorwers verwers verwe	
Country:	USA								rived
Description of Premi		F.,			**** *********************************			(0	
Please provide a compl outdoor areas to be inc	•	•	•		of floors, numbe	er of roo	oms on eac	h floor, a	ıny
					/Deck/Outdoor A	van Tata	J Courses Es		
Floor Number 5	Square Footage 2,938	11	of Rooms	Patto	Deck/Odtagor A	ilea Tota	ii oquare ro	Otage 134	
	2,550			Indoo	or Area Total Squ	are Foot	age	2,9	938
				Numt	oer of Entrances			3	
]	<i>C.</i> 7.			<u> </u>	
· ·				Numi	per of Exits			3	
				Propo	osed Seating Cap	acity		11	1
1				Propo	osed Occupancy			13	<i>y</i> -1
		I							
Occupancy of Premis	200						**************************************		
Occupancy of Premis		on. Documen	tation showi	ng proof of leg	al occupancy of	the pro	emises is re	quired.	
Please complete all fiel	ds in this section	on. Documen	tation showi	ng proof of leg	al occupancy of	the pro	emises is re	quired.	
Please complete all fiel Please indicate by what	ds in this section	on. Documen	tation showl		_	f the pro		equired.	
Please complete all fiel Please indicate by what applicant has to occupy	ds in this section tright the the premises	Lease	tation showi	Lar	_	27 Natic			
Please complete all fiel Please indicate by what	ds in this section	Lease	tation showl	Lar	ndlord Name 9-	27 Natic	k LLC 508-655-050	05	nc
Please complete all fiel Please indicate by what applicant has to occupy Lease Beginning Term	ds in this section tright the the premises	Lease	tation showi	Lar	ndlord Name 9-	27 Natic	k LLC	osociates, I , Suite 2	
Please complete all fiel Please indicate by what applicant has to occupy	ds in this section tright the the premises Jan 1, 2018	Lease		Lar Lar Lar	ndlord Name 9-	27 Natic [c/o Cr 300 Th Walth	sosspoint Assirt Avenue am, MA 024	osociates, I , Suite 2	<u>, , , , , , , , , , , , , , , , , , , </u>
Please complete all fiel Please indicate by what applicant has to occupy Lease Beginning Term Lease Ending Term	ds in this section t right the the premises Jan 1, 2018 Dec 31, 20	Lease	If leas	Lar Lar sing or renting t	ndlord Name 9- ndlord Phone ndlord Address	27 Natic c/o Cr 300 Tr Waith gned co	osspoint Asolird Avenue am, MA 024 by of the lea	sociates, I , Suite 2 51 ase is reque	uired. signed

7. BUSINESS	CC	<u>NTACT</u>														!
The Business Co									Pro	prietor (th	ne lice	nse	will be	e held	by an i	ndividual,
not a business),	, you	should use y Please s؛ Please s؛	our own r ee last pag	name as e of app	the e licatio	ntity n n for re	ame guir	ed docum	ents	based on	Legal	Struc	ture *			
Entity Name:	٩nth	ony's Coal Fire				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					FEIN		82-15	65656	5	
DBA:	٩nth	ony's Coal Fire	d Pizza					I	Fax N	lumber:	954-	-606-	0243			
Primary Phone:		954-618-2000				Е	mail	: Ma	risaF	@acfp.con	n					
Alternative Phor	ne:					L	egal	Structure	of En	ntity LLC						
Business Addre	<u>ess</u> (Corporate Hea	dquarters)		Check	here if	your	Business A	ddre	ss is the sa	me as y	your	Premis	es Ada	lress	
Street Number:	20	00		S	treet N	Name:	W.	Cypress C	reek I	Rd., Ste. 22	20					
City/Town:	ort l	auderdale						State:		FL			_,			
Zip Code: 33	309				Countr	y:		US	A							
Mailing Addres	SS				Check	here if	your	Mailing A	ddres	s is the san	ne as y	our F	Premise	s Addi	ress	
Street Number:	20	00		S	Street I	Name:	W.	Cypress C	reek	Rd., Ste. 2	20					
City/Town:	ort l	_auderdale						State	e:	FL	,					
Zip Code: 33	309				Countr	y:		US	A							
Is the Entity a N	Vlass	sachusetts	(● Yes	€No		do	busi		lassa	gistered to achusetts? oration		OY	es () No		
Other Benefici	al In	terest														
Does the proportion						n any (ີ Ye	s 🕟 N	lo	If yes, ple	ase con	nplete	e the fo	llowing	table.	
Name				of Licen		Li	cens	e Number				Prei	mises /	Addre	SS	
	n/a												•			
Prior Disciplina	-													_		
Has any alcoho	olic k					osed li									ed viol	ation?
Date of Action		Name of Lice	nse	State	City		Reas	son for su	spens	sion, revo	ation	or ca	ncella	tion		
n/a																

The Manager Contact is requested. Salutation First National Social Security Number Primary Phone: 774-823- Mobile Phone: 774-823- Alternative Phone:	me Mark 8344	Middle N	ame William Date of Birth		ne Rahall	er the liquor license.
Social Security Number Primary Phone: 774-823- Mobile Phone: 774-823-	8344		Date of Birth		ne Rahall	Suffix
Primary Phone: 774-823- Mobile Phone: 774-823-		· · · · · · · · · · · · · · · · · · ·	<u> </u>	7-18-86	,	
Mobile Phones 774-823-		a a	ezas en 🖟			
<u> </u>	8344) !	Email: ma	ırkwrahall@	gmail.com	
Alternative Phone:		ļ.	Place of Employ	yment An	thony's Coal Fired	Pizza
			Fax Number			
Citizenship / Residency / Bar	kground Informa	tion of Proposed	l Manager			
Are you a U.S. Citizen?	⊚ Yes ⊜		į i	Do you have financial inte	direct, indirect, or erest in this license	r Yes (© No
Have you ever been convicted federal, or military crime? If yes, sitach an affidavit that lis		Yes No	ich		ntage of interest Indicate type of in	nterest (check all that app
Have you ever been Manager		C Yes (No		☐ Officer	; ·	Sole Propriet
icense to sell alcoholic bever	ages?			Stockho	lder	LLC Manager
Krong minama brak 4th - 18	1	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	LLC Mer	nber	☐ Director
If yes, please list the licenses for which you are the <u>current</u>				Partner		☐ Landlord
or <u>proposed</u> manager:	n/a			Contrac	ເບຣ.	Revenue Sha
	<u> </u>	, , , , , , , , , , , , , , , , , , , 		 -	ment Agreemer	nt 🗍 Other
			<u> </u>			<u> </u>
Please Indicate how many ho	urs për week you ir	ntend to be on the	e licensed pren	nises 50		
Employment Information o						
Please provide your employ Date(s)	Position	ne past 10 year Emplo		Address	Taragarini di Kangunan daga ga da tara da	Phone
Co	neral Manager	Anthony's Coa		881 Wo	rcester Street, Nati	
05/2015-09/2017 G	M/Manager	Wahlbu	irgers	L	arket St., Lynnfleld	
07/2013-05/2015	Manager	Framingham	Crast Copie and Control of the Copie and Copie	The second state of	tuate Rd, Framing	- I was a second to the second
	Bartender	JJ's Sports Ba		<u>. I</u>	Eutoff, Northborou Iffalo Road Roches	
09/2010-01/2012	Bartender	MacGregor's	rab koom	- XXU2 BL	III AID RUAU HOCNES	retViA1
Prior Disciplinary Action of Have you ever been involve yes, please complete the fo	d directly or indir	er ectly in an alcoh	olic beverages	s license th	at was subject to	disciplinary action?
	and the second second second second	ate City	Reason for sus	pension, re	ocation or cancell	lation.
n/a						
					· ·	
	<u> </u>	************************				San Anna Carlo Car
			•			

ADDITIONAL SPACE

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	, and the second second		200	4	
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lanager Employment History (continued	d):				
6/2008-09/2010: Head Bartender, Foster		Broadway Ave S	5, Red Lodge, M	Ţ.	
		Broadway Ave S	5, Red Lodge, M	C.	
		Broadway Ave s	5, Red Lodge, M	τ.	
		Broadway Ave s	5, Red Lodge, M	т.	
		Broadway Ave s	5, Red Lodge, M	τ .	
		Broadway Ave s	5, Red Lodge, M	τ.	
		Broadway Ave S	5, Red Lodge, M	τ .	
		Broadway Ave S	5, Red Lodge, M	τ.	
		Broadway Ave S	5, Red Lodge, M	τ.	
		Broadway Ave S	5, Red Lodge, M	τ .	

9. FINANCIAL INFORMATION		**************************************			
Please provide information about assorthis license.	ciated costs of	Please provide information financing for this transac		out the sources of	cash and/or
Associated Costs		Source of Cash Investr	<u>nent</u>		
A. Purchase Price for Building/Land	0	Name of Contributor		Amount of Contributio	n
		Anthony's Pizza Holdin	g	625,000	
B. Purchase Price for any Business Assets	0	Company, Inc.			
C. Costs of Renovations/Construction	625,000			2	
D. Purchase Price of Inventory	0		Total	625,000	
E. Initial Start-Up Costs	0	Source of Financing			
F. Other (Please specify)	0	Name of Lender	Amou	nt Does the lender hold an interest in any MA alcoholic beverages licenses?	If yes, please provide ABCC license number of lender
G. Total Cost (Add lines A-F)	625,000			Develages incerises:	lender
Please note, the total amount of Cash Investm plus the total amount of Financing (bottom ri equal to or greater than the Total Cost (ight table) must be			Total:	
10. PLEDGE INFORMATION Are you seeking approval for a pledge?	∩Yes ⊚ No	To whom is the pledge is b	eina n	nade:	
Please indicate what you are seeking to pl		Does the lender have a ber license?	_	l interest in this	Yes () No
License Stock / Beneficial Intere	est 🔲 Inventory	Does the lease require a plo	edge c	of this license?	Yes • No

APPLICANT'S STATEMENT

l, Ronald	the: Sole proprietor; Dartner; Corporate principal; LLC/LLP member
Konaic	Authorized Signatory
·	
of Antho	ony's Coal Fired Pizza of Natick LLC , hereby submit this application for new license Name of the Entity/Corporation Transaction(s) you are applying for
	Name of the Entity/Corporation Transaction(s) you are applying for
(herein "ABCC"	after the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the and together with the LLA collectively the "Licensing Authorities") for approval.
Applica	reby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Ition, and as such affirm that all statement and representations therein are true to the best of my knowledge and believer From the following to be true and accurate:
(1)	I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
(2)	I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
(3)	I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
(4)	I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted
(5)	I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
(6)	I understand that all statements and representations made become conditions of the license;
(7)	I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
(8)	I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
(9)	I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
Sign	Date: 1//31/17
Ti4i.	LLC Manager

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Last Name DiNella Suffix Middle Name | Mark First Name | Ronald Salutation Date of Birth 5/2/60 Social Security Number Other Title: MarisaF@acfp.com 312-310-0470 Email: **Primary Phone:** Fax Number Mobile Phone: Alternative Phone: **Business Address** W. Cypress Creek Rd., Ste. 220 Street Name: 200 Street Number: FL State: Fort Lauderdale City/Town: USA Zip Code: 33309 Country: Mailing Address Check here if your Mailing Address is the same as your Business Address Street Name: Street Number: State: City/Town: Country: Zip Code: Types of Interest (select all that apply) LLC Manager ☐ Landlord ☐ Contractual ☐ Director ☐ Officer Management Agreement ☐ LLC Member Revenue Sharing Sole Proprietor ☐ Stockholder Other ☐ Partner Citizenship / Residency Information Are you a Massachusetts Resident? Are you a U.S. Citizen? Yes \(\cap \text{No}\) **Criminal History** Have you ever been convicted of a state, federal, or military crime? If yes, please provide an affidavit explaining the charges.

Indirect

If you hold a direct beneficial interest in the proposed licensee, please list

BENEFICIAL INTEREST CONTACT - Individual (continued)

Using the definition above, do you hold a direct C Direct

or indirect interest in the propo	osed licenser	er				the %	of interest you no	ila.	1	
If you hold an ir	idirect benef	icial interes	t in this l	license, pl	ease comp	lete the <u>Ow</u>	nership / Interest	Table	below.	
Ownership / Interest							***************************************			
f you hold an <u>indirect intere</u> urn, hold a direct or indirec rusts, etc. A Beneficial Inte	ct interest in	n the propo	osed lice	ensee. Th	hese gener	rally includ	e parent compai	nies, l	holding co	ilch, In ompanies,
	Name	e of Beneficia	al Intere	st - Orgar	vization		FEIN			
		Cardboard	d Box LL	.C - 0.09%	r,		47-5496274			
		Ser	e Exhibit	: A						
Other Beneficial Interest		~				A Angen	Lucation Alapha	lia Qe	······································	icancals)
List any indirect or indirect i					e in any o se Number		Premise			ICCHSC(3).
Name of License Anthony's Coal Fired Pizza		ype of Licen 12 On Premi		 	se Number 2400026		201 Constitution			on
Anthony's Coal Fired Pizza Anthony's Coal Fired Pizza		12 On Premi			000020	. 1 1754	180 Needhan			
Anthony's Coal Fired Pizza		12 On Premi		0902000		1	100028 SHOPS WA			
Anthony's Coal Fired Pizza		12 On Premi			1600038		48 WALKERS BRO			
Anthony's Coal Fired Pizza		12 On Premi			5600013		119 UNIVERSITY A			
Familial Beneficial Interest	-				100			24		
Does any member of your i	mmediate f	lamily have plings, spou	egoner: owner:	ship inte	parents.	Please list I	below.			
Relationship to You		ABCC Lic	ense Nu	mber	Type of Ir	nterest (cho	ose primary funct	tion)	Percentag	je of Intere
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
Prior Disciplinary Action Have you ever been involve yes, please complete the fo		or indirecti	iy in an a							ction? If
	of License	State	City	Rea	ison for su		vocation or cance			
See E	xhibit B							20 5-3,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
									<u></u>	
		-								

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC inc are considered to have direct beneficial interest in ABC inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Suffix Last Name Jones First Name | Wayne Middle Name | Lamar Salutation 5/8/59 Date of Birth Social Security Number Title: Other waynej@acfp.com Email: 310-375-0390 Primary Phone: Fax Number Mobile Phone: Alternative Phone: **Business Address** W, Cypress Creek Rd., Ste. 220 Street Name: 200 Street Number: FL State: City/Town: Fort Lauderdale **USA** Country: 33309 Zip Code: Check here if your Mailing Address is the same as your Business Address Mailing Address Street Name: Street Number: State: City/Town: Country: Zip Code: Types of Interest (select all that apply) LLC Manager □ Landlord Director Contractual Officer Management Agreement ☐ LLC Member ☐ Other Sole Proprietor Revenue Sharing Partner Citizenship / Residency Information Are you a Massachusetts Resident? C Yes (No Are you a U.S. Citizen? **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? explaining the charges.

BENEFICIAL INTEREST CONTACT - Individual (continued)

sing the definition above, do you hold a direct. Direct. (6 Indirect. In the proposed licensee, please list indirect threrest in the proposed licensee.) If you hold an indirect beneficial interest in this license, please complete the Ownership. Interest. Table below. Winership / Interest. You hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in run, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies rusts, etc. A Beneficial Interest. Organization Form will need to be completed for each entity listed below. Name of Beneficial Interest. Organization FEIN	wnership / Interest	o do voi bold a	direct 🔿 🗅	rost @	Indirect	If you hold a direct beneficial in the proposed licensee, plea	
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Date of Action Name of License State City Reason for suspension, revocation or cancellation	ves, please complete	the following:					
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		See Exhibit B					
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BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Suffix Middle Name |L. Last Name Zavolta First Name | Michelle Salutation Date of Birth 6/1/76 Social Security Number Title: Other MichelleZ@acfp.com Email: 404-219-6292 Primary Phone: Fax Number 404-219-6292 Mobile Phone: Alternative Phone: 954-618-2015 **Business Address** Street Name: W. Cypress Creek Rd., Ste. 220 Street Number: 200 State: FL City/Town: Fort Lauderdale USA 33309 Country: Zip Code: **Mailing Address** | Check here if your Mailing Address is the same as your Business Address Street Number: Street Name: State: City/Town: Zip Code: Country: Types of interest (select all that apply) LLC Manager Contractual Director ☐ Landlord Management Agreement ☐ LLC Member Other ☐ Stockholder Revenue Sharing Sole Proprietor ☐ Partner Citizenship / Residency Information Are you a U.S. Citizen? Are you a Massachusetts Resident? Yes ○ No CYes (No **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? CYes (No explaining the charges.

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interes	<u>t</u>									***************************************
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Other Beneficial Int										
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Name of Lice			e of Lice			nse Number		Premises Ad	<u></u>	
Anthony's Coal F		§12	On Prem	ises	0/	62400026		201 Constitution Ave	nue, Littl	eton
Anthony's Coal Fi	ired Pizza	§12/	On Prem	rises	01	80000222		180 Needham Stre	et, Newto	on
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Relationshi	p to You		ABCC Lic						Percenta	ge of Interest
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Prior Disciplinary Ad Have you ever been yes, please complete	involved dire e the followin	g:	ndirectl	y in an a	alcoholic	: beverages lic	ense that	was subject to disc	iplinary a	action? If
	Name of Licen		State	City	Re	ason for susper	nsion, revo	ocation or cancellation	n	
	See Exhibit B	1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, ail individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Last Name Hislop Suffix Middle Name J. First Name | Michael Salutation Date of Birth 2/2/55 Social Security Number Title: Other mhislop@ilfo.com 415.945.4217 Email: Primary Phone: Fax Number 415.760.3022 Mobile Phone: Alternative Phone: 415.760.3022 **Business Address** Tamalpais Drive, Suite 400 Street Name: Street Number: 770 CA State: City/Town: Corte Madera USA Country: 94925 Zip Code: Check here if your Mailing Address is the same as your Business Address **Mailing Address** Street Name: Street Number: State: City/Town: Country: Zip Code: Types of Interest (select all that apply) LLC Manager Landlord Director Contractual ☐ Officer Management Agreement LLC Member ○ Other ☐ Stockholder Sole Proprietor Revenue Sharing Partner Citizenship / Residency Information Are you a Massachusetts Resident? Are you a U.S. Citizen? Yes \(\cap \text{No}\) **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? explaining the charges.

If you hold a direct beneficial interest

BENEFICIAL INTEREST CONTACT - Individual (continued)

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lf	you hold an indired	t beneficial interest	in this license, p	lease complete	the <u>Ownership / Interest</u> Tab	le below.
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Other Benefici		ficial or financial i	nterest you hav	ve in any other	Massachusetts Alcoholic B	everages License(s).
•	of License	Type of Licens		se Number	Premises Ac	
	oal Fired Pizza	§12 On Premise		2400026	201 Constitution Ave	***
	oal Fired Pizza	§12 On Premis	es 080	0000222	180 Needham Str	eet, Newton
	oal Fired Pizza	§12 On Premis	es 0902000	058	100028 SHOPS WAY, N	ORTHBOROUGH
	oal Fired Pizza	§12 On Premis	es 10°	1600038	48 WALKERS BROOK [DRIVE, READING
	oal Fired Pizza	§12 On Premis	es 145	5600013	119 UNIVERSITY AVEN	UE, WESTWOOD
					.,,,,,	
į						
Does any mem Immediate fan	ber of your imme	nts, siblings, spous	ownership inte e and spouse's nse Number	parents. Pleas	er Massachusetts Alcoholi se list below. st (choose primary function)	
Does any mem Immediate fan	iber of your imme nily includes parer	nts, siblings, spous	e and spouse's	parents. Pleas	se list below.	
Does any mem Immediate fan	nber of your imme nily includes parer onship to You	nts, siblings, spous	e and spouse's	parents. Pleas	se list below.	
Immediate fan	nber of your imme nily includes parer onship to You	nts, siblings, spous	e and spouse's	parents. Pleas	se list below.	
Does any mem Immediate fan Relati Prior Discipline Have you ever	aber of your imme nily includes parer onship to You n/a ary Action	ABCC Lice ABCC Lice	e and spouse's nse Number	parents. Pleas Type of Intere	se list below.	Percentage of Interes
Does any mem Immediate fan Relati Prior Discipline Have you ever	aber of your imme nily includes parer onship to You n/a	nts, siblings, spous ABCC Lice ABCC Lice	e and spouse's nse Number in an alcoholic	parents. Pleas Type of Interes	se list below. st (choose primary function)	Percentage of Interes
Prior Discipling Have you everyes, please cor	nber of your imme nily includes parer onship to You n/a ary Action been involved dir mplete the follow	rectly or indirectly ing:	e and spouse's nse Number in an alcoholic	parents. Pleas Type of Interes	se list below. st (choose primary function) nse that was subject to dis	Percentage of Interes
Prior Discipling Have you everyes, please cor	aber of your immently includes parer onship to You n/a ary Action been involved dir mplete the followin	rectly or indirectly ing:	e and spouse's nse Number in an alcoholic	parents. Pleas Type of Interes	se list below. st (choose primary function) nse that was subject to dis	Percentage of Interest

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc. are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Middle Name Last Name Takefman Suffix Salutation First Name Jay Social Security Number 4/16/76 Other Date of Birth Title: Email: MarisaF@acfp.com Primary Phone: 646-215-3527 Fax Number Mobile Phone: Alternative Phone: **Business Address** W. Cypress Creek Rd., Ste. 220 Street Number: 1200 Street Name: FL State: Fort Lauderdale City/Town: USA Country: Zip Code: 33309 **Mailing Address** Check here if your Mailing Address is the same as your Business Address Street Name: Street Number: State: City/Town: Zip Code: Country: Types of Interest (select all that apply) ☐ Landlord LLC Manager Contractual Director Management Agreement Officer LLC Member ○ Other Sole Proprietor Partner Revenue Sharing Citizenship / Residency Information Are you a Massachusetts Resident? Are you a U.S. Citizen? Yes \(\cap \text{No}\) **Criminal History** Have you ever been convicted of a state, federal, or military crime? If yes, please provide an affidavit Yes No explaining the charges.

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest Using the definition abov or indirect interest in the			Direct	● In	direct	in the p	old a direct beneficia proposed licensee, pla finterest you hold.	
If you hold	an indirect bend	eficial interes	st in this lic	ense, p	olease complet	te the <u>Owr</u>	nership / Interest Tabl	e below.
Ownership / Interest				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
If you hold an <u>indirect in</u> turn, hold a direct or in- trusts, etc. A Beneficial	direct interest	in the propo	osed licen	see. T	hese general	lly include	parent companies,	holding companies,
	Nam	e of Benefici	al Interest		nization		FEIN	
<u> </u>	Quilvest Pri	vate Equity 9	S.C.A., SICA	 \R - Ma	naging Partne	er	98-1239588	
		ardboard Bo					47-5496274	
		Se	e Exhibit /	4				
Other Beneficial Intere List any indirect or indi		or financial	interest y	ou hav	ve in any othe	er Massac		
Name of License		Type of Licer			se Number		Premises Ad	
Anthony's Coal Fired		12 On Premi			2400026		201 Constitution Ave	-
Anthony's Coal Fired	Pizza §	12 On Premi	ises	080	0000222		180 Needham Stre	
Anthony's Coal Fired	Pizza §	12 On Premi	ises (90200	058	10	0028 SHOPS WAY, N	ORTHBOROUGH
Anthony's Coal Fired	Pizza §	12 On Premi	ises	10	1600038	4	8 WALKERS BROOK D	RIVE, READING
Anthony's Coal Fired	Pizza §	12 On Prem	ises	14	5600013	1	19 UNIVERSITY AVEN	JE, WESTWOOD
Familial Beneficial Inte Does any member of yo Immediate family inclu	our immediate des parents, si	blings, spou	se and sp	ouse's	parents. Ple	ease list b	elow.	
Relationship to	You	ABCC Lic	ense Num	ber	Type of Inte	rest (choo	se primary function)	Percentage of Interest
, 1 ₁₁₀ odd			,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Prior Disciplinary Action		or indirectly	v in an alc		hoverages li	conso tha	t was subject to disp	sinlinary action? If
yes, please complete the		or munecti	y 111 a11 a1C	JUNOIL	Severages H	cense tila	c trad dabject to dist	, 400.0117 11
	me of License	State	City	Rea	ason for suspe	nsion, rev	ocation or cancellatio	n
	ee Exhibit B							
						•		

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Suffix Middle Name Last Name Bruno Salutation First Name | Anthony Date of Birth Social Security Number 6/14/62 Title: Other Email: MarisaF@acfp.com Primary Phone: 954-565-4772 Fax Number Mobile Phone: Alternative Phone: **Business Address** W. Cypress Creek Rd., Ste. 220 Street Number: 200 Street Name: FL State: City/Town: Fort Lauderdale USA Country: 33309 Zip Code: **Mailing Address** Check here if your Mailing Address is the same as your Business Address Street Name: Street Number: State: City/Town: Country: Zip Code: Types of Interest (select all that apply) LLC Manager Landlord Contractual Director ○ Officer Management Agreement LLC Member ☐ Stockholder ☐ Other Partner Sole Proprietor Revenue Sharing Citizenship / Residency Information Are you a Massachusetts Resident? Are you a U.S. Citizen? Yes \(\cap \text{No}\) Criminal History If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? Yes No explaining the charges.

If you hold a direct beneficial interest

BENEFICIAL INTEREST CONTACT - Individual (continued)

Using the definition above, do you hold a direct ODirect

Using the definit or indirect inter-	tion above, do you out in the proposed	hold a dire licensee?	ct O	Direct	⊚ In	direct	in the proposed licensee, ple the % of interest you hold.	ease list
If	f you hold an indired	ct beneficia	l interes	t in this	license, ¡	olease comple	te the <u>Ownership / Interest</u> Tabl	e below.
Ownership / In	nterest							
If you hold an <u>i</u> turn, hold a dir	ndirect interest in ect or indirect int	erest in the	e propo	sed lice	ensee. T	hese genera	zation(s) you hold a direct int lly include parent companies, d for each entity listed below	holding companies,
		Name of I	Benefici	al Intere	st - Orga	nization	FEIN	
		Cardbe	oard Bo	x, LLC - I	Manager	.13%	47-5496274	
		Α	.CFP Inv	estors, lı	nc 31%	•	45-4077220	
			Se	e Exhibit	t A			
Other Benefici	al Interest							
		ficial or fin	nancial i	interest	you ha	ve in any oth	er Massachusetts Alcoholic B	everages License(s).
Name o	of License	Туре	of Licen	se	Licen	se Number	Premises Ad	dress
Anthony's C	oał Fired Pizza	§12 O	n Premi	ses	06	2400026	⁷ 01 Constitution Ave	nue, Littleton
Anthony's C	oal Fired Pizza	§12 O	n Premi	ses	08	0000222	180 Needham Stre	et, Newton
Anthony's C	Coal Fired Pizza	§12 O	n Premi	ses	090200	058	100028 SHOPS WAY, N	ORTHBOROUGH
Anthony's C	Coal Fired Pizza	§12 O	n Premi	ses	10	1600038	48 WALKERS BROOK D	RIVE, READING
Anthony's C	Coal Fired Pizza	§12 O	n Premi	ses	14	5600013	119 UNIVERSITY AVENU	JE, WESTWOOD
							ther Massachusetts Alcoholic	: Beverages Licenses?
	ionship to You			ense Nu			rest (choose primary function)	Percentage of Interest
								,·
·-								
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*						
			directly	in an a	lcoholic	beverages li	cense that was subject to disc	ciplinary action? If
Date of Action	Name of Lice		State	City	Rea	ason for suspe	ension, revocation or cancellation	on
	See Exhibit	В		1		-		
				1	i		· · · · · · · · · · · · · · · · · · ·	

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Middle Name | F. Last Name | Marzano Suffix First Name | PATRICK Salutation 12/3/47 Social Security Number Date of Birth Title: Other Email: MarisaF@acfp.com Primary Phone: 954-415-1657 Fax Number Mobile Phone: Alternative Phone: Business Address W. Cypress Creek Rd., Ste. 220 Street Number: 200 Street Name: FL State: City/Town: Fort Lauderdale USA 33309 Country: Zip Code: Check here if your Mailing Address is the same as your Business Address **Mailing Address** Street Name: Street Number: State: City/Town: Country: Zip Code: Types of Interest (select all that apply) Director Landlord Contractual ○ Officer Management Agreement LLC Member ○ Other □ Stockholder Partner Revenue Sharing Sole Proprietor Citizenship / Residency Information Are you a Massachusetts Resident? Are you a U.S. Citizen? Yes \(\cap \text{No}\) **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? explaining the charges.

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest Using the definition above, do you hold a direct or indirect interest in the proposed licensee?	Direct	○Indirect	If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.	0%
If you hold an indirect beneficial inter	est in this l	icense, please comp	lete the <u>Ownership / Interest</u> Table below.	*****

Ownership / Interest

If you hold an <u>indirect interest</u> in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - Manager - 0.13%	47-5496274
ACFP Investors, Inc 14%	45-4077220
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

		erest in any other Massachusetts Alcoholic	: Beverages Licenses?
Immediate family includes parents Relationship to You	, siblings, spouse and spouse ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
	-		
	, and the second		

Prior Disciplinary Action					
Have you ever been involved di	rectly or indirectly in an a	alcoholic bevera	ages license tha	t was subject to dis	sciplinary action? If

See Exhibit B		on for suspension, revocat	nea	City	State	Name of License	Date of Action
	 	<u>.</u>				See Exhibit B	

BENEFI	CIAL	INT	EREST (CONTAC	T - inc	<u>dividual</u>	(Formerl	y knov	vn as a f	Persona	l Infor	mation I	Form)			
or withou	it own directo	ersh ors fo	ip, in this or not-for	license. T	his inclu	ial sheet fo udes peopl individuals	le with a	finar	icial inte	erest a	nd pe	ople wi	thout	financial	interes	t (i.e.
example,	if ABC	Inc	is the pro	eficial inte posed lice osed licens	nsee, a	defined as s Il individua	someone Ils with i	e who	has int st in AB	terest o IC Inc a	directl re cor	ly in the nsidere	e prop d to h	osed licer ave direct	nsee. F t benefi	or cial
proposed	llicens	see.	For exam	ple, if ABC	Inc is t	s defined a the proposi eneficial in	ed licens	see ai	nd is 10	0% ow	ned b	y XYZ In	ıc, all i	el compa individual	ny of th Is with i	e nterest
Salutation	1		First Nam	ne Matthey	N	Mide	dle Name	Eric		Last N	Name	Miclea			Suffix	
Title:	Other				So	ocial Securi	ty Numb	er [Dat	e of Birth	6/30/1	982
Primary P	hone:		847-652-7	704			Ema	il:	matti	m@vau	Itequi	ty.com				
Mobile Ph	none:		AWIDA				Fax	Numl	er							
Alternativ	ve Pho	ne: [203-274-4	799												·
Business	Addre	ess	•••								, , , , , , , , , , , , , , , , , , , ,					
Street Nu	ımber:	59	9			Street N	ame: 🛚 🛚 🔻	/. Puti	nam Ave	2.						
City/Tow	n: [Greer	nwich					Sta	te:	СТ						
Zip Code	: 06	5830				Country	N .		USA							
Mailing /	Addre	<u>ss</u>			heck he	re if your Mo	ailing Add	iress i	the san	ne as yo	ur Bus	iness Ad	dress			
Street Nu	ımber:					Street N	ame:									
City/Tow	n:								State:							
Zip Code	: [Country	<i>r</i> :									
Types of	Intere	st (s	elect all ti	nat apply)									-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Contr	ractual			☐ Directo	r		☐ Land	dlord			_	LC Man	ager			
☐ LLC N	/lembe	r				Agreeme		_				Officer	1.1		EZ OAL	- "
Partn	er			Revenu	ıe Shariı	ng 	Sole	Prop	rietor			stockho	lder		⊠ Oth	er
Citizensh Are you a	•		ency Infor	mation Yes	`No		Are you	a Ma:	sachuse	etts Resi	ident?	0,	Yes (● No		
Criminal	Histo	ry														
Have you	ı ever l	oeen	convicted	of a state,	federal,	or military	crime?	O	Yes 🬘) No		yes, plea	-	vide an af arges.	fidavit	

(Indirect

If you hold a direct beneficial interest

in the proposed licensee, please list

the % of interest you hold.

BENEFICIAL INTEREST CONTACT - Individual (continued)

Using the definition above, do you hold a direct ODirect

or indirect interest in the proposed licensee?

lf y	ou hold an Indirect I	beneficial interest	in this license, p	lease complete	the <u>Ownership</u> / <u>Interest</u> T	able below.
Ownership / Into	erest					
if you hold an <u>in</u> turn, hold a dire	direct interest in the ct or indirect inter	est in the propo	sed licensee. T	hese generally	tion(s) you hold a direct include parent compani for each entity listed bel	es, holding companies,
		Name of Beneficia	al Interest - Orga	nization	FEIN	
		Cardboard Bo	x, LLC - Manage	r 0%	47-5496274	
		See	Exhibit A			-
Odlara Bara fisio	Lintovort					
Other Beneficia List any indirect		cial or financial i	nterest you hav	ve in any other	Massachusetts Alcoholi	
Name of	f License	Type of Licen	se Licen	se Number	Premises	
Anthony's Co	oal Fired Pizza	§12 On Premi:	ses 06	2400026	201 Constitution	
Anthony's Co	oal Fired Pizza	§12 On Premi	ses 08	0000222	180 Needham !	
Anthony's Co	oal Fired Pizza	§12 On Premi	ses 090200	058	100028 SHOPS WAY	
Anthony's Co	oal Fired Pizza	§12 On Premi	ses 10	1600038	48 WALKERS BROC	K DRIVE, READING
Anthony's Co	oal Fired Pizza	§12 On Premi	ses 14	5600013	119 UNIVERSITY AV	ENUE, WESTWOOD
Familial Benefic				avest in any oth	oor Massachusotts Alsoh	olic Rayarages Licenses
Immediate fam	ily includes parent	s, siblings, spou	se and spouse's	s parents. Plea	ner Massachusetts Alcoh se list below.	
Relatio	onship to You	ABCC Lice	ense Number	Type of Intere	est (choose primary function	on) Percentage of Interes
	n/a					
	ny Action			hoverages lice	ense that was subject to	disciplinary action? If
Have you ever	been involved dire	ctly or indirectly	in an aiconoile	beverages nee	••••••••••••••••••••••••••••••••••••••	
Have you ever yes, please com	been involved dire	ig:				
Have you ever	been involved dire	ise State			nsion, revocation or cancel	
Have you ever yes, please com Date of Action	been involved dire nplete the followin Name of Licen	ise State				
Have you ever yes, please com Date of Action	been involved dire nplete the followin Name of Licen	ise State				

			REST CONTAC										
r without	owne irecto	rshi rs fo	eneficial Interest - II p, in this license. Th r not-for-profit club	nis includes	people with	a financi	al inte	erest and pe	ople w	ithout finan	icial ir	nterest (i.e.
example, if nterest in An individu proposed l	f ABC ABC II ual wit	Inc i nc (t th in	rect beneficial inter s the proposed licer he proposed licenso direct beneficial int For example, if ABC	nsee, all ind ee). erest is def Inc is the p	ividuals with ined as some roposed licer	interest one who	in ABo has c is 100	C Inc are co ownership i 0% owned b	nsidere n a pare ny XYZ I	ed to have d ent level cor nc, all indivi	irect i	benefici	al
n XYZ Inc a - Salutation	r		ered to have an ind		icial interest Middle Nam			Last Name		e).		Suffix	
r	ther				I Security Num	Г				Date of B	irth [1/26/83	
Primary Ph	one:	[8	18-388-9868		Em	ail:	Maris	aF@acfp.cor	n				
Mobile Pho	one:				Fax	x Numbe	r						and the second
Alternative	Phon	e: [
Business A	Addre	<u>SS</u>											
Street Nun	nber:	20)	St	reet Name:	W. Cypre	ss Cree	ek Rd., Ste. 2	20				
City/Town	: F	ort L	auderdale			State	:	FL					
Zip Code:	33	309		Co	ountry:		USA						
Mailing A	ddres	<u>s</u>	⊠ c	heck here if y	our Mailing Ad	ddress is t	he sam	ne as your Bu	siness Ac	ddress	-	.,	
Street Nur	mber:			St	reet Name:					· -			
City/Town	ı: [State:						
Zip Code:				C	ountry:	· · · ·							
Types of I	ntere	st (se	lect all that apply)										
Contra	ctual		☐ Directo	r	Lar	ndlord		\boxtimes	LLC Ma	nager			
LLC M	embei		☐ Manag	ement Agr	eement				Officer				
☐ Partne	er		Revenu	e Sharing	Sol	le Proprie	tor		Stockho	older	<u> </u>	⊘ Other	
Citizenshi Are you a	-		ncy Information ? • Yes	No	Are yo	u a Massa	chuse	tts Resident	? O	Yes © No			
Criminal I	Histor	y.											
Have you	ever b	een	convicted of a state, f	ederal, or m	ilitary crime?	OY:	es 🌘	,		ase provide a		davit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest Using the definition above, do y or indirect interest in the propos		Direct •	Indirect	If you hold a direct beneficia in the proposed licensee, ple the % of interest you hold.	
If you hold an ind	irect beneficial intere	est in this license	, please complete	the <u>Ownership / Interest</u> Tabl	e below.
Ownership / Interest	- Ingra-shipMan				
If you hold an <u>indirect interes</u> turn, hold a direct or indirect trusts, etc. A Beneficial Intere	interest in the prop	oosed licensee.	These generally	include parent companies,	holding companies,
	Name of Benefi	cial Interest - Org	ganization	FEIN	
	Cardboard I	Box, LLC - Manag	ger 0%	47-5496274	
	S	ee Exhibit A			
Other Beneficial Interest	£	Lintopost	oue in any eth-	Maccachuratte Aleghalia P	ovoragos Licanso(s)
List any indirect or indirect be Name of License	Type of Lice		ense Number	Premises Ad	
Anthony's Coal Fired Pizza	§12 On Pren)62400026	201 Constitution Ave	
Anthony's Coal Fired Pizza	§12 On Pren		080000222	180 Needham Stre	
Anthony's Coal Fired Pizza	§12 On Pren			100028 SHOPS WAY, N	
Anthony's Coal Fired Pizza	§12 On Pren		01600038	48 WALKERS BROOK D	
Anthony's Coal Fired Pizza	§12 On Pren		145600013	119 UNIVERSITY AVEN	
Familial Beneficial Interest Does any member of your im Immediate family includes pa	rents, siblings, spo	use and spouse	e's parents. Pleas	se list below.	
Relationship to You	ABCC Li	cense Number		st (choose primary function)	Percentage of Interes
Prior Disciplinary Action Have you ever been involved yes, please complete the foll		tly in an alcoho	lic beverages lice	nse that was subject to dis	ciplinary action? If
Date of Action Name of		e City F	Reason for suspens	sion, revocation or cancellation	on
See Exh	ibit B				

BENEFICIAL INT	<u> TEREST CONTACT - In</u>	<u>idividual</u> (Formerly k	nown as a Pers	sonal Information Form)	
or without ownersh	nip, in this license. This inc for not-for-profit clubs). A	ludes people with a fi	nancial intere	nave a direct or indirect ber est and people without fina <u>financial</u> interest must also	ncial interest (i.e.
example, if ABC Inc interest in ABC Inc An individual with i	is the proposed licensee, the proposed licensee). Indirect beneficial interest	all individuals with int is defined as someone	erest in ABC I e who has ow	est directly in the proposed nc are considered to have mership in a parent level co owned by XYZ Inc, all indiv	ompany of the
in XYZ Inc are consi	dered to have an indirect	beneficial interest in A	ABC Inc (the p	roposed licensee).	
Salutation	First Name Andrew	Middle Name	Craig L	ast Name Taub	Suffix
Title: Other		Social Security Number		Date of	Birth 7/30/68
Primary Phone:	917-859-1794	Email:	MarisaF	@acfp.com	
Mobile Phone:		Fax Nu	umber		
Alternative Phone:					
Business Address					
Street Number: 2	00	Street Name: W. 0	Cypress Creek	Rd., Ste. 220	
City/Town: Fort	Lauderdale		State:	FL	3
Zip Code: 33309)	Country:	USA		
Mailing Address		nere if your Mailing Addre	ess is the same o	as your Business Address	
Street Number:		Street Name:			
City/Town:			State:		
Zip Code:		Country:		-	
Types of Interest (select all that apply)				
Contractual	Director	Landlo	ord	LLC Manager	
LLC Member	☐ Managemer	nt Agreement		☐ Officer	
Partner	Revenue Sha	ring Sole P	roprietor	Stockholder	⊠ Other
Citizenship / Resid		Are you a	Massachusetts	s Resident? (Yes (No)
Criminal History					
Have you ever beer	n convicted of a state, federa	l, or military crime?	⊜Yes ⊚ N	If yes, please provide explaining the charge	

BENEFICIAL INTEREST CONTACT - Individual (continued)

	n above, do you hold a in the proposed licens		Direct	Indirect	If you hold a direct beneficia in the proposed licensee, ple the % of interest you hold.	
lf y	ou hold an indirect bend	eficial interes	t in this licer	nse, please comple	ete the <u>Ownership / Interest</u> Tabl	e below.
Ownership / Inte	erest				, , , , , , , , , , , , , , , , , , , ,	
f you hold an <u>inc</u> urn, hold a direc	direct interest in the pot	in the propo	sed license	ee. These genera	ization(s) you hold a direct into ally include parent companies, ed for each entity listed below	holding companies,
	Nam	e of Benefici	al Interest -	Organization	FEIN	
		Cardboard Bo	ox LLC - Mar	nager 0%	47-5496274	
		See	e Exhibit A			
Other Beneficial						
•					ner Massachusetts Alcoholic B Premises Ad	
Name of		Type of Licen		icense Number	201 Constitution Ave	
Anthony's Co		12 On Premi		062400026		
Anthony's Coa		12 On Premi		080000222	180 Needham Stre	· · · · · · · · · · · · · · · · · · ·
Anthony's Coa		12 On Premi:		0200058	100028 SHOPS WAY, N	
Anthony's Co	al Fired Pizza	12 On Premi	ses	101600038	48 WALKERS BROOK D	
Anthony's Co	al Fired Pizza §	12 On Premi	ses	145600013	119 UNIVERSITY AVENU	JE, WESTWOOD
Immediate fami	er of your immediate ly includes parents, si	blings, spou	se and spo	use's parents. Pl	other Massachusetts Alcoholic lease list below.	
Relatio	nship to You	ABCC Lice	ense Numb	er Type of Int	erest (choose primary function)	Percentage of Inter
			:			
	-	or indirectly	in an alco	holic beverages	license that was subject to disc	ciplinary action? If
Date of Action	Name of License	State	City	Reason for susp	ension, revocation or cancellation	pn
2412 01 / 1211011			 			
	See Exhibit B					
	See Exhibit B					

BENEFI	CIAL	. INT	EREST CONTACT	Γ - Indivi	dual (Forme	rly known	as a P	ersonal l	nformatio	n Form)	•		
or withou	ıt owı direct	nersh ors f	eneficial Interest - In ip, in this license. Th or not-for-profit club	is includes	people with	a financi	al inte	erest and	d people v	withou	t financial	interest	(i.e.
example, nterest i An individ proposed	if AB n ABC dual v	C Inc Inc (vith insee.	irect beneficial interist the proposed licer the proposed license the pr	nsee, all indee). erest is def Inc is the p	dividuals with fined as some proposed lice	interest eone who nsee and	in ABo has c is 100	C Inc are ownersh 0% owne	e consider ip in a pa ed by XYZ	red to h rent lev Inc, all	nave direc vel compa	t benefic	cial
in XYZ Ind Salutation		consi	dered to have an ind First Name Marc	irect benef	ficial interest Middle Nar	<u> </u>	ic (the	1	me Pfeffe			Suffix	
Title:	Othe	r		Social	 Security Num	<u> </u>		1		Da	te of Birth	2/15/66	5
!	L					<u> </u>	_				· · · · · · · · · · · · · · · · · · ·		
Primary F	hone	;	917-365-3609		En	nail:	Maris	aF@acfp	.com				
Mobile P	hone:				Fax Number								
Alternati	ve Pho	one:											
Business	Addı	ress											
Street Nu	umber	: 20	00	s	treet Name:	W. Cypre	ss Cree	ek Rd., St	e. 220]
City/Tow	/n:	Fort	_auderdale			State	!*	FL					
Zip Code	Г	33309			Country:		USA	L					
Mailing	Addr	es <u>s</u>	⊠ ci	heck here if	your Mailing A	ddress is ti	he sam	ne as youi	Business /	Address			
Street N	umbei	r:		S	treet Name:		, , , , , , , , , , , , , , , , , , , ,						
City/Tow	vn:						State:						
Zip Code	e: [ountry:								
Types of	fInter	est (s	elect all that apply)										
Cont			☐ Director	r	∏ La	ndlord			LLC M	anager			
-	Memb		☐ Manag	ement Agi	reement				 ☐ Office	r			
Partr	ner		Revenu	e Sharing	☐ Sc	le Proprie	tor	,,,,,,	Stock	nolder		⊠ Othe	er
Citizens Are you			ency Information n? Yes	No	Are yo	ou a Massa	ıchuse	etts Resid	ent? () Yes	⊚ No		
Crimina	l Histo	ory											
Have yo	u ever	beer	convicted of a state, f	ederal, or n	nilitary crime?	OY:	es 💽	No	If yes, p		rovide an a	ffidavit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

<u> Ownership / Interest</u>			i	If you hold a direct beneficial	interest	
Jsing the definition above, do you or indirect interest in the proposed	hold a direct ODir licensee?	rect © Inc	direct i	in the proposed licensee, pleathe % of interest you hold.		
If you hold an indired	ct beneficial interest i	n this license, p	lease complete t	he <u>Ownership / Interest</u> Table	below.	
					<u>:</u>	
Ownership / Interest						
If you hold an <u>indirect interest</u> ir turn, hold a direct or indirect int trusts, etc. A Beneficial Interest	erest in the propose	ed licensee. T	hese generally i	include parent companies,	noiding companies,	
	Name of Beneficial			FEIN		
	Cardboard I	Box LLC - 0.12%	ò	47-5496274		
	See I	Exhibit A				
					•	
Other Beneficial Interest						
List any indirect or indirect bene				Massachusetts Alcoholic Be Premises Ad	everages License(s).	
Name of License	Type of License		se Number	201 Constitution Ave		
Anthony's Coal Fired Pizza	§12 On Premise		2400026			
Anthony's Coal Fired Pizza	§12 On Premise		0000222	180 Needham Stre		
Anthony's Coal Fired Pizza	§12 On Premise			100028 SHOPS WAY, NO		
Anthony's Coal Fired Pizza	§12 On Premise	es 10	1600038	48 WALKERS BROOK D		
Anthony's Coal Fired Pizza	§12 On Premise	es 14	5600013	119 UNIVERSITY AVENU	JE, WESTWOOD	
Familial Beneficial Interest Does any member of your imm Immediate family includes pare	ediate family have o	ownership into	erest in any other	er Massachusetts Alabholic se list below.	Beverages Licenses	
Relationship to You	ABCC Lice	nse Number	Type of Interes	st (choose primary function)	Percentage of Interes	
·						
Prior Disciplinary Action				nso that was subject to dis	cinlinary action? If	
Have you ever been involved d	irectly or indirectly	in an alcoholic	c beverages lice	lise that was subject to dis	c.p.m.a.,	
Have you ever been involved d yes, please complete the follow	wing:					
Have you ever been involved d yes, please complete the follow Date of Action Name of Lice	wing:			sion, revocation or cancellation		
yes, please complete the follow	wing: cense State					
yes, please complete the follow Date of Action Name of Lice	wing: cense State					

BENEFICIA	L INT	TEREST CONTACT	Γ - Indivi	dual (Formerly	known as	a Person	al Informa	tion For	n)		
lease comple	ete a l vnersh ctors f	Beneficial Interest - Ir hip, in this license. Th or not-for-profit club	idividual sh is includes	neet for <u>all</u> indiv	ridual(s) v financial i	/ho have nterest a	e a direct and peopl	or indire le with	ect beneficia out financial	interest ((I.e.
example, if Al nterest in AB	BC Inc	direct beneficial inter is the proposed licer (the proposed license andirect beneficial int	isee, all inc ee). erest is del	lividuals with ir	terest in ne who ha	ABC Inc	are considers	gereg to	nave direct	ny of the	ldI
proposed lice	nsee.	For example, if ABC dered to have an ind	Inc is the p	proposed license	ee and is	100% ov	vned by X	YZ Inc, a	all individua	ls with in	terest
Salutation		First Name Michelar	ngelo	Middle Name		Last	Name M	ozzicato		Suffix	
Title: Oth	er		Social	Security Number	r				Date of Birth	1/29/72	
Primary Phon	e:	954-415-1657		Emai	i: M	arisaF@ad	cfp.com				
Mobile Phone:			Fax	Number							
Alternative Pl	hone:								-		
Business Ad	dress										
Street Numb	er: Z	200	S	treet Name: W	. Cypress (reek Rd.	, Ste. 220				
City/Town:	Fort	Lauderdale			State:	FI	L				
Zip Code:	3330	9		Country:	U:	SA					
Mailing Add	ress	\boxtimes (heck here if	your Mailing Ada	ress is the	ame as y	our Busine	ess Addre	255		3
Street Numb	er:		9	Street Name:			p		· · · · · · · · · · · · · · · · · · ·]
City/Town:					Sta	te:]
Zip Code:			(Country:							
Types of Inte	erest	select all that apply)									
☐ Contract	ual	☐ Directo		Land	llord		ţ	C Manag	er		
LLC Mem	nber	-	gement Ag		Proprieto		<u></u>	ficer ockholde	· ·r	○ Othe	r
Partner			ie Sharing		- Topheto						
Citizenship Are you a U.		dency Information en? Yes) No	Are you	a Massach	usetts Re	esident?	⊜Ye:	s		
Criminal His	story										
Have you ev	er bee	n convicted of a state,	federal, or r	nilitary crime?	○ Yes	⊚ No	•		e provide an a ne charges.	ffidavit	

If you hold a direct beneficial interest

BENEFICIAL INTEREST CONTACT - Individual (continued)

Using the definition above, do y or indirect interest in the propo			Direct	Indi	rect	in the proposed licer the % of interest you		ase list		
If you hold an inc	lirect benefic	ial interes	t in this lice	ense, ple	ase complet	e the <u>Ownership / Inter</u>	est Tabl	e below.		
Ownership / Interest										
If you hold an <u>indirect interes</u> turn, hold a direct or indirect trusts, etc. A Beneficial Inter	interest in t	the propo	sed licens	see. The	ese general	ly include parent com	panies,	holding companies,		
•	Name c	FEIN								
		ACFP Inve	estors, Inc.	14%		45-407722	:0			
		Cardboard	Box, LLC	- 0.13%		47-549627	'4			
		See Exhibit A						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Other Beneficial Interest List any indirect or indirect b	eneficial or	financial i	interest y	ou have	in any oth	er Massachusetts Alco	holic B	everages License(s).		
Name of License		e of Licen			Number		nises Ad			
Anthony's Coal Fired Pizza	§12	On Premi	ses	062400026		201 Constitut	nue, Littleton			
Anthony's Coal Fired Pizza	§12	On Premises 0			0000222 180 Needham St			reet, Newton		
Anthony's Coal Fired Pizza	§12	On Premi	ses 0	9020005	058 100028 SHOPS WAY,			VORTHBOROUGH		
Anthony's Coal Fired Pizza	§12	§12 On Premises			01600038 48 WALKERS BF			OOK DRIVE, READING		
Anthony's Coal Fired Pizza	§12	§12 On Premises		1456	00013	119 UNIVERSIT	y avenu	JE, WESTWOOD		
Familial Beneficial Interest Does any member of your in Immediate family includes p	nmediate fa arents, sibli	ngs, spou	se and sp	ouse's p	arents. Ple	ease list below.				
Relationship to You		ABCC Lice	ense Numl	per	Type of Inte	rest (choose primary fu	nction)	Percentage of intere		
				<u> </u>						
Prior Disciplinary Action Have you ever been involved		indirectly	/ in an alc	oholic b	everages li	cense that was subjec	t to disc	ciplinary action? If		
yes, please complete the fol		T C11.	Cit	In	on for aller	ension, revocation or ca	ncellatio	an .		
Date of Action Name of		State	City	reas	on for suspe	ension, revocation or Cal	ncenauc			
E	·									

ENEFICIAL	LINT	EREST C	ONTACT	- Individ	lual (Forme	rly kno	own as a P	ersonal	Informat	ion For	ম)		
lease comple r without ow oard of direc authorization	ete a E nersh ctors f	Beneficial In hip, in this li or not-for-p	terest - Ind	ividual she	eet for <u>all</u> in people with	dividu a fina	ial(s) who incial into	have a erest an	direct o	or indir e with	ect benefic out financia	ii interest	(1.6.
an individual of the complex of the	3C Inc C Inc	is the prop (the propos	osed licensed	ee, all indi ·). ·est is defi	viduals with	inter	est in AB	C Inc ar	e consid	iereα τ parent	o nave dire	any of the	e
n XYZ Inc are	consi	dered to ha	ive an indir	ect benefi	cial interest	in AB	C Inc (the	e propo	sed licer	nsee).		.,	
Salutation		First Name	James		Middle Nar	ne M	ichael	Last N	ame Ch	u		Suffix	
Title: Othe	er			Social :	Security Num	ber					Date of Birth	n 5/1/58	
Primary Phone	e:	203-918-43	64		Er	nail:	Maris	aF@acfp	o.com				
Mobile Phone);				Fa	x Nun	nber						
Alternative Ph	none:									<u>.</u>			
Business Ado	dre <u>ss</u>												
Street Numbe	er: 2	:00		St	reet Name:	W. Cy	press Cre	ek Rd., S	te. 220				
City/Town:	Fort	Lauderdale				S	tate:	FL					
Zip Code:	3330	9		C	ountry:		USA						
Mailing Add	ress		⊠ Ch	eck here if y	our Mailing A	\ddres:	s is the sar	ne as you	ır Busine	ss Addr	ess		
Street Numb	er:			St	treet Name:								
City/Town:							State:						
Zip Code:				c	ountry:								
Types of Inte	erest	select all th	at apply)										
Contract			Director		La	andlor	d		<u></u>	Mana	ger		
LLC Mem	ber			ement Agr						icer		1771 O+h	or.
☐ Partner			Revenue	Sharing	S	ole Pro	prietor		Sto	ckhold	er	⊠ Oth	ei ————
Citizenship Are you a U.S			mation ⑥ Yes ○1	No	Are y	ou a N	1assachus	etts Resi	dent?	○Y€	es		
Criminal His	story												
Have you ev		n convicted	of a state, fe	ederal, or m	nilitary crime	?	○Yes (⊚ No			e provide an he charges.	affidavit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

wnership / Interest sing the definition above, do r indirect interest in the prop	o you hold a dire	ct ODi	rect 📵	Indirect	If you hold a direct beneficial in the proposed licensee, pleathe % of interest you hold.	interest se list
		ıl interest i	in this license	, please complete	the <u>Ownership / Interest</u> Table	below.
Ownership / Interest						
f you hold an <u>indirect inter</u>	ct interest in th	e propos	ed licensee.	These generally	ation(s) you hold a direct inte y include parent companies, l I for each entity listed below.	rest in which, in nolding companies,
			Interest - Or		FEIN	
			s - Managing		n/a	
	Catter			T di circi		
		See	Exhibit A			
<u> </u>						
Other Beneficial Interest						
List any indirect or indirect	beneficial or fi	nancial ir	nterest you h	nave in any othe	r Massachusetts Alcoholic Be	verages License(s).
Name of License	Турє	of Licens		ense Number	Premises Ado	
Anthony's Coal Fired Pizz	za §12 C	On Premis	es	062400026	201 Constitution Aver	
Anthony's Coal Fired Pizz	za §12 0	On Premis	es	080000222	180 Needham Stree	
Anthony's Coal Fired Pizz	za §12 (On Premis	es 0902	00058	100028 SHOPS WAY, NO	
Anthony's Coal Fired Pizz	za §12 (On Premis	es	101600038	48 WALKERS BROOK D	
Anthony's Coal Fired Pizz		On Premis	es	145600013	119 UNIVERSITY AVENU	E, WESTWOOD
Familial Beneficial Interes						Payer gas Licensos
Does any member of your Immediate family includes	immediate fan narents, siblin	nily have igs. spous	ownership i e and spous	se's parents. Ple	ther Massachusetts Accoholic ase list below.	
Relationship to Yo	ou .	ABCC Lice	nse Number	Type of Inte	rest (choose primary function)	Percentage of Interes
						: .
Prior Disciplinary Action Have you ever been involved.	ved directly or	indirectly	in an alcoh	olic beverages li	cense that was subject to disc	ciplinary action? If
yes, please complete the	following:					
Date of the same	of License	State	City	keason for suspe	ension, revocation or cancellation	
مم ا	Exhibit B					
300						
300						

BENEFICIA	LINTE	REST CONTACT	- Indiv	ridual (Former	ly know	n as a F	ersonal Info	rmation F	orm)	
Please comple	ete a Be vnershi _l ctors fo	eneficial Interest - In o, in this license. Th r not-for-profit club	dividual :	sheet for <u>all</u> inc es people with	lividual a financ	(s) who cial into	o have a dir erest and p	ect or inc eople wit	lirect beneficia hout financial	interest (i.e.
example, if Al interest in AB An individual proposed lice	BC Inc is BC Inc (t with in	rect beneficial interest the proposed license the proposed license direct beneficial interest beneficial i	isee, all in ee). erest is d Inc is the	ndividuals with efined as some proposed licer	interes one wh	t in AB o has o	ownership	onsidered in a parer by XYZ In	nt level compa c, all individual	ny of the
Salutation		ered to have an ind	irect ben	Middle Nan			Last Name			Suffix
Title: Oth	er		Soci	al Security Num	ber				Date of Birth	5/30/65
Primary Phon	ıe:			Em	iail:	Maris	saF@acfp.co	m		
Mobile Phone	L. 			Fa	x Numb	er				
Alternative Pl	hone:									
Business Add	dress								- /	
Street Numb	er: 20	0		Street Name:	W. Cypr	ess Cre	ek Rd., Ste.	220		
City/Town:	Fort L	auderdale			Sta	te:	FL			
Zip Code:	33309			Country:		USA				
Mailing Add	lres <u>s</u>		heck here	if your Mailing A	ddress is	the sar	ne as your B	usiness Ad	dress	
Street Numb	er:			Street Name:						
City/Town:						State:				
Zip Code:				Country:						
Types of Inte	erest (s	elect all that apply)								
☐ Contract	ual	☐ Directo	r	La	ndlord] LLC Man	ager	
LLC Mem	nber	☐ Mana <u>c</u>	jement A	.greement				Officer		EZ Otto-
Partner		Revenu	ie Sharing	Sc	le Propi	rietor] Stockho	ider 	○ Other ○ Other
Citizenship Are you a U.S		ency Information	No	Are yo	ou a Mas	sachus	etts Resider	nt? O	Yes © No	
Criminal His						,			2 (EE: do. dt
Have you ev	er been	convicted of a state,	federal, o	r military crime?	0	Yes (● No		ase provide an a ; the charges.	maavit

Indirect

If you hold a direct beneficial interest in the proposed licensee, please list

BENEFICIAL INTEREST CONTACT - Individual (continued)

Using the definition above, do you hold a direct ODirect

	in the proposed lice	ensee?	the % of interest you hold.					
If you	u hold an indirect b	eneficial interest in this	license, pl	ease complete	the <u>Ownership / Inter</u>	rest Table	below.	
wnership / Inter	rest							
you hold an <u>indi</u>	i <u>rect interest</u> in th	e proposed licensee, est in the proposed lic organization Form will	ensee. Th	nese generally	include parent com	ipanies, i	noiding companies,	
		ame of Beneficial Inter			FEIN			
		Catterton Funds - Ma	naging Pai	rtner	n/a			
		See Exhib	it A					
ther Beneficial I								
ist any indirect o	or indirect benefic	ial or financial interes	st you hav	e in any other				
Name of L	icense	Type of License		e Number		nises Ado		
Anthony's Coa	l Fired Pizza	§12 On Premises	062	400026		·	nue, Littleton	
Anthony's Coa	l Fired Pizza	§12 On Premises	080	0000222			et, Newton	
Anthony's Coa	l Fired Pizza	§12 On Premises	0902000	058			RTHBOROUGH	
Anthony's Coa	I Fired Pizza	§12 On Premises	101	1600038			RIVE, READING	
Anthony's Coa	l Fired Pizza	§12 On Premises	145	5600013	119 UNIVERSI	ry avenu	E, WESTWOOD	
			.					
Familial Benefici Does any membe	er of vour immedi	ate family have owne	ership inte	rest in any ot	her Massachusetts /	Alcoholic	Beverages License	
Does any membe mmediate famil	er of your immedi y includes parents	s, siblings, spouse and	d spouse's	parents. Plea	ase list below.			
Does any membe mmediate famil	er of vour immedi	ate family have owne s, siblings, spouse and ABCC License N	d spouse's	parents. Plea	her Massachusetts / ase list below. est (choose primary fi			
Does any membe mmediate famil	er of your immedi y includes parents	s, siblings, spouse and	d spouse's	parents. Plea	ase list below.			
Does any membe mmediate famil	er of your immedi y includes parents	s, siblings, spouse and	d spouse's	parents. Plea	ase list below.			
Does any membe mmediate famil	er of your immedi y includes parents	s, siblings, spouse and	d spouse's	parents. Plea	ase list below.			
Does any membe mmediate famil	er of your immedi y includes parents	s, siblings, spouse and	d spouse's	parents. Plea	ase list below.			
Does any membe mmediate famil Relation	er of your immedi y includes parents aship to You	s, siblings, spouse and	d spouse's	parents. Plea	ase list below.			
Does any membe mmediate family Relation Prior Disciplinar Have you ever b	er of your immedi y includes parents iship to You y Action een involved dire	ABCC License N	i spouse's lumber	Type of Inter	ase list below. est (choose primary f	unction)	Percentage of Inter	
Prior Disciplinar Have you ever by	er of your immedi y includes parents nship to You y Action een involved directly	ABCC License N ABCC License N ctly or indirectly in ange:	i spouse's lumber	Type of Inter	ase list below. est (choose primary f	unction)	Percentage of Inter	
Does any membe mmediate family Relation Prior Disciplinar Have you ever b	er of your immedi y includes parents iship to You y Action een involved directly plete the following Name of Licen	ctly or indirectly in ange: See State City	i spouse's lumber	Type of Inter	est list below. est (choose primary fo	unction)	Percentage of Inter	
Prior Disciplinar Have you ever by	er of your immedi y includes parents nship to You y Action een involved directly	ctly or indirectly in ange: See State City	i spouse's lumber	Type of Inter	est list below. est (choose primary fo	unction)	Percentage of Inter	

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form) Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a GORIAuthorization Form. An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee). An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee). Middle Name | A. Suffix First Name | Maria Last Name Delegal Salutation Social Security Number 12/3/53 Date of Birth Title: Other Primary Phone: 954-454-5754 Email: MarisaF@acfp.com Fax Number Mobile Phone: Alternative Phone: **Business Address** W. Cypress Creek Rd., Ste. 220 Street Name: Street Number: 200 FL State: Fort Lauderdale City/Town: USA 33309 Country: Zip Code: **Mailing Address** Check here if your Mailing Address is the same as your Business Addrer Street Name: Street Number: State: City/Town: Country: Zip Code: Types of Interest (select all that apply) Contractual Director Landlord LLC Manager Officer ☐ LLC Member Management Agreement Partner ☐ Stockholder Revenue Sharing Sole Proprietor ○ Other Citizenship / Residency Information Are you a Massachusetts Resident? Are you a U.S. Citizen? Yes \(\cap \) No Yes No **Criminal History** If yes, please provide an affidavit Have you ever been convicted of a state, federal, or military crime? Yes No explaining the charges.

If you hold a direct beneficial interest

BENEFICIAL INTEREST CONTACT - Individual (continued)

Using the definition above, do or indirect interest in the prop			Direct	⊚ Ind	direct	in the proposed the % of interest		ase list
If you hold an ir	ndirect bene	eficial interes	t in this lic	ense, p	lease complete	the <u>Ownership / I</u>	nterest Table	below.
Ownership / Interest								
If you hold an <u>indirect intere</u> turn, hold a direct or indirec trusts, etc. A Beneficial Inte	t interest i	n the propo	sed licen	see. T	hese generally	y include parent	companies,	holding companies,
	Nam	e of Benefici	al Interest	- Orga	nization	FE	IN	
	Cardboa	rd Box LLC -	Rollover SI	hareho	lder - 0.14%	47-54	96274	
		See	e Exhibit A					
Other Beneficial Interest								
List any indirect or indirect								
Name of License		ype of Licen			se Number		Premises Ado	
Anthony's Coal Fired Pizza	: -	12 On Premi			2400026			nue, Littleton
Anthony's Coal Fired Pizza	a §	12 On Premi	ses	080	0000222		edham Stree	
Anthony's Coal Fired Pizza	a §	12 On Premi	ses 0	90200)58	100028 SH	OPS WAY, NO	DRTHBOROUGH
Anthony's Coal Fired Pizza	s §	12 On Premi	ses	10	1600038	48 WALKE	RS BROOK D	RIVE, READING
Anthony's Coal Fired Pizz	9 §	12 On Premi	ses	14!	5600013	119 UNIVE	RSITY AVENU	JE, WESTWOOD
Familial Beneficial Interest								
Does any member of your i Immediate family includes	mmediate	family have	ownersh	ip inte	rest in any otl	her Massachuset Ise list below.	ts Alcoholic	Beverages Licenses
Relationship to You			ense Num		Type of Intere	est (choose primai	y function)	Percentage of Intere
Prior Disciplinary Action Have you ever been involve	ed directly	or indirectly	y in an alc	oholic	beverages lice	ense that was su	oject to disc	iplinary action? If
yes, please complete the fo			1				11	
	of License		City	Rea	son tor susper	sion, revocation o	r cancellatio	n Telegraphic telegraphic
See E	xhibit B		- 1 A					

BENEFICIAL I	NTEREST C	ONTACT - Inc	dividual (Formerly	known as a P	Personal Infor	mation Form)		
Please complete or without owne	e a Beneficial In ership, in this li ers for not-for-p	terest - Individu cense. This incl	al sheet for <u>all</u> indiv udes people with a f individuals with dire	idual(s) who inancial inte	o have a dire erest and pe	ct or indirect b ople without fir	nancial in	terest (i.e.
example, if ABC nterest in ABC I	Inc is the prop nc (the propos	osed licensee, a ed licensee).	efined as someone I individuals with int defined as someon	terest in AB	C Inc are cor	nsidered to hav	e direct b	peneficial
proposed licens	ee. For examp	le, if ABC Inc is t	he proposed license eneficial interest in	e and is 100	0% owned by	/ XYZ Inc, all inc	dividuals v	with interest
Salutation	First Name	Nicholas	Middle Name		Last Name	Castaldo		Suffix
Title: Other		So	ocial Security Number			Date o	of Birth	5/29/51
Primary Phone:	954-253-32	78	Email	: Maris	aF@acfp.com	l		
Mobile Phone:			Fax N	umber			and the same of th	
Alternative Phor	ne:							
Business Addre	ess							
Street Number:	200		Street Name: W.	Cypress Cree	ek Rd., Ste. 22	0		
City/Town: F	ort Lauderdale			State:	FL			
Zip Code: 33	309		Country:	USA		-		
Mailing Addres	SS.	⊠ Check he	re if your Mailing Addr	ess is the sam	ne as your Busi	iness Address		
Street Number:	-		Street Name:					
City/Town:				State:				
Zip Code:			Country:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Types of Intere	st (select all tha	nt apply)						
Contractual		Director	Landl	ord	⊠ L	.LC Manager		
LLC Membe	r [] Management	Agreement		\boxtimes (Officer		
Partner		Revenue Shari	ng 🔲 Sole F	roprietor		itockholder] Other
Citizenship / Re	esidency Inforn	nation						
Are you a U.S. C	itizen? (Yes (No	Are you a	Massachuse	etts Resident?	○Yes ⑥	No	
Criminal Histor								
Have you ever b	een convicted o	of a state, federal,	or military crime?	○Yes ⑥	,	yes, please provi- plaining the char		lavit

BENEFICIAL INTEREST CONTACT - Individual (continued)

wnership / Interest Ising the definition above	e, do you hold a d	irect ODir	ect © Inc	lirect	If you hold a direct beneficial in the proposed licensee, pleat	
r indirect interest in the p					the % of interest you hold.	halaut
If you hold	an indirect benefi	cial interest i	n this license, p	lease complete	the <u>Ownership / Interest</u> Table	below.
Ownership / Interest						
f you hold an <u>indirect ir</u>	direct interest in	the propose	ed licensee. Ti	hese generall	ntion(s) you hold a direct inte y include parent companies, for each entity listed below.	nolding companies,
			Interest - Organ		FEIN	
	<u> </u>	ACFP Inves	tors, Inc 14%		45-4077220	
		Carboard B	ox, LLC - 0.13%		47-5496274	
			Exhibit A			·
Other Beneficial Intere						
ist any indirect or indi	rect beneficial or	financial in	terest you hav	e in any othe	r Massachusetts Alcoholic Be	
Name of License	ту	pe of License	e Licen:	se Number	Premises Ado	
Anthony's Coal Fired	Pizza §1	2 On Premise	25 062	2400026	201 Constitution Ave	nue, Littleton
Anthony's Coal Fired	Pizza §1	2 On Premise	es 080	0000222	180 Needham Stre	et, Newton
Anthony's Coal Fired	Pizza §1	2 On Premise	es 090200	058	100028 SHOPS WAY, NO	ORTHBOROUGH
Anthony's Coal Fired		2 On Premise	es 10°	1600038	48 WALKERS BROOK D	RIVE, READING
Anthony's Coal Fired		2 On Premise	es 14:	5600013	119 UNIVERSITY AVENU	JE, WESTWOOD
Familial Beneficial Inte Does any member of y Immediate family inclu	our immediate f	amily have (ownership inte e and spouse's	parents. Ple	her Massachusetts Alcoholic ase list below.	
Relationship to	o You	ABCC Lice	nse Number	Type of Inte	rest (choose primary function)	Percentage of Intere
				,		
	1			<u> </u>		
		····				
Prior Disciplinary Acti	<u>on</u>					
Have you ever been in	volved directly o	or indirectly	in an alcoholic	beverages lic	cense that was subject to disc	ciplinary action? If
yes, please complete t	the following: ame of License	State	City Re	ason for suspe	nsion, revocation or cancellatio	on
Bate of Francis	See Exhibit B	State		don'tor saspe		
	OCE EVIDINE D		: 1			·

BENEFIC	CIAL	INT	EREST CO	ATAC	CT - Inc	dividu	ıal (Form	erly k	nown	as a Po	ersonal I	Infori	nation I	Form)			
or without	t owr direct	nersh ors f	eneficial In ip, in this li or not-for-p	cense.	This inclu	ides pe	ople wit	h a fi	inanci	al inte	erest an	d pe	ople wi	thout	financial	interest	(i.e.
example, interest ir An individ proposed	if ABC n ABC lual w licen	C Inc Inc (vith i	irect benef is the propos the propos ndirect ben For examp dered to ha	osed licer ed licer eficial i le, if AE	ensee, al isee). interest is SC Inc is t	II indivi s define he pro	duals wit ed as son posed lic	th int	erest e who e and	in AB0 has o is 100	C Inc are ownersh)% own	e cor nip in ed by	isidere a pare XYZ Ir	d to he ont lev	ave direc	t benefi any of th	e
Salutation)		First Name	SAMU	EL		Middle Na	ame	G.		Last Na	ame	Weiss			Suffix	
Title:	Other	,			Sc	ocial Se	curity Nu	mber		.				Dat	e of Birth	6/25/4	9
Primary P	hone:	:	561-337-68	69			E	Email:	:	Maris	aF@acfp	.com					
Mobile Ph	none:						F	ax N	umbe								000
Alternativ	e Pho	one:															
Business	Addı	ess									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Street Nu	ımber	: 20	00			Stre	et Name:	W.	Cypre	ss Cree	ek Rd., St	te. 22	0				
City/Tow	n:	Fort	Lauderdale						State	:	FL						
Zip Code	: [3	3309				Cou	ntry:			USA							
Mailing A	Addre	ess		X	Check he	re if you	ır Mailing	Addr	ess is ti	ne sam	ne as you	r Bus	iness Ad	ldress			
Street Nu	ımbei	r:				Stre	et Name:										
City/Tow	n:								!	State:							
Zip Code	: [Cou	ıntry:										
Types of	Inter	est (s	elect all the	at apply	<u>'</u>												
Contr				Direc				andle	ord			⊠ l	LC Mar	nager			
LITC V	Летb	er] Man	agement	Agree	ement					\times	Officer				
☐ Partn	er			Reve	nue Sharii	ng		Sole P	roprie	tor			Stockho	lder	· · · · · · · · · · · · · · · · · · ·	⊠ Oth	er
Citizensl	-		ency Inforn	nation Yes	∩ No		Are	you a	Massa	chuse	tts Resid	dent?	0	Yes (⊚ No		
Criminal	Histo	ory															,
Have you	ı ever	beer	convicted (of a stat	e, federal,	or milit	tary crime	?	OY	es 🌘) No		yes, ple		ovide an a harges.	ıffidavit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest Using the definition above, do you hold a direct or indirect interest in the proposed licensee?	○Indirect	If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.	0%
If you hold an indirect beneficial interest in this l	icense, please comp	plete the <u>Ownership / Interest</u> Table below.	

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Cardboard Box LLC - 0.13%	47-5496274
ACFP Investors, Inc 6.5%	45-4077220
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function) Percentage of Interest

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If ves, please complete the following.

Date of Action	Name of License	Reason for suspension, revocation or cancellation	
	See Exhibit B		
	·		-

BENEFICIA	AL IN	EREST CONTACT	- Indivi	dual (Formerly	known	as a Pe	ersonal In	formation	Form)		
r without c	ownersh ectors f	Beneficial Interest - In lip, in this license. Th or not-for-profit clubs	is include:	s people with a f	inancia	ıl inte	rest and	people w	ithout finar	nciai i	nterest (i.e.
example, if a nterest in A An individua proposed lie	ABC inc ABC inc al with i censee.	lirect beneficial intere is the proposed licen (the proposed license ndirect beneficial inte For example, if ABC	see, all inde). e). erest is de Inc is the p	dividuals with in fined as someor proposed license	terest in the second se	has o	C Inc are wnership % owned	considere p in a pare d by XYZ 1	ed to have o ent level co nc, all indiv	irect mpar	beneticial ny of the
n XYZ Inc a Salutation	re cons	dered to have an indi	rect bene	Middle Name				ne Marino			Suffix
Title: Ot	ther		Socia	l Security Numbe	r				Date of E	Birth	9/15/61
Primary Pho	one:			Emai	l: [Marisa	aF@acfp.c	om			
Mobile Pho	ne:			Fax N	lumber						
Alternative	Phone:										
Business A	ddress										
Street Num	ber: 2	00	5	Street Name: W.	Cypres	s Cree	k Rd., Ste	. 220			
City/Town:	Fort	Lauderdale			State:		FL				
Zip Code:	33309)		Country:		USA					
Mailing Ac	dres <u>s</u>	⊠ cı	heck here if	your Mailing Add	ress is th	e sam	e as your	Business A	ddress		
Street Num	nber:			Street Name:							
City/Town:] s	tate:					
Zip Code:				Country:							
Types of In	nterest (select all that apply)									
☐ Contra		Director		Land	lord		[LLC Ma	nager		
LLC Me			ement Ag		Proprie	tor	Į. F	☐ Officer ☐ Stockh	older		☑ Other
Partnei	r 	Revenu	e Sharing		riopne		L	Stockii	Older		<u> </u>
Citizenshi Are you a U	=	iency Information en? Yes	No	Are you	a Massa	chuse	tts Reside	ent? C	Yes ⑥ No)	
Criminal H	listory										
Have you	ever bee	n convicted of a state, f	ederal, or i	military crime?	CY	es 💽)No	, , ,	ease provide		fidavit

If you hold a direct beneficial interest

BENEFICIAL INTEREST CONTACT - Individual (continued)

wnership / Inter	hold an indirect	beneficial	interest	in this l	license, pl	osca complete t	ha Ownarch	in / Interest Tal	ble below
						ease complete t	ne <u>Owners</u>	iiD / iiiterest ra	bie below.
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A A A A A A A A A A A A A A A A A A A
you hold an <u>indir</u> ırn, hold a direct usts, etc. A Bene	or indirect inter	est in the	propos	ed lice	ensee. Th	ese generally	include par	ent companie	iterest in which, in s, holding companies w.
2010, 010.		Name of B						FEIN	
		Car	dboard	Box, LL	.C - 0.33%		4	7-5496274	
		AC	FP Inve	stors, Ir	nc 6.5%	-	4	5-4077220	
			See	Exhibit	t A				
ther Beneficial II ist any indirect or	·	cial or fin	ancial ir	nterest	you hav	e in any other	Massachus	etts Alcoholic	Beverages License(s)
Name of Li			of Licens			e Number		Premises A	
Anthony's Coal	Fired Pizza	§12 Or	Premis	es	062	400026	201	Constitution A	venue, Littleton
Anthony's Coal	Fired Pizza	§12 Or	Premis	es	080	000222	1	80 Needham St	reet, Newton
Anthony's Coal	Fired Pizza	§12 Or	Premis	es	0902000	58	10002	8 SHOPS WAY,	NORTHBOROUGH
Anthony's Coal		§12 Or	Premis	es	101	600038	48 W	ALKERS BROOK	DRIVE, READING
Anthony's Coal		§12 Or	Premis	es	145	600013	119 U	NIVERSITY AVE	NUE, WESTWOOD
mmediate family	r of your immed includes paren ship to You	ts, siblings Al	ly have s, spous BCC Lice	e and	spouse's	parents. Pleas	se list belov	V.	lic Beverages License n) Percentage of Inter
Prior Disciplinary Have you ever be yes, please comp	en involved dir	ectly or in	directly	in an a	alcoholic	beverages lice	nse that w	as subject to d	lisciplinary action? If
Date of Action	Name of Lice		State	City	Rea	son for suspens	sion, revoca	tion or cancella	tion
	See Exhibit	В							
	·········				ļ				

			Individual (Forme						
Please complete	a Beneficial Ir ship, in this I s for not-for-	nterest - Indiv icense. This i	vidual sheet for <u>all</u> in Includes people with All individuals with o	dividi a fina	ual(s) who ancial inte	have a dire erest and pe	ct or inc ople wit	irect beneficia hout financial	interest (i.e.
example, if ABC I Interest in ABC In An individual wit proposed license	nc is the proposed (the proposed the propose	osed licensed sed licensee). neficial intere ple, if ABC Inc	is defined as someo e, all individuals with est is defined as some is the proposed lice ct beneficial interest	inter eone	rest in AB who has o and is 100	C Inc are cor ownership in 0% owned b	nsidered na parer y XYZ Ind	to have direct t level compa , all individual	t beneficial ny of the
Salutation	First Name	Christopher	Middle Nar	ne		Last Name	Fusaro		Suffix
Title: Other			Social Security Num	ber				Date of Birth	6/20/79
Primary Phone:			En	nail:	Maris	aF@acfp.com	1		
Mobile Phone:			Fa	x Nur	nber			tach:	
Alternative Phone	2:							,	
Business Addres	<u>s</u>								
Street Number:	200		Street Name:	W. Cy	press Cree	ek Rd., Ste. 22	:0		
City/Town: Fo	rt Lauderdale			S	tate:	FL			
Zip Code: 333	109		Country:		USA				
Mailing Address			k here if your Mailing A	ddres	s is the san	ne as your Bus	iness Ada	ress	
Street Number:			Street Name:						
City/Town:					State:				
Zip Code:			Country:						
Types of Interes	t (select all th	at apply)						<u>.</u>	
Contractual		Director	La	ndlor	d ·		LC Mana		
LLC Member	[_] Managem	nent Agreement				Officer		
☐ Partner		Revenue S	haring So	le Pro	prietor		Stockhol	der	Other ■ Other □ Other
Citizenship / Res	_	nation Yes \ No	Are yo	ou a M	assachuse	etts Resident?	OY.	es 💿 No	
Criminal History Have you ever be		of a state, fede	eral, or military crime?	(⊙ Yes (/110	, - ,	se provide an af	fidavit

BENEFICIAL INTEREST CONTACT - Individual (continued)

ndirect interest in t	pove, do you hold a d he proposed licensee	ſ	Indire	ect in th	If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.				
lf you h	old an indirect benefi	cial interest in this	license, plea	ise complete the	<u>Ownership / Interest</u> Tabl	e below.			
nership / Interesou hold an indire	ct interest in the pro	oposed licensee, the proposed licensee,	please list t censee. The I need to be	he organizatio se generally in completed fo	n(s) you hold a direct int clude parent companies r each entity listed belov	erest in which, in , holding companies,			
sts, etc. A Beneri	Nama	of Beneficial Inte	rest - Organiz	zation	FEIN				
	Name	Cardboard Box,			47-5496274				
		FC Pizza, LLC			27-1200570				
		See Exhil	oit A	<u> </u>					
ther Beneficial In	terest indirect beneficial o	r financial intere	est you have	in any other N	Nassachusetts Alcoholic I	Beverages License(s).			
Name of Lic		ype of License	License	Number	T TCITIBES I				
Anthony's Coal I		2 On Premises	0624	100026	201 Constitution				
Anthony's Coal I		12 On Premises	0800	000222	180 Needham St				
Anthony's Coal		12 On Premises	0902000	58	100028 SHOPS WAY,				
Anthony's Coal	i irea i izza	12 On Premises	1010	600038	48 WALKERS BROOK				
Anthony's Coal	/ irea · iz==	12 On Premises	145	600013	119 UNIVERSITY AVE	NUE, WESTWOOD			
Immediate family Relations	Il Interest r of your immediate includes parents, si ship to You	family have owi blings, spouse a ABCC License	iu spouse s	rest in any oth parents. Pleas Type of Intere	er Massachusetts Alcoho se list below st (choose primary function	n) Percentage of Intere			
Prior Disciplinary Have you ever be	een involved directly plete the following:			beverages lice	ense that was subject to sion, revocation or cancell	disciplinary action? If			
Date of Action	Name of License	State Cit	y Re	ason for suspen	ision, revocation of carrier				
	See Exhibit B			and the second second					
	JCC EXTINATO								

							Informatio	n Form)		}
BENEFICIA	LINTE	REST CONTACT - Indivine ficial Interest - Indiv	individual (Form	nerly kr individ	nown as a lual/e) wi	Personal	iniormatic a direct or	indirect benefici	al interest	t, with
111	مراجل سيرس مري	in this license. This is	icludes neonle wi	th a tin	iancial in	terest ar	ia peopie	WILLIOUL HHAIICIA	HITCLEST !	1.0.
oard of direc	tors for	not-for-profit clubs).	All individuals wit	h direc	t or indi	ect <u>finar</u>	<u>ncial</u> inter	est must also sub	mit a <u>COR</u>	<u>ll</u>
<u> Authorization</u>										
n individual	with dir	ect beneficial interest	is defined as some	eone w	/ho has i	nterest o	lirectly in	the proposed lice	nsee. For	.
example, if Al	3C Inc is	the proposed licenses	, all individuals w	ith inte	erest in A	BC Inc a	re conside	red to have direc	t benefici	al
nterest in AB	C Inc (ti	e proposed licensee).								
An individual	with in	lirect beneficial intere	st is defined as so	neone	who has	owners	hip in a pa	arent level compa	any of the	t t
aranacad lica	ncoo F	or example if ABC Inc.	is the proposed li-	censee	and is 1	UU% OWI	nea by XYA	the, all mulvidue	ils with in	terest
n XYZ Inc are	consid	ered to have an indirec	t beneficial intere	SUINA		————				
Salutation]	First Name Charles	Middle N	lame E		Last N	lame Locl	ke, Jr.	Suffix	
Salutation		ast value chaires		L.					2/22/60	
Title: Oth	er		Social Security No	ımber				Date of Birth	2/23/68	
Primary Phon	e: 9	54-439-4528		Email:	Ma	risaF@act	p.com			
Mobile Phone				Fax Nu	ımber		·······			
	L					L				
Alternative Pl	hone:									
Business Ade	dress_									
Street Numb	er: 20)	Street Name	: W. C	Lypress C	reek Rd.,	Ste. 220			
City/Town:	Fort	nuderdale			State:	FL				
City/10Wii.	T OICE				luc.]
Zip Code:	33309		Country:		US	A				<u> </u>
Mailing Add	lress	⊠ Chec	k here if your Mailin	g Addre	ess is the s	ame as yo	our Busines:	s Address		.
Street Numb	er:		Street Name	≘:						
City/Town					Stat	e;			<u> </u>	
City/Town:										<u> </u>
Zip Code:			Country:							
Types of Int	erest (s	lect all that apply)						,		
Contract	ual	☐ Director		Landle	ord		☐ LLC	Manager		
LLC Men	nber	☐ Managen	nent Agreement				Offic	er		
☐ Partner		Revenue S	haring \Box	Sole P	roprietor		Stoc	kholder	⊠ Othe	er
Citizenship	/ Reside	ncy Information							.,,	
Are you a U.			Are	e you a	Massach	usetts Re	sident?	⊜Yes ⊚ No		

Criminal Hi	story						,		##. 4 ···	
Have you ev	/er been	convicted of a state, fed	eral, or military crin	ne?	⊜ Yes	No		please provide an ning the charges.	attidavit	
i							p. u.			

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest Using the definition above, dor indirect interest in the pro		ect OD	Pirect	⊚ Inc	direct	in the	nold a direct beneficia proposed licensee, pl of interest you hold.	
If you hold an	indirect beneficia	ıl interest	t in this lice	nse, p	lease complet	te the <u>Ow</u>	nership / Interest Tab	le below.
Ownership / Interest					,			
If you hold an <u>indirect inter</u> turn, hold a direct or indire trusts, etc. A Beneficial Int	ct interest in th	e propo	sed licens	ee. T	hese general	lly includ	e parent companies	, holding companies,
	Name of	Beneficia	al Interest -	Organ	nization		FEIN	
	C	ardboard	Box LLC -	0.17%)		47-5496274	
		See	Exhibit A					
Other Beneficial Interest								Javanaga Liganga(s)
List any indirect or indirect					e in any otni se Number	er iviassa	Premises Accomolic E	
Name of License Anthony's Coal Fired Pizz		of Licen			400026	· .	201 Constitution Av	
Anthony's Coal Fired Pizz		n Premis			000022		180 Needham Str	
Anthony's Coal Fired Pizz		n Premis		02000		1	00028 SHOPS WAY, N	
Anthony's Coal Fired Pizz		n Premi	,		600038		48 WALKERS BROOK I	
Anthony's Coal Fired Pizz		n Premi			600013		19 UNIVERSITY AVEN	
Familial Beneficial Interes	t							
Does any member of your Immediate family includes	parents, sibling	gs, spous	ownershipse and spo ense Numb	use's	parents. Ple	ease list k	ssachusetts Alcoholi pelow. pse primary function)	
Relationship to Yo	<u>u </u>	ABCC LICE	ense Mumb	er	Type of file	rest (Crio	ose primary runction)	reicentage of littere
Prior Disciplinary Action Have you ever been involves, please complete the f	ollowing:							
2 4 10 2 1 1 / 1 1 1 1	of License	State	City	Rea	son for suspe	nsion, re	vocation or cancellati	on
See	Exhibit B							
			<u> </u>					

						dual (Forme								
r withou	ıt owr direct	nersh ors f	ip, in this lic or not-for-p	ense. This	includes	eet for <u>all</u> in people with viduals with	a fin	ancial in	terest a	nd people	e witho	ut financial	interest	(i.e.
example, nterest i An indivi- proposed	if ABC n ABC dual v	C Inc Inc (vith i	is the propo the propose ndirect bene For exampl	ed license d licensee eficial inter e, if ABC In	ee, all ind). rest is defi nc is the p	ed as someo ividuals with ined as some roposed lice icial interest	inte eone nsee	who has	BC Inc a owners 00% ow	are conside ship in a p ned by XY	ered to arent l Z Inc, a	have direct evel compa	t benefic	cial
Salutatio			First Name			Middle Nar			<u>-</u> -	Name Ach			Suffix	A many
Title:	Othe	-			Social	Security Num	ber] г	Date of Birth	2/2/78	
Primary F	Phone		954-650-979	5		Er	nail:	Mar	isaF@act	fp.com				
Mobile P	hone:					Fa	ıx Nu	mber						
Alternati	ve Pho	one:												
Business	Addı	ess												
Street Nu	umber	: 2	00		St	reet Name:	W. C	ypress Cre	eek Rd.,	Ste. 220				
City/Tow	vn:	Fort	Lauderdale					State:	FL]
Zip Code	e: [3	3309			C	ountry:		USA						
Mailing	Addre	ess		⊠ Ch€	eck here if y	our Mailing A	ddres	s is the sa	me as yo	our Business	s Addre:	SS		
Street N	umbei	r: [St	treet Name:								
City/Tov	vn:		· · · · · · · · · · · · · · · · · · ·					State	:					
Zip Cod	e: [and the state of t	c	ountry:								
Types of	f Inter	est (elect all tha	t apply)					a.					
Cont	tractua	al] Director		La	ndlo	rd		☐ LTC I	Manage	er		1
	Memb	er] Manage	ment Agr	eement				Offic	er			
Parti	ner			Revenue	Sharing	Sc	ole Pr	oprietor		Stoc	kholde	ſ	⊠ Othe	er
Citizens Are you			ency inform	ation Yes () N	lo	Are yo	ou a N	Aassachus	setts Res	sident?	⊜Yes	⊚ No		
Crimina	l Histo	ory									***			
			n convicted o	f a state, fe	deral, or m	ilitary crime?		⊜Yes (◉ No		-	provide an af	ffidavit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License Name of License	Ownership / Interest Using the definition abov or indirect interest in the			Direct ⑥ In	ndirect	If you hold a direct beneficial in the proposed licensee, ple the % of interest you hold.	
Typu hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding comparts trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below. Name of Beneficial Interest - Organization FEIN	If you hold	an indirect bene	eficial interest	t in this license, _l	please complete	the <u>Ownership / Interest</u> Table	e below.
Tyou hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding compatitude, high proposed licensee. These generally include parent companies, holding compatitudes, and the proposed licensee. These generally include parent companies, holding compatitudes, and the proposed licensee. These generally include parent companies, holding compatitudes, and the proposed license has been dead to see by the proposed license has been dead to see that be low. Name of Beneficial Interest	Ownership / Interest						
Cardboard Box LLC - 0.03% 47-549627* See Exhibit A 47-549627* See Exhibit A 47-549627* See Exhibit A 47-549627* See Exhibit A 47-549627* Cother Beneficial Interest List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License Name of License Number Premises Address Anthony's Coal Fired Pizza 512 On Premises 062400026 201 Constitution Avenue, Littleton Anthony's Coal Fired Pizza 512 On Premises 090200058 100028 SHOPS WAY, NORTHBOROUGH Anthony's Coal Fired Pizza 512 On Premises 101600038 48 WALKERS BROOK DRIVE, READING Anthony's Coal Fired Pizza 512 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Anthony's Coal Fired Pizza 512 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD ABCC License Number Type of Interest (choose primary function) Percentage of Ir Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Type of Interest (choose primary function) Percentage of Ir Siciliary Steps of Ir Siciliary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action or specific the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation	If you hold an <u>indirect i</u> turn, hold a direct or in	direct interest i	in the propo	sed licensee. T	These generally	, include parent companies,	holding companies,
Other Beneficial Interest List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License Name of License Type of License License Number Premises Address Anthony's Coal Fired Pizza Pizza Piz On Premises O62400026 Pizza Piz On Premises Premises Premises Premises Address Pr		Nam	e of Beneficia	al Interest - Orga	nization	FEIN	
Other Beneficial Interest List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License Name of License Name of License Premises Address Anthony's Coal Fired Pizza S12 On Premises O80400026 201 Constitution Avenue, Littleton Anthony's Coal Fired Pizza S12 On Premises O90200058 100028 SHOPS WAY, NORTHBOROUGH Anthony's Coal Fired Pizza S12 On Premises 101600038 AR WALKERS BROOK DRIVE, READING Anthony's Coal Fired Pizza S12 On Premises 101600038 119 UNIVERSITY AVENUE, WESTWOOD Familial Beneficial Interest Does any member of your immediate family have ownership interest in any other Massachusetts Aoholic Beverages Lice Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir ABCC License Number Name of License Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action ryes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation	<u> </u>		Cardboard	d Box LLC - 0.039	%	47-5496271	
Anthony's Coal Fired Pizza \$12 On Premises 062400026 201 Constitution Avenue, Littleton Anthony's Coal Fired Pizza \$12 On Premises 09000022 180 Needham Street, Newton Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 SHOPS WAY, NORTHBOROUGH Anthony's Coal Fired Pizza \$12 On Premises 101600038 48 WALKERS BROOK DRIVE, READING Anthony's Coal Fired Pizza \$12 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Anthony's Coal Fired Pizza \$12 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action by the spouse of the property of the proper			See	e Exhibit A			
Name of License Type of License License Number Premises Address Anthony's Coal Fired Pizza \$12 On Premises 062400026 201 Constitution Avenue, Littleton Anthony's Coal Fired Pizza \$12 On Premises 080000222 180 Needham Street, Newton Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 SHOPS WAY, NORTHBOROUGH Anthony's Coal Fired Pizza \$12 On Premises 101600038 48 WALKERS BROOK DRIVE, READING Anthony's Coal Fired Pizza \$12 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Familial Beneficial Interest Does any member of your immediate family have ownership interest in any other Massachusetts Aoholic Beverages Lice Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Relationship to You ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation							
Anthony's Coal Fired Pizza \$12 On Premises 062400026 201 Constitution Avenue, Littleton Anthony's Coal Fired Pizza \$12 On Premises 09000022 180 Needham Street, Newton Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 SHOPS WAY, NORTHBOROUGH Anthony's Coal Fired Pizza \$12 On Premises 101600038 48 WALKERS BROOK DRIVE, READING Anthony's Coal Fired Pizza \$12 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Anthony's Coal Fired Pizza \$12 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action by the spouse of the property of the proper	•						
Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 SHOPS WAY, NORTHBOROUGH Anthony's Coal Fired Pizza \$12 On Premises 101600038 48 WALKERS BROOK DRIVE, READING Anthony's Coal Fired Pizza \$12 On Premises 101600038 119 UNIVERSITY AVENUE, WESTWOOD Familial Beneficial Interest Does any member of your immediate family have ownership interest in any other Massachusetts Aoholic Beverages Lice Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation							
Anthony's Coal Fired Pizza \$12 On Premises \$12 On Premises \$100028							
Anthony's Coal Fired Pizza §12 On Premises 101600038 48 WALKERS BROOK DRIVE, READING Anthony's Coal Fired Pizza §12 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Familial Beneficial Interest Does any member of your immediate family have ownership interest in any other Massachusetts Aoholic Beverages Lice Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation							·
Anthony's Coal Fired Pizza \$12 On Premises 145600013 119 UNIVERSITY AVENUE, WESTWOOD Familial Beneficial Interest Does any member of your immediate family have ownership interest in any other Massachusetts A. oholic Beverages Lice Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary actionary yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation							
Familial Beneficial Interest Does any member of your immediate family have ownership interest in any other Massachusetts Aoholic Beverages Lice Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation							
Does any member of your immediate family have ownership interest in any other Massachusetts A.Joholic Beverages Lice Immediate family includes parents, siblings, spouse and spouse's parents. Please list below. Relationship to You ABCC License Number Type of Interest (choose primary function) Percentage of Ir Prior Disciplinary Action Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation	Annieny	- I American					
Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation	Does any member of y Immediate family inclu	our immediate ides parents, si	blings, spou	se and spouse'	s parents. Plea	ise list below.	Beverages Licenses
Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? yes, please complete the following: Date of Action Name of License State City Reason for suspension, revocation or cancellation							
Date of Action Name of License State City Reason for suspension, revocation or cancellation	Have you ever been in	volved directly	or indirectly				
See Exhibit B	Date of Action Na	ame of License	State	City Re	ason for suspen	ision, revocation or cancellation	on .
		See Exhibit B					

			EREST CONTACT -							·	
or withou	ıt owı direct	nersh tors f	Beneficial Interest - Indiv lip, in this license. This i or not-for-profit clubs).	includes people with	a financi	al inte	erest and	d people wit	hout financia	interest (i.e.	th
example, nterest i An individacion proposed	if AB n ABC dual v	C Inc Inc (with insee.	lirect beneficial interest is the proposed license (the proposed licensee) ndirect beneficial intere For example, if ABC Inc	e, all individuals with est is defined as some : is the proposed lice!	interest one who	in ABo has o is 100	C Inc are ownersh 0% owne	e considered ip in a parer ed by XYZ Inc	I to have dired nt level compa c, all individua	t beneficial any of the	st
		consi	dered to have an indire	ct beneficial interest Middle Nan		ic (the	1	me Guinn		Suffix	
Salutatio	ⁿ L		riist Name Nouriey	- Widdle Nan	" L		Lustitu	me [Gamme	,	J	
Title:	Othe	r		Social Security Num	ber				Date of Birth	6/6/52	
Primary F	hone	:	505-828-4434	Em	nail:	Maris	aF@acfp.	com			
Mobile P	hone:			Fa	x Numbe	r					
Alternati	ve Pho	one:								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Business	: Addı	ress									
Street Nu	umbei	r; 2	00	Street Name:	W. Cypre	ss Cree	ek Rd., Ste	e, 220			
City/Tow	/n:	Fort	Lauderdale		State	:	FL				
Zip Code	e: [33309		Country:		USA					to describe
Mailing	Addr	ess	⊠ Chec	k here if your Mailing A	ddress is t	he sam	ne as your	· Business Ada	iress		
Street N	umbe	r:		Street Name:				***************************************			
City/Tov	vn:					State:					
Zip Code	e: [Country:							
Types of	f Inter	rest (s	select all that apply)								
	tractua		Director	☐ La	ndlord			LLC Mana	ager		
	Memb	er	 ☐ Managem	nent Agreement				Officer			
☐ Partr	ner		Revenue S	haring So	le Proprie	tor		Stockhol	der	☑ Other	
Citizens	hip/	Resid	ency Information	and the second s							
Are you	a U.S.	Citize	n?	Are yo	u a Mass	achuse	etts Resid	ent? OY	′es ⑥No		
Crimina	l Hist	ory									
Have yo	u evei	r beer	n convicted of a state, fed	eral, or military crime?	CY	es 🧿) No		se provide an a the charges.	ffidavit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Intere	n above, do you		t O	Direct	() li	ndirect	in the	nold a direct beneficia proposed licensee, pla	
or indirect interest	in the proposed	licensee?					the %	of interest you hold.	
If yo	u hold an indired	ct beneficial	interes	t in this	license,	please comple	te the <u>Ow</u>	nership / Interest Tabl	e below.
Ownership / Inte	rest								
turn, hold a direct	t or indirect int	erest in the	e propo	sed lice	ensee.	These general	lly includ	you hold a direct int e parent companies h entity listed below	, holding companies,
		Name of E						FEIN	
	Ca					older - 0.04%		47-5496274	
	Ca	—————							
			Se	e Exhibi	t A				
Other Beneficial	<u> </u>								
							er Massa		everages License(s).
Name of L			of Licen		 	nse Number		Premises Ad	
Anthony's Coa			n Premi	·	ļ	52400026		201 Constitution Ave	
Anthony's Coa	l Fired Pizza		n Premi		08	30000222		180 Needham Stre	
Anthony's Coa	l Fired Pizza	§12 O	n Premi	ses	09020			00028 SHOPS WAY, N	
Anthony's Coa	l Fired Pizza	§12 O	n Premi	ses	10	01600038		48 WALKERS BROOK [DRIVE, READING
Anthony's Coa	l Fired Pizza	§12 Oı	n Premi	ses	14	45600013	1	19 UNIVERSITY AVEN	UE, WESTWOOD
Familial Beneficion Does any member	er of your imme	ediate fami	ly have	owner	ship int	erest in any o	ther Mas	sachusetts Alcoholio	c Beverages Licenses?
	ship to You			ense Nu		Type of Inte	rest (cho	ose primary function)	Percentage of Interes
	een involved di		directly	y in an a	alcoholi	c beverages li	cense th	at was subject to dis	ciplinary action? If
yes, please comp			Ctata	City	lo.	ason for such	ansion ro	vocation or cancellation	
Date of Action	Name of Lice See Exhibi		State	City	In the second	eason for suspe	-1131UH, TE	vocation of carreellative	✓
	SEG EXHIDI	(D	1 1 1/2						
				<u> </u>				••	
				1	<u> </u>	<u>,</u>			

BENEFIC	CIAL	INT	EREST CONTAC	T - Indi	vidual (Formerly	known	as a P	ersonal Infor	mation F	orm)		
r withou	t owr direct	nersh ors f	eneficial Interest - ip, in this license. T or not-for-profit clu	his includ	les people with a	financia	ıl inte	erest and pe	ople wit	:hout financial	interest	(I.e.
example, nterest ir An individ	if ABC n ABC dual v l licen	C Inc Inc (vith i	irect beneficial inte is the proposed licent the proposed licent ndirect beneficial in For example, if ABO	ensee, all i see). terest is o	individuals with ir defined as someo e proposed licens	nterest i ne who ee and i	has o	C Inc are cor ownership in 0% owned by	isidered a parei y XYZ In	ito have direc nt level compa c, all individua	t benefic	cial [
n XYZ Inc	are o	consi	dered to have an in	direct ber	neficial interest in	ABC Inc	c (the	proposed li	censee)	•		
Salutation	n 🔃		First Name Marisa		Middle Name	G.		Last Name	Franzes	e	Suffix	
Title:	Othe	r		Soc	ial Security Numbe	er	-			Date of Birth	10/4/63	}
Primary P	hone	:	954-663-7188		Ema	il:	Maris	aF@acfp.com				
Mobile Pł	hone:				Fax I	Number						
Alternativ	ve Pho	one:										
Business	Addı	ress										
Street Nu	ımber	: 2	00		Street Name: W	. Cypres	s Cree	ek Rd., Ste. 22	0			
City/Tow	n:	Fort	Lauderdale			State:		FL]
Zip Code	: [3	33309			Country:	_	USA]
Mailing <i>i</i>	Addr	ess		 Check here	e if your Mailing Ada	lress is th	e sam	ne as your Bus	iness Ado	dress		
Street Nu	umbei	r:	, and the second		Street Name:							
City/Tow	/n:					S	tate:					
Zip Code	e: [Country:	.					······································	
Types of	Inter	est (s	select all that apply									
☐ Cont	ractua Nemb	al	☐ Direct	or	☐ Land Agreement	llord		_	LC Man Officer	ager		
Partr			Parama.	ue Sharing		Propriet	tor		Stockho	der	⊠ Othe	<u>:r</u>
Citizens Are you			ency Information en? Yes (No	Are you	a Massa	chuse	etts Resident?	<u>'</u> 0)	Yes © No		
Crimina	l H <u>is</u> t	ory										
Have you	u evei	r beer	n convicted of a state	, federal, o	r military crime?	⊜Ye	es 🧿	, , , , ,		ise provide an a	ıffidavit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest Using the definition above, do you or indirect interest in the proposed		irect © l	ndirect	in the p	old a direct beneficia roposed licensee, ple f interest you hold.	
If you hold an indire	ct beneficial interest	in this license,	please comp	lete the <u>Own</u>	ership / Interest Tabl	e below.
Ownership / Interest					y ton to a good Address of the Control of the Contr	
If you hold an <u>indirect interest</u> i turn, hold a direct or indirect in trusts, etc. A Beneficial Interest	terest in the propo	sed licensee.	These gene	rally include	parent companies,	holding companies,
	Name of Beneficia	l interest - Org	anization		FEIN	
C	ardboard Box LLC - F	Rollover Shareh	nolder - 0.03%	6	47-5496274	
	See	Exhibit A				
Other Beneficial Interest List any indirect or indirect ben	oficial or financial i	nterest vou h	ave in any o	ther Massac	husetts Alcoholic B	everages License(s).
Name of License	Type of Licens		nse Number	The Massac	Premises Ad	
Anthony's Coal Fired Pizza	§12 On Premis		62400026		201 Constitution Ave	
Anthony's Coal Fired Pizza	§12 On Premis	ses 0	80000222		180 Needham Stre	et, Newton
Anthony's Coal Fired Pizza	§12 On Premis	ses 09020	0058	10	0028 SHOPS WAY, N	ORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premis	ses 1	01600038	4	8 WALKERS BROOK D	DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premis	ses 1	45600013	11	9 UNIVERSITY AVEN	UE, WESTWOOD
Familial Beneficial Interest Does any member of your imm	adiata family have	ownership in	terest in any	other Mass	achusetts Alcoholic	: Beverages Licenses
Immediate family includes pare	ents, siblings, spous	se and spouse	's parents.	Please list be	elow.	
Relationship to You	ABCC Lice	ense Number	Type of Ir	nterest (choo	se primary function)	Percentage of Interes
Prior Disciplinary Action Have you ever been involved d yes, please complete the follow		in an alcohol	ic beverage:	s license tha	t was subject to dis	ciplinary action? If
Date of Action Name of Lie		City F	teason for sus	spension, rev	ocation or cancellation	on
See Exhib	it B					
	§					

ENEFICIAL	LINT	EREST CONTACT	<u>- Indivi</u>	dual (Former	ly kn	own as a P	ersonal	Information	Form)	dintoroct with	
	nershi tors fo	eneficial Interest - Inc p, in this license. Thi or not-for-profit clubs	s includes	neonle with:	a fin	ancial inte	erest an	a people wi	thout imalicial	litterest (i.e.	
xample, if AE nterest in AB An individual	3C Inc C Inc (with in	irect beneficial intere is the proposed licens the proposed licensed ndirect beneficial inte For example, if ABC I dered to have an indi	see, all ind e). rest is def nc is the p	ividuals with ined as some roposed licer	one	who has a	owners Owners	e considere hip in a pare led by XYZ li	ent level compa	ny of the	
Salutation		First Name Dominick		Middle Nan			,	ame MARZ		Suffix	
Title: Oth	er		Social	- Security Num	ber				Date of Birth	2/20/75	
Primary Phon	e:			Em	nail:	Maris	saF@acf	o.com			
Mobile Phone:				Fa	x Nu	mber					
Alternative Pl	none:										
Business Ado	dre <u>ss</u>										
Street Numbe	er: 2	00	S	treet Name:	W. C	ypress Cre	ek Rd., S	ite. 220			
City/Town:	Fort	Lauderdale				State:	FL				
Zip Code:	33309			Country:		USA					
Mailing Add	ress	⊠ CI	neck here if	your Mailing A	ddre.	ss is the sar	ne as yo	ur Business A	ddress		
Street Numb	er:		S	Street Name:							
City/Town:						State:					
Zip Code:				Country:							
Types of Inte	erest (select all that apply)				<u>,</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
☐ Contract	ual	Director			ndlo	ord		LLC Ma	_		
LLC Mem	nber		ement Ag		. I D.			☐ Officer ☐ Stockh		○ Other	
Partner		Revenu	e Sharing		oie Pi	roprietor			Olde!	KJ OTICI	
Are you a U.		lency Information en? • Yes	No	Are yo	ou a	Massachus	etts Res	ident? C	`Yes ⑥ No		
Criminal His			adoral ar	nilitanı crimo?		OVac 1	© No	If ves. nl	ease provide an a	affidavit	
Have you ev	er bee	n convicted of a state, f	egeral, or r	minary crimes		○Yes (₩) INO		ng the charges.		

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest Using the definition above, do y or indirect interest in the propos		ct OD	irect (lndirect	If you hold a direct beneficia in the proposed licensee, ple the % of interest you hold.	
If you hold an ind	irect beneficia	interest	in this licen	se, please compl	ete the <u>Ownership / Interest</u> Tabl	e below.
Ownership / Interest						
f you hold an <u>indirect interes</u> turn, hold a direct or indirect	interest in th	e propos	sed license	e. These gener	ization(s) you hold a direct int ally include parent companies, ed for each entity listed below	holding companies,
	Name of	3eneficia	l Interest - C	Organization	FEIN	
	Rock	mar Man	agement LL	.C - 50%	20-4663708	
		See	Exhibit A			
Other Beneficial Interest						
List any indirect or indirect be	eneficial or fir	nancial i	nterest you	have in any ot	her Massachusetts Alcoholic B	everages License(s).
Name of License	Туре	of Licens	se L	icense Number	Premises Ad	
Anthony's Coal Fired Pizza	§12 O	n Premis	es	062400026	201 Constitution Ave	enue, Littleton
Anthony's Coal Fired Pizza	§12 O	n Premis	es	080000222	180 Needham Stre	et, Newton
Anthony's Coal Fired Pizza	§12 O	n Premis	es 090	200058	100028 SHOPS WAY, N	
Anthony's Coal Fired Pizza	§12 O	n Premis	es	101600038	48 WALKERS BROOK E	DRIVE, READING
Anthony's Coal Fired Pizza	§12 O	n Premis	ses	145600013	119 UNIVERSITY AVEN	UE, WESTWOOD
Familial Beneficial Interest						Payaragas Licansos
Does any member of your im Immediate family includes pa	imediate fam arents, sibling	ily have s. spous	ownership se and spou	interest in any Ise's parents. P	other Massachusetts Alcoholic lease list below.	C Beverages Licenses
Relationship to You	Α	BCC Lice	nse Numbe	r Type of In	terest (choose primary function)	Percentage of Interes
Prior Disciplinary Action Have you ever been involved	directly or in	ndirectly	in an alcol	nolic beverages	license that was subject to dis	ciplinary action? If
yes, please complete the followers please of Action Name of		State	City	Reason for sus	pension, revocation or cancellati	on
See Ext						
						,
		L	L	1		

BENEFIC	CIAL	INT	EREST CO	NTACT -	<u>Indivi</u>	dual (Former	rly knowr	as a P	ersonal Info	rmatio	n Fo [a]			
r withou	t own	ersh ors fo	ip, in this lic or not-for-p	ense. This is	ncludes	eet for <u>all</u> ind people with viduals with d	a financ	ial inte	erest and p	eople (without fir	ianciai	al interest, with interest (i.e. nit a <u>CORI</u>	1
example, nterest ir An individ	if ABC n ABC dual w	C Inc Inc (/ith in see.	is the propo the propose ndirect bene For exampl	osed licensee ed licensee). eficial intere e, if ABC Inc	e, all ind st is def is the p	ed as someor ividuals with ined as some roposed licer icial interest	interest one who	in ABo o has o l is 100	C Inc are co ownership)% owned	onsider in a pa by XYZ	red to have rent level Inc, all inc	e direct compai	beneficial	A STATE OF THE STA
Salutatior	n		First Name	Michael		Middle Nan	ne C.		Last Name	MAR	ZANO		Suffix	
Title:	Other				Social	Security Num	ber]	Date o	of Birth	3/20/74	
Primary P	hone:					Em	nail:	Maris	aF@acfp.co	m				_
Mobile Pl	hone:					Fa	x Numbe	er						
Alternativ	ve Pho	ne:												
<u>Business</u>	Addr	ess						,						
Street Nu	umber	: 20	00		St	treet Name:	W. Cypre	ess Cree	ek Rd., Ste.	220				
City/Tow	/n:	Fort	_auderdale				State	e:	FL					
Zip Code	2: 3	3309			С	ountry:		USA						
Mailing	Addre	ess		⊠ Chec	k here if y	your Mailing A	ddress is	the san	ne as your B	usiness	Address			
Street No	umbei	: [S	treet Name:								
City/Tow	vn:							State:						
Zip Code	e: [Country:								
Types of	f Inter	est (s	elect all tha	it apply)					, <u></u>					
Cont	tractua	al		Director		☐ La	ndlord		С	LLC M	lanager			
	Memb	er] Managem	ent Agı	eement] Office				
Partr	ner			Revenue S	haring	☐ Sc	ole Propri	etor	<u> </u>	Stock	holder		○ Other ○ Other	
Citizens Are you			ency Inform	Yes (No		Are yo	ou a Mass	achuse	etts Resider	nt? (⊖Yes ⊙	No		
Crimina				of a state for	aral ar m	nilitary crimo?		Var 6	S No	If ves. r	olease provi	ide an a	ffidavit	
Have yo	u evei	beer	n convicted (я а ѕіасе, гесс	erai, Of II	nilitary crime?	() ·	res 🤅	e/ NO		ing the cha			

BENEFICIAL INTEREST CONTACT - Individual (continued)

Dwnership / Interest Ising the definition above, Ir indirect interest in the pr	do you hold a oposed licens	i direct \ \ Dire ee?	ct @ lnc	lirect	If you hold a direct beneficia in the proposed licensee, ple the % of interest you hold.	l interest Pase list
If you hold a	n indirect bene	eficial interest in	this license, p	lease complete	the <u>Ownership / Interest</u> Tabl	e below.
Ownership / Interest						
Evan hold an indirect int	arast in the r	aronosed licens	ee, please lis	t the organiza	tion(s) you hold a direct into	erest in which, in
urn, hold a direct or indi	rect interest	in the proposed	d licensee. T	hese generally	include parent companies,	notaing companies,
rusts, etc. A Beneficial I	nterest - Orga	anization Form	will need to	be completed	for each entity listed below	'.
	Nam	ne of Beneficial II	nterest - Orgai	nization	FEIN	
		Rockmar Manag	ement LLC - 5	0%	20-4663708	
		See Ex	khibit A			
Other Beneficial Interes						
ist any indirect or indire	ct beneficial	or financial into	erest you hav	e in any other	· Massachusetts Alcoholic B	everages License(s)
Name of License		Type of License		se Number	Premises Ad	dress
Anthony's Coal Fired P	izza §	12 On Premises	062	2400026	201 Constitution Ave	enue, Littleton
Anthony's Coal Fired P	izza ś	§12 On Premises	080	0000222	180 Needham Stre	eet, Newton
Anthony's Coal Fired F		§12 On Premises	090200	058	100028 SHOPS WAY, N	ORTHBOROUGH
Anthony's Coal Fired F		§12 On Premises	10	1600038	48 WALKERS BROOK D	ORIVE, READING
Anthony's Coal Fired F		§12 On Premises	14:	5600013	119 UNIVERSITY AVEN	UE, WESTWOOD
F <mark>amilial Beneficial Inter</mark> Does any member of yo Immediate family includ	ur immediate	e family have ov	wnership inte	parents. Plea	her Massachusetts Alcoholi ase list below.	
mmediate family includ		, , ,		-		
Relationship to	You	ABCC Licens	se Number	Type of Inter	est (choose primary function)	Percentage of Inter
Relationship to	You	ABCC Licens	se Number	Type of Inter	est (choose primary function)	Percentage of Inter
Relationship to	You	ABCC Licens	se Number	Type of Inter	est (choose primary function)	Percentage of Inter
Relationship to	You	ABCC Licens	se Number	Type of Inter	est (choose primary function)	Percentage of Inter
Relationship to	You	ABCC Licens	se Number	Type of Inter	est (choose primary function)	Percentage of Inter
Relationship to	You	ABCC Licens	se Number	Type of Inter	est (choose primary function)	Percentage of Inter
Relationship to	You	ABCC Licens	se Number	Type of Inter	est (choose primary function)	Percentage of Inter
Relationship to Prior Disciplinary Actio Have you ever been inv	You n olved directly	ABCC Licens		Type of Inter	est (choose primary function) ense that was subject to dis	
Relationship to Prior Disciplinary Actio Have you ever been inv yes, please complete th	You n olved directly e following:	ABCC Licens	n an alcoholic	Type of Inter	est (choose primary function) ense that was subject to dis	ciplinary action? If
Prior Disciplinary Action Have you ever been inverse, please complete the Date of Action Nar	n olved directly e following: ne of License	ABCC Licens	n an alcoholic	Type of Inter	est (choose primary function)	ciplinary action? If
Prior Disciplinary Action Have you ever been inverse, please complete the Date of Action Nar	You n olved directly e following:	ABCC Licens	n an alcoholic	Type of Inter	est (choose primary function) ense that was subject to dis	ciplinary action? If
Prior Disciplinary Action Have you ever been inverse, please complete the Date of Action Nar	n olved directly e following: ne of License	ABCC Licens	n an alcoholic	Type of Inter	est (choose primary function) ense that was subject to dis	ciplinary action? If

BENEFICIAL	LINT	EREST C	ONTAC	T - Individ	dual (Former	ly known as a P	ersonal Info	ormation F	orm)	
Please comple or without ow poard of direc Authorization	ete a B rnersh tors form	eneficial Ir ip, in this li or not-for- _l	terest - l cense. T profit club	ndividual sh his includes os). All indiv	eet for <u>all</u> ind people with riduals with d	lividual(s) who a financial into lirect or indire	o have a di erest and p ct <u>financia</u>	rect or ind eople wit I interest	lirect beneficia hout financial must also subr	nit a <u>CORI</u>
example, if AB nterest in ABG An individual	3C Inc C Inc (with i	is the proposed the proposed in the proposed i	osed lice ed licens reficial in ile, if ABC	nsee, all ind ee). terest is def Cinc is the p	ividuals with ined as some roposed licer	interest in AB one who has	C Inc are of ownership 0% owned	in a parer by XYZ Ind	proposed licer to have direct at level compa c, all individual	Deficition
Salutation		First Name	Mark		Middle Nam	ne A.	Last Name	e Cook		Suffix
Title: Othe	er			Social	Security Num	ber			Date of Birth	12/20/58
Primary Phone	e:				Em	nail: Maris	aF@acfp.co	om		
Mobile Phone	::				Fa	x Number				
Alternative Ph	one:									
Business Add	iress									
Street Numbe	er: 2	00		St	reet Name:	W. Cypress Cre	ek Rd., Ste.	220		
City/Town:	Fort	Lauderdale				State:	FL			
Zip Code:	33309)		C	ountry:	USA				
Mailing Add	ress			Check here if y	our Mailing A	ddress is the san	ne as your B	usiness Add	dre_,	
Street Numbe	er:			5	treet Name:	-				
City/Town:						State:				
Zip Code:					Country:					
Types of Inte	erest (select all th	at apply)							
☐ Contractu	ual		Direct	or	☐ La	ndlord] LLC Man	ager	
LLC Mem	ber	!	Mana	gement Agı	eement] Officer	•	
Partner			Reven	ue Sharing	So	le Proprietor] Stockhol	der	○ Other ○ Other
Citizenship / Are you a U.S			mation Yes	⊃No	Are yo	ou a Massachus	etts Resider	nt? O	res 💿 No	
Criminal His	-	n convicted	of a state	, federal, or m	nilitary crime?	○Yes (No	,	ise provide an a the charges.	ffidavit

BENEFICIAL INTEREST CONTACT - Individual (continued)

Dwnership / Interest Using the definition above, do or indirect interest in the prop		ect ⑥ Ind	irect	If you hold a direct beneficial in the proposed licensee, ple the % of interest you hold.	
If you hold an in	ndirect beneficial interest in	this license, pl	ease complete	e the <u>Ownership / Interest</u> Table	e below.
Ownership / Interest					
turn, hold a direct or indired	ct interest in the propose	d licensee. Th	ese generall	ation(s) you hold a direct into y include parent companies, I for each entity listed below	holding companies,
rugis, etc. 71 Beneticul III	Name of Beneficial I			FEIN	
		LC - 66.66%		27-4284860	
	See E				
Other Beneficial Interest					
List any indirect or indirect				r Massachusetts Alcoholic B	everages License(s).
Name of License	Type of License		e Number	Premises Ad	
Anthony's Coal Fired Pizz	a §12 On Premises		400026	201 Constitution Ave	
Anthony's Coal Fired Pizz	ra §12 On Premises	s 080	000222	180 Needham Stre	
Anthony's Coal Fired Pizz	ta §12 On Premises	s 0902000	58	100028 SHOPS WAY, N	
Anthony's Coal Fired Pizz	za §12 On Premises	s 101	600038	48 WALKERS BROOK D	
Anthony's Coal Fired Pizz	za §12 On Premise:	s 145	600013	119 UNIVERSITY AVEN	UE, WESTWOOD
Familial Beneficial Interes	t				
	immediate family have o	wnership inte and spouse's	parents. Ple	ther Massachusetts Alcoholic ease list below	
Relationship to Yo		se Number	Type of Inte	rest (choose primary function)	Percentage of Interes
See Exhibit A					·
Prior Disciplinary Action Have you ever been involves, please complete the f	ved directly or indirectly i	n an alcoholic	beverages li	cense that was subject to dis	ciplinary action? If
Date of Action Name	of License State C	ity Rea	son for suspe	ension, revocation or cancellati	on

BENEFIC	AL IN	TEREST (ONTACT -	Individ	ual (Forme	rly knov	vn as a l	Personal	Informa	tion Fo	rm)		
Please com or without ooard of di Authorizati	plete a owners rectors on For	Beneficial I ship, in this for not-for- <u>m</u> .	nterest - Indi license. This ·profit clubs).	vidual she includes All indiv	eet for <u>all</u> inc people with iduals with c	dividua a finar direct o	l(s) who icial into or indire	o have a erest ar ect <u>finar</u>	a direct nd peop <u>ncial</u> into	or ind le with erest r	rect beneficia nout financial nust also subr	nit a <u>CO</u>	RI
example, if interest in a An individu	ABC In ABC In all with icenses	ic is the pro c (the propo i indirect be c For exam	posed license sed licensee)	ee, all indi est is defi c is the pr	viduals with ned as some oposed lice	intere eone w nsee al	st in AE ho has nd is 10	owners 0% owr	re consi hip in a ned by X	dered paren (YZ Inc	oroposed licer to have direct t level compa , all individual	ny of the	.idi
Salutation		First Nam	e Deborah		Middle Nar	ne Lyr	i	Last N	lame M	ozzicat	0	Suffix	
Title:	ther			Social S	Security Num	ber [_		Date of Birth	11/16/6	55
Primary Ph	one:				En	nail:	Mari	saF@acf	p.com				
Mobile Pho	one:				Fa	x Num	oer						
Alternative	e Phone	:									-		
Business A	Addres	<u> </u>											
Street Nun	nber:	200		St	reet Name:	W. Cyp	ress Cre	ek Rd.,	Ste. 220				
City/Town	: Fo	rt Lauderdale	2			St	ate:	FL					
Zip Code:	333	09		C	ountry:		USA						
Mailing A	ddress		⊠ Che	ck here if y	our Mailing A	ddress	s the sa	ne as yo	ur Busine	ess Ada	ress		
Street Nur	mber:			St	reet Name:			.,,					
 City/Town	ո։ [State	:					
Zip Code:				C	ountry:								
Types of I	nter <u>e</u> s	t (select all t	ha <u>t apply)</u>										
Contra			Director			ındlord				C Mana ficer	ngr _.		
LLC M	lember er		☐ Revenue	ment Agr Sharing		ole Prop	orietor			ockhol	der	⊠ Oth	er
		sidency Info	rmation					=					
Are you a	U.S. Cit	izen?	●Yes ○N	0	Are ye	ou a Ma	ssachus	etts Res	siaent?	_ ОY 	es (No		
Criminal									[£	or what	se provide an a	ffidavit	
Have you	ever be	een convicte	d of a state, fee	deral, or m	illitary crime?	C	Yes (⊚ No	•		se provide an a the charges.	iiiiuavit	

BENEFICIAL INTEREST CONTACT - Individual (continued)

				İ	f you hold a direct bene	ficial interest
sing the definition abor Indirect interest in the	ve, do you hold a e proposed license	direct ODirect e?	Indir	ect i	in the proposed licensee the % of interest you hol	, please list
If you hole	d an indirect bene	ficial interest in this	s license, ple	ase complete t	he <u>Ownership / Interest</u>	Table below.
wnership / Interest						
you hold an <u>indirect</u>	adiract interest i	n the proposed lic	censee. The	ese generally	ion(s) you hold a direct include parent compar or each entity listed be	iles, fibialité companies
usts, etc. A beneficie		e of Beneficial Inter			FEIN	7
		ACFP Investors,			45-4077220	
		See Exhib	oit A			
ther Beneficial Inter	rest				1	lia Bayaragas Licanso(s)
					Massachusetts Alcono	lic Beverages License(s) s Address
Name of Licen		ype of License		Number 00026		Avenue, Littleton
Anthony's Coal Fire		12 On Premises				Street, Newton
Anthony's Coal Fire		12 On Premises		000222		Y, NORTHBOROUGH
Anthony's Coal Fire		12 On Premises	0902000			OK DRIVE, READING
Anthony's Coal Fire	ed Pizza §	12 On Premises		500038		
Anthony's Coal Fire	ed Pizza 📗 §	12 On Premises	1456	500013	119 UNIVERSITY A	VENUE, WESTWOOD
Anthony's Coal File						
Antillotty's Coal File						
Familial Beneficial In	terest	family have own	ership inter	est in any oth	er Massachusetts Alco	holic Beverages License
Familial Beneficial In Does any member of mmediate family inc	terest your immediate ludes parents, si	family have own blings, spouse an ABCC License N	d spouse's !	parents. Piea:	se list below.	
Familial Beneficial In	terest your immediate ludes parents, si	blings, spouse an	d spouse's !	parents. Piea:	se list below.	
Familial Beneficial In Does any member of Immediate family inc	terest your immediate ludes parents, si	blings, spouse an	d spouse's !	parents. Piea:	se list below.	
F <mark>amilial Beneficial In</mark> Does any member of Immediate family inc	terest your immediate ludes parents, si	blings, spouse an	d spouse's !	parents. Piea:	se list below.	holic Beverages License
F <mark>amilial Beneficial In</mark> Does any member of Immediate family inc	terest your immediate ludes parents, si	blings, spouse an	d spouse's !	parents. Piea:	se list below.	
F <mark>amilial Beneficial In</mark> Does any member of Immediate family inc	terest your immediate ludes parents, si	blings, spouse an	d spouse's !	parents. Piea:	se list below.	
Familial Beneficial In Does any member of Immediate family inc Relationship	terest your immediate ludes parents, si to You	blings, spouse an	d spouse's !	parents. Piea:	se list below.	
Familial Beneficial In Does any member of Immediate family inc Relationship Prior Disciplinary Ac Have you ever been	terest your immediate ludes parents, si to You tion	blings, spouse and ABCC License N	d spouse's Number	Type of Intere	se list below. ist (choose primary funct	
Familial Beneficial In Does any member of mmediate family inc Relationship Prior Disciplinary Ac Have you ever been yes, please complete	terest your immediate ludes parents, si to You tion involved directly the following:	or indirectly in a	d spouse's Number	Type of Intere	ense that was subject t	o disciplinary action?
Familial Beneficial In Does any member of Immediate family inc Relationship Prior Disciplinary Ac Have you ever been yes, please complete	terest your immediate ludes parents, si to You tion involved directly the following: Name of License	blings, spouse and ABCC License N	d spouse's Number	Type of Intere	se list below. ist (choose primary funct	o disciplinary action?
Familial Beneficial In Does any member of Immediate family inc Relationship Prior Disciplinary Ac Have you ever been yes, please complete	terest your immediate ludes parents, si to You tion involved directly the following:	or indirectly in a	d spouse's Number	Type of Intere	ense that was subject t	o disciplinary action?
Familial Beneficial In Does any member of Immediate family inc Relationship Prior Disciplinary Ac Have you ever been yes, please complete	terest your immediate ludes parents, si to You tion involved directly the following: Name of License	or indirectly in a	d spouse's Number	Type of Intere	ense that was subject t	o disciplinary action?

ENEFICIA	LINT	EREST CONTACT - Inc	lividual (Formerly l	(nown as a	Personal Info	ormation Form)	heneficia	l interest, with
1.1	nersh ctors fo	eneficial Interest - Individu ip, in this license. This inclu or not-for-profit clubs). All	ides neonle With a ti	nancial int	erest and p	eopie without	Illianciai	interest (i.e.
xample, if Al	BC Inc	irect beneficial interest is c is the proposed licensee, a the proposed licensee).	lefined as someone Il individuals with int	who has in terest in Al	terest direc 3C Inc are c	tly in the prop onsidered to h	osed licen ave direct	see. For beneficial
n individual	with i	ndirect beneficial interest is For example, if ABC Inc is t dered to have an indirect b	he proposed license	e and is 10	JU% owned	Dy X12 IIIC, all	el compar individual	ny of the s with interest
Salutation		First Name Susan	Middle Name			e Nersinger		Suffix
Title: Oth	er	S	ocial Security Numbe	r		Dat	te of Birth	2/14/65
Primary Phon	e:		Email	: Mar	isaF@acfp.co	om		
Mobile Phone	2 :		Fax N	lumber				
Alternative P	hone:							
B <u>usiness</u> Ad	dress							
Street Numb	er: 2	00	Street Name: W.	Cypress Cr	eek Rd., Ste.	220		
City/Town:	Fort	Lauderdale		State:	FL			
Zip Code:	33309)	Country:	USA				
Mailing Ado	lress		ere if your Mailing Add	ress is the so	me as your E	Business Address		4
Street Numb	er:		Street Name:					
City/Town:				State	e:			
Zip Code:			Country:					
Types of Int	erest (select all that apply)		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
☐ Contract	tual	☐ Director	Land	llord		LLC Manager		
LLC Men	nber	-	nt Agreement	Dunwistor	L	☐ Officer ☐ Stockholder		○ Other
☐ Partner		Revenue Shar	ring Sole	Proprietor				<u> </u>
Citizenship Are you a U.		en? • Yes (No	Are you	a Massachu	ısetts Reside	nt? (Yes	⊚ No	
Criminal Hi	story					-		
-		n convicted of a state, federa	l, or military crime?	⊜Yes	⊚ No	If yes, please p explaining the		ıffidavit

BENEFICIAL INTEREST CONTACT - Individual (continued)

wnership / Interest sing the definition above, do yo rindirect interest in the propose	ou hold a direct ODirected licensee?	Indirect	If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.
If you hold an indi	rect beneficial interest in thi	s license, please co	mplete the <u>Ownership / Interest</u> Table below.
un hald a direct or indirect i	ntarest in the proposed li	censee. These ge	rganization(s) you hold a direct interest in which, in enerally include parent companies, holding companies pleted for each entity listed below.
	Name of Beneficial Inte		
	MedMac, LLC	- 16.67%	27-4284860
	See Exhil	bit A	
Other Beneficial Interest	neficial or financial intere	est you have in ar	y other Massachusetts Alcoholic Beverages License(s
Name of License	Type of License	License Num	ber Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	06240002	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	08000022	
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	10160003	
Anthony's Coal Fired Pizza	§12 On Premises	14560001	3 119 UNIVERSITY AVENUE, WESTWOOD
Familial Beneficial Interest Does any member of your im Immediate family includes pa Relationship to You	mediate family have own arents, siblings, spouse an ABCC License	id spouse's paren	any other Massachusetts Alcoholic Beverages Licensots. ts. Please list below. of Interest (choose primary function) Percentage of Inte
yes, please complete the fol	lowing:		ages license that was subject to disciplinary action? I
Date of Action Name of See Exl		neasonic	и завреняют не честом стерительной

BENEFI	CIAL	INT	EREST CONTAC	T - Indivi	dual (Forme	rly knowi	n as a P	Personal Infor	mation F	orm)	
r withou	ıt owı direct	nersh tors f	eneficial Interest - I ip, in this license. T or not-for-profit club	nis includes	people with	a financ	ial inte	erest and pe	ople wi	thout financial	interest (i.e.
example, nterest i An individaciones	if AB n ABC dual v	C Inc C Inc (with insee.	irect beneficial interis the proposed licer the proposed licens Indirect beneficial int For example, if ABC dered to have an inc	nsee, all ind ee). erest is def Inc is the p	ividuals with ined as some roposed lice	interest cone wh	t in AB o has o l is 100	C Inc are co ownership ir 0% owned b	nsidered n a pare y XYZ In	nt level compa c, all individual	ny of the
Salutatio	n		First Name Karl		Middle Nan	ne Augu	ıstus	Last Name	Wagne	r, III	Suffix
Title:	Othe	r		Social	Security Num	ber				Date of Birth	4/8/69
Primary F	hone):			En	nail:	Maris	aF@acfp.con	1		
Mobile P	hone:	;			Fa	x Numbe	er				
Alternati	ve Ph	one:									
Business	s Add	ress					•				
Street No	umbei	r: 2	00	St	reet Name:	W. Cypre	ess Cre	ek Rd., Ste. 22	20		
City/Tow	vn:	Fort	_auderdale			Stat	e:	FL			
Zip Code	e: [33309		C	ountry:		USA				
Mailing	Addr	ess	X (heck here if y	our Mailing A	ddress is	the san	ne as your Bus	iness Ad	dress	
Street N	umbe	r:		S	treet Name:						
City/Tov	vn:						State:				
Zip Cod	e: [C	Country:						
Types o	f Inte	rest (s	elect all that apply)					.,			,
Cont	tractu	al	☐ Directo	or	☐ La	ndlord			LLC Mar	ager	
	Memb	oer	☐ Manag	gement Agr	reement				Officer		
☐ Part	ner		Reven	ie Sharing	☐ So	le Propri	etor		Stockho	lder	○ Other ○ Other
Citizens Are you	-		ency Information on? • Yes C) No	Are yo	ou a Mass	achuse	etts Resident	? O	Yes	
Crimina											re (·)
Have yo	u eve	r beer	convicted of a state,	federal, or m	nilitary crime?	O,	Yes 🧿	-, 110		ase provide an a the charges.	midavit

BENEFICIAL INTEREST CONTACT - Individual (continued)

منتمام منتقطة مماناتها والماماء سياد				If you hold a direct beneficia	ai interest	
sing the definition above, do your rindirect interest in the propose	u hold a direct	Indirect	:t	in the proposed licensee, pl the % of interest you hold.		
If you hold an indir	ect beneficial interest in thi	is license, pleas	e complete t	he <u>Ownership / Interest</u> Tab	le below.	
wnership / Interest				- ()	t to solidale in	
you hold an <u>indirect interest</u> urn, hold a direct or indirect in rusts, etc. A Beneficial Interes	nterest in the proposed li	censee. Thes	e generally	include parent companies	, noming companies	
usts, etc. 77 ben nout meeter	Name of Beneficial Inte			FEIN		
	MedMac, LLC	- 16.67%		27-4284860		
	See Exhil	bit A				
Other Beneficial Interest						
ist any indirect or indirect be						
Name of License	Type of License	License N		Premises A		
Anthony's Coal Fired Pizza	§12 On Premises	062400		201 Constitution Avenue, Littleton		
Anthony's Coal Fired Pizza	§12 On Premises	080000		180 Needham Street, Newton		
Anthony's Coal Fired Pizza	§12 On Premises	090200058		100028 SHOPS WAY, NORTHBOROUGH		
Anthony's Coal Fired Pizza	§12 On Premises	101600	0038	48 WALKERS BROOK DRIVE, READING		
Anthony's Coal Fired Pizza	§12 On Premises	14560	0013	119 UNIVERSITY AVENUE, WESTW		
Familial Beneficial Interest						
Does any member of your imp	mediate family have own	id spouse's pa	rents. Pieas	se list below.		
Does any member of your imp	mediate family have own rents, siblings, spouse an ABCC License N	id spouse's pa	rents. Pieas	er Massachusetts Alcohol se list below. st (choose primary function		
Does any member of your immediate family includes pa	rents, siblings, spouse an	id spouse's pa	rents. Pieas	se list below.		
Does any member of your imm mmediate family includes pa Relationship to You	rents, siblings, spouse an	id spouse's pa	rents. Pieas	se list below.		
	rents, siblings, spouse an	id spouse's pa	rents. Pieas	se list below.		
Does any member of your im Immediate family includes pa Relationship to You	rents, siblings, spouse an	id spouse's pa	rents. Pieas	se list below.		
Does any member of your imm mmediate family includes pa Relationship to You	rents, siblings, spouse an	id spouse's pa	rents. Pieas	se list below.		
Does any member of your immediate family includes particles. Relationship to You Prior Disciplinary Action	rents, siblings, spouse an ABCC License h	od spouse's pa	rents. Pleas	se list below. st (choose primary function	Percentage of Inter	
Does any member of your immediate family includes pa Relationship to You Prior Disciplinary Action Have you ever been involved	rents, siblings, spouse an ABCC License i	od spouse's pa	rents. Pleas	se list below. st (choose primary function	Percentage of Inter	
Does any member of your immediate family includes particles. Relationship to You Prior Disciplinary Action Have you ever been involved yes, please complete the followed.	directly or indirectly in a	n alcoholic be	rents. Pleas pe of Intere	se list below. st (choose primary function	Percentage of Inter	
Prior Disciplinary Action Have you ever been involved yes, please complete the follo Date of Action	directly or indirectly in a owing:	n alcoholic be	rents. Pleas pe of Intere	se list below. st (choose primary function	Percentage of Inter	
Does any member of your imr Immediate family includes pa Relationship to You Prior Disciplinary Action Have you ever been involved yes, please complete the follo	directly or indirectly in a owing:	n alcoholic be	rents. Pleas pe of Intere	se list below. st (choose primary function	Percentage of Inter	
Prior Disciplinary Action Have you ever been involved yes, please complete the follo Date of Action	directly or indirectly in a owing:	n alcoholic be	rents. Pleas pe of Intere	se list below. st (choose primary function	Percentage of Inter	

BENEFICIA	L INT	EREST CC	NTACT	- Indivi	dual (Forme	rly know	n as a F	Personal In	nformatio	on For	m)		
Please compl or without ov board of dire Authorization	lete a B wnersh ectors fo	eneficial Int ip, in this lic or not-for-pr	erest - Ind ense. This	lividual sh includes	eet for <u>all</u> in people with	dividua a finan	l(s) who	o have a e erest and	direct o I people	r indi	ect beneficia out financial	interest	(i.e.
An individual example, if A interest in Al An individua	ABC Inc BC Inc (I with in	is the propo the propose ndirect bene	sed licens d licensee ficial inter	ee, all ind). rest is def	lividuals with ined as some	interes	st in AB no has e	C Inc are ownershi	conside p in a pa	ered t arent	o have direct	t benefic	cial
proposed lice in XYZ Inc are	ensee. e consid	tered to hav	e, IT ABC II re an indir	ect benef	icial interest	in ABC	Inc (the	e propose	ed licens	see).	an maividua		iterest
Salutation		First Name	Anthony		Middle Nar	ne	***************************************	Last Nai	me Yose	eloff		Suffix	
Title: Oth	ner			Social	Security Num	ber					Date of Birth	2/7/74	
Primary Phor	ne:				En	nail:	Maris	aF@acfp.	com				
Mobile Phone:			Fax Number										
Alternative P	hone:												
Business Ad	dress							*****	<u>-</u>				
Street Numb	er: 20	00		St	treet Name:	W. Cypr	ess Cre	ek Rd., Ste	2. 220				
City/Town:	Fort L	auderdale.				Sta	te:	FL					
Zip Code:	33309			C	ountry:		USA				-		
Mailing Ado	lress		⊠ Che	ck here if y	our Mailing A	ddress is	the san	ne as your	Business	Addre	255		
Street Numb	er:			S	treet Name:			,					
City/Town:	<u> </u>						State:	[
Zip Code:				C	ountry:								
Types of Int	erest (s	elect all that	apply)										
☐ Contract	:ual		Director		☐ La	ndlord		[Manag	er		
LLC Mem	nber		Manage	ment Agr	eement			[Office				
Partner			Revenue	Sharing	☐ So	le Propr	ietor		Stock	kholde	<u>-</u>	☑ Othe	r
Citizenship Are you a U.			Yes () N	lo	Are yo	ou a Mas	sachuse	etts Reside	ent?	⊜Ye:	s © No		
Criminal His	-	convicted of	a state, fee	deral, or m	ilitary crime?		Yes () No	, ,	•	provide an af	fidavit	
Į.									explair	ning th	e charges.		

BENEFICIAL INTEREST CONTACT - Individual (continued)

wnership / Interest sing the definition abo	ove, do you hold a	direct ODirect	⊚ Ind	irect	if you hold a direct beneficia in the proposed licensee, pl		
indirect interest in th			s license, pl		the % of interest you hold. he <u>Ownership / Interest</u> Tab	le below.	
	ar marcet ben	Streta tired Got W. C.					
wnership / Interest							
you hold an <u>indirect</u>	t interest in the p	in the proposed lie	censee. If	iese generally	ion(s) you hold a direct int include parent companies or each entity listed below	, Holaing companies	
(313) etc. 7(20.10112		e of Beneficial Inte			FEIN		
-	Home Team Pizza LLC - 100%				45-5082266		
	See Exhibit A						
-							
ther Beneficial Inte	pract						
		or financial intere	st you hav	e in any other	Massachusetts Alcoholic I	Beverages License(s)	
Name of Licer		Type of License		e Number	Premises Address		
Anthony's Coal Fire	ed Pizza §	12 On Premises	062	400026	201 Constitution Avenue, Littleton		
Anthony's Coal Fire	ed Pizza	12 On Premises	080	000222	180 Needham Street, Newton		
Anthony's Coal Fire	ed Pizza	12 On Premises	0902000)58	100028 SHOPS WAY, NORTHBOROU		
Anthony's Coal Fir		12 On Premises	101	600038	48 WALKERS BROOK DRIVE, READING		
Anthony's Coal Fir		§12 On Premises	145	600013	119 UNIVERSITY AVEN	ENUE, WESTWOOD	
			<u> </u>				
F <mark>amilial Beneficial II</mark> Does any member o Immediate family in	f vour immediate	iblings, spouse an	d spouse's	parents. Pleas	er Massachusetts Alcohol se list below.		
Relationship to You		ABCC License	Vumber	Type of Intere	st (choose primary function) Percentage of Inte	
Relationshi	o to You						
Relationship	o to You					·	
Relationshi	o to You						
Relationshi	o to You						
Relationshi	o to You						
Relationship							
Relationship Prior Disciplinary A Have you ever been	ction involved directly		n alcoholic		ense that was subject to d		
Relationship Prior Disciplinary A Have you ever been yes, please complet	ction involved directly e the following:	or indirectly in a		beverages lice		isciplinary action?	
Relationship Prior Disciplinary A Have you ever been	ction involved directly e the following: Name of License			beverages lice	ense that was subject to d sion, revocation or cancella	isciplinary action? If	
Relationship Prior Disciplinary A Have you ever been yes, please complet	ction involved directly e the following:	or indirectly in a		beverages lice		isciplinary action?	
Relationship Prior Disciplinary A Have you ever been yes, please complet	ction involved directly e the following: Name of License	or indirectly in a		beverages lice		isciplinary action?	

CORI REQUEST FORMS



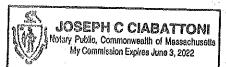
DEBORAH B. GOLBDBERG TREASURER AND RECEIVER GENERAL

CORL REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

ABCC NUMBER: LICENSEE NAME: Anthony's Coal Fired Plzza of Natick LLC CITY/TOWN: Natick APPLICANT INFORMATION LAST NAME: Rahali FIRST NAME: Mark MIDDLE NAME: William: MAIDEN NAME OR ALIAS (IF APPLICABLE): In/a PLACE OF BIRTH: Wordester, MA DATE OF BIRTH: 7-18-86 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: DEMauro DRIVER'S LICENSE #: STATE LIC. ISSUEO: Massachusetts GENDER: MALE HEIGHT: 6 I WEIGHT: 220 EYE COLOR: Brown CURRENT ADDRESS: 37 Berkeley Rd. CITY/TOWN: Framingham STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Framingham STATE: MA ZIP: 01702	ABCC LICENSE INFORMATIO	<u> </u>					
LAST NAME: Raball FIRST NAME: Mark MIDDLE NAME: William MAIDEN NAME OR ALIAS (IF APPLICABLE): In/a DATE OF BIRTH: 7-18-86 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: DEMAURO DRIVER'S LICENSE #: STATE LIC. ISSUED: Massachusetts GENDER: MALE HEIGHT: 6 Y WEIGHT: 220 EYE COLOR: Brown CURRENT ADDRESS: 37 Berkeley Rd. CITY/TOWN: Framingham STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Framingham STATE: MA ZIP: 01702		LICENSEE N	AME: Anthony's Coa	l Fired Pizza of N	atick LLC	CITY/TOWN	Natick
MAIDEN NAME OR ALIAS (IF APPLICABLE): In/a PLACE OF BIRTH: Worcester, MA DATE OF BIRTH: 7-18-86 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: DEMauro DRIVER'S LICENSE N: STATE LIC: ISSUED: Massachusetts GENDER: MALE HEIGHT: 6 I WEIGHT: 220 EYE COLOR: Brown CURRENT ADDRESS: 37 Berkeley Rd. CITY/TOWN: Framingham STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Framingham STATE: MA ZIP: 01702	APPLICANT INFORMATION				<u> </u>		
DATE OF BIRTH: 7-18-86 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: DeMauro DRIVER'S LICENSE #: STATE LIC. ISSUED: Massachusetts GENDER: MALE HEIGHT: 6 1 WEIGHT: 220 EYE COLOR: Brown CURRENT ADDRESS: 37 Berkeley Rd. CITY/TOWN: Framingham STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Prainingham STATE: MA ZIP: 01702	LAST NAME: Rahali		FIRST NAME:	Mark		MIDDLE NAME: W	Alliam:
MOTHER'S MAIDEN NAME: DeMauro DRIVER'S LICENSE #: STATE LIC. ISSUED: Massachusetts GENDER: MALE HEIGHT: 6 1 WEIGHT: 220 EYE COLOR: Brown CURRENT ADDRESS: 37 Berkeley Rd. CITY/TOWN: Framingham STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Framingham STATE: MA ZIP: 01702	MAIDEN NAME OR ALIAS (IF I	APPLICABLE): n/a			PLACE OF BIRTH:	Worcester, MA	
GENDER: MALE HEIGHT: 6 1 WEIGHT: 220 EYE COLOR: Brown CURRENT ADDRESS: 37 Berkeley Rd. CITY/TOWN: Framingham STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Framingham STATE: MA ZIP: 01702	DATE OF BIRTH: 7-18-86	SSN:			ID THEFT INDEX PI	N (IF APPLICABLE):	
CURRENT ADDRESS: 37 Berkeley Rd: CITY/TOWN: Framingham , STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Framingham STATE: MA ZIP: 01702	MOTHER'S MAIDEN NAME:	DeMauro	DRIVER'S LICENSE	u:		STATE LIC. ISSUEO:	Massachusetts
CITY/TOWN: Framingham . STATE: MA ZIP: 01701 FORMER ADDRESS: 33 Main Street CITY/TOWN: Framingham STATE: MA ZIP: 01702 PRINT AND SIGN	GENDER: MALE	неібнті: Б		WEIG	SHT: 220	EVE COLOR«	Brown
FORMER ADDRESS: 33 Main Street City/Town: Framingham STATE: MA ZIP: 01702 PRINT AND SIGN	CURRENT ADDRESS: 37 Be	rkéléy Rd.					
CITY/TOWN: Frainingham STATE: MA ZIP: 01702 PRINT AND SIGN	CITY/TOWN: Frami	ngham		STATE: MA	zip:	01701	
PRINT AND SIGN	FORMER ADDRESS: 33 M	aln Street					
	CITY/TOWN: Fraini	ngham		STATE: MA	ZIP:	01702	
	PRINT AND SIGN						(00)
PRINTED NAME: Mark Rahall APPLICANT/EMPLOYEE SIGNATURE:	PRINTED NAME: Mark	Rahall	APPLICANT/E	MPLOYEE SIGNA	TURE:	1 K-1	
NOTARY INFORMATION	NOTARY INFORMATION						
On this November 27 1, 2017 before me, the undersigned notary public, personally appeared Mark Rahali	<u> </u>	27 1, 2017 bef	ore me, the under	igned notarγ p	ublic, personally	appeared Mark I	Rahall
(name of document signer), proved to me through satisfactory evidence of identification, which were							
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarity stated purpose.		ime is signed on the pri	eceding or attache	d document, a	nd acknowledged	to me that (he) (she) signed it voluntarily fo
NOTARY		** *				NOTABY	

DIVISION U	SEONLY
řenotská mi	SSOMING OF COSMANDOR AND DURYONE
Prin Rumber by information to be	floot trades PUD Number of the Septembergue by those applicable that have ones inward an intensity the hap OCII Ceptified agencies are necessed to provide at application that experiments to include it naive the accuracy of the OCII (equal) process. All COMI request begin that include this float is which left has OCII all naive for the set of 1617 foot all 16.



Certificate of Completion

This Certificate of Completion of

eTIPS On Premise 3.0

For coursework completed on May 4, 2017 provided by Health Communications, Inc. is hereby granted to:

Mark Rahall

Certification to be sent to:

268 Shrewsbury St # 3 Worcester MA, 01604-4620 USA







MARK RAHALL

CPR/AED Course Adult/Child/Infant

www.icpri.com

Completion Date: Sep-24-2017

Expiration Date: Sep-24-2019

Cert Num: 725443



Cardholder's Signature

Keep this card for your records. Void if reproduced

Certificate of Attendance

This is to verify that

Mark Rahall

Has attended the following course Adult, Child, Infant Choke Saving which meets the guidelines of the American Heart Association

Issue Date: 2/23/2016
This certificate expires 2 years from the issue date

-EmB

Shawn Lerner, NREMT I/C Founder & CEO

When Seconds Count, Inc.

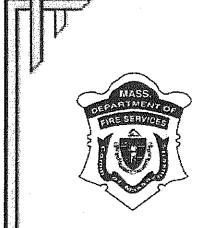


CPR & First Aid Training



When Seconds Count, Inc. is an Accredited Training Center through the American Heart Association





Commonwealth of Massachusetts

Executive Office of Public Safety and Security
Department of Five Services
Office of the State Five Marshal



Certificate of Completion

This certifies that

Mark Rahall

Successfully completed the Crowd Manager Training Program
In accordance with 527 CMR sec. 10.13(d) – Designation of a Crowd Manager

Date issued: May 7, 2017

Expires: May /, 2020

Certificate #: QZvyInwJpsscjIq

Peter Ostroskey

State Fire Marshal



Name of Recipient: MARK RAHALL

Certificate Number: 2169400

Date of Completion: 1/5/2016

Date of Expiration: 1/5/2021



The above-named person is hereby issued this certificate for completing an allergen awareness training program recognized by the Massachusetts Department of Pu. ic Health in accordance with 105 CMR 590.009(G)(3)(a).

This certificate will be valid for five (5) years from date of completion.



Issued By:

Massachusetts Restaurant Association 333 Turnpike Road, Suite 102 Southborough, MA 01772 508-303-9905

www.restaurant.org



ServSafe® CERTIFICATION

MARK RAHALL

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

13068538

TRITIFICATENUMBER

12/18/2010

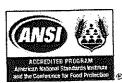
DATE OF EXAMPLE AT ICLD Local laws apply. Chief with your local re-

10462

EXAM FORM NUMBER

12/18/2020

DATE OF EXPIRATION gency for recertification requirements.



#0655

In accordance with Maritime Labour Constitute, 2023, Fundament SCA, N. 1984, 1984, Fundament Co., 2565 and A.S. 25





CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORM	ATION						
ABCC NUMBER: IF EXISTING LICENSEE)	LICENSEE NA	AME: Anthony's Coal	Fired Pizza of Natick LLC	CITY/TOWN:	Natick		
APPLICANT INFORMAT	ION			· · · · · · · · · · · · · · · · · · ·			
LAST NAME: DINella		FIRST NAME:	Ronald	MIDDLE NAME: M	ark		
MÁIDÉN NAME OR ÁLIA	S (IF APPLICABLE):		PLACE OF BIRTH:	Ćhicago, IL			
DATE OF BIRTH: 05/0	2/1960 SSN:		ID THEFT INDEX P	IN (IF APPLICABLE):			
MOTHER'S MAIDEN NA	ME: Nicolosi	DRIVER'S LICENSE	f:	STATE LIC. ISSUED:	Florida		
GENDER: MALE	HEIGHT: 5	10	WEIGHT: 210	EYE COLOR:	Brown		
CURRENT ADDRESS:	100 N. Federal Highway, Apt. 12	21.					
CITY/TOWN:	fort Lauderdale		STATE: FL ZIP	33301			
FORMER ADDRESS:	28623 Windmere Court						
CITY/TOWN:	Lake Bluff STATE: IL ZIP: 60044						
PRINT AND SIGN				XO			
	Ronald DiNella	APPLICANT/I	EMPLOYEE SIGNATURE:		\		
NOTARY INFORMATION	na.			A STATE OF THE STA			
On this //		fore me, the under	signed notary public, personal	ly appeared Rona	ald DiNella		
(name of document	signer), proved to me throug	h satisfactory evide	ence of identification, which we	ere driver.	s license		
to be the person w its stated purpose.	nose name is signed on the p	receding or attach	ed document, and acknowledge	red to me that (he)	(she) signed it voluntarily for		
				MAR MY COMM EXPI	ISA FRANZESE IISSION # GG 083971 RES: July 7, 2021		

DIVISION USE ONLY REQUESTED BY: SIGNATURE OF CORT AUTHORIZED EMPLOYEE The DCII identify Theff Index PIN Number is to be completed by those applicants that have been issued an identity Thef PIN Number by the DCII. Certified agencies are required to provide all applicants the approximity to include this information to ensure the eccuracy of the CDII required to thoses. ALL COSI request forms that include this field are required to be submitted to the DCII via mail or by tax to [617] 800-4614. State Section 1 Section 19 Section 2015 Bonder Thru Notary Public Underwriter



CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

BCC LICENSE INFORM	1ATION
ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC CITY/TOWN: Natick
APPLICANT INFORMAT	TION
LAST NAME: Jones	FIRST NAME: Wayne MIDDLE NAME: L.
MAIDEN KAME DA ALIA	AS (IF APPLICABLE): In/a PLACE OF BIRTH: Los Angeles, CA
DATE OF BIRTH: 05/0	08/1959 SSN: ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MÁIDEN NA	AME: Tolleth DRIVER'S LICENSE #: STATE LIC, ISSUED: Arizona
GENDER: MALE	HEIGHT: 5 11 WEIGHT: 185 EYE COLOR: Hazel
CURRENT ADDRESS:	215 SE 8th Ave. #2750
CITY/TOWN:	Ft. Lauderdale STATE: FL ZIP: 33301
FORMER ADDRESS:	1004 E. Happy Valley Rd. #653
CITY/TOWN:	Scottsdale STATE: AZ ZIP: 85255
PRINT AND SIGN	
PRINTED NAME:	Wayne L. Jones APPLICANT/EMPLOYEE SIGNATURE:
NOTARY INFORMATION	Waye Liones
On this	
(name of document	nt signer), proved to me through satisfactory evidence of identification, which were driver's license
to be the person w	whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily
its stated purpose.	Maria Laure
	NOTARY
	MARISA FRANZESE MY COMMISSION # GG 083971 EXPIRES: July 7, 2021 Bonded Thru Notary Public Underwriters

DIVISION USE ONLY

REQUESTED BY:

SKINATURE OF CORE AUTHORIZED EMPLOYEE

The DCII Identify their index PIN Number is to be completed by whose applicants that have been issued as identity their PIN Number by the DCII. Certified agencies are received to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are centured to be submitted to the DCII Via mail or by fas to [6.17] 660-4614.



CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORM	MATION		1
ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC	CITY/TOWN:	Natick
APPLICANT INFORMA	TION	· ·	
LAST NAME: Zavolta	FIRST NAME: Michelle N	NIDOLE NAME: L.	
MAIDEN NAME OR ALI	AS (IF APPLICABLE): n/a PLACE OF BIRTH:	Wheeling, WV	
DATE OF BIRTH: 06/0	1/1976 SSN: ID THEFT INDEX PIN	(IF APPLICABLE):	
MOTHER'S MAIDEN NA	ME: Power DRIVER'S LICENSE #:	TATE LIC. ISSUED:	Florida
GENDER: FEMALE	HEIGHT: 5 WEIGHT: 110	EYE COLOR:	Hazel
CURRENT ADDRESS:	7021 NW 66th St.		
CITY/TOWN:	Parkland STATE: FL ZIP:	33067	
FORMER ADDRESS:	5007 Captain Freeman Pkwy.		
CITY/TOWN:	Franklin STATE: TN ZIP:	37064	
PRINT AND SIGN			
PRINTED NAME;	Michelle L. Zavolta APPLICANT/EMPLOYEE SIGNATURE: MUCA	ell L) wolth
NOTARY INFORMATION	ON		0
On this	before me, the undersigned notary public, personally a	ppeared Mich	elle L. Zavolta
(name of document	signer), proved to me through satisfactory evidence of identification, which were	driver	s license
to be the person whits stated purpose.	hose name is signed on the preceding or attached document, and acknowledged	to me that (he)	
		MARISA FRAN Y COMMISSION # EXPIRES: July ded Thru Notary Publ	GG 083971 7, 2021

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORT-AUTHORIZED EMPLOYEE

The DCB identity Tirels (roles of it) Reumber is to be completed by those applicants that have been issued an identity Tirels (under by the BCB). Certifice agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the COSI request process. ALL COSI request forms that include this field are required to be submitted to the DCB via mail or by fax to (617) 650-6514.

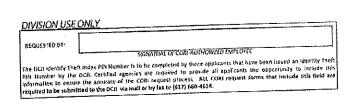


STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

SCC LICENSE INFORM	ATION						7 i	A STATE OF THE PROPERTY OF THE
BCC NUMBER:		LICENSEE N.	AME: Anthony's Coa	l Fired Pizza of I	Natick LLC		CITY/TOWN:	Natick
PPLICANT INFORMAT	ION							
AST NAME: Hislop			FIRST NAME:	Michael			MDDLE NAME: Jai	nes
NAME OR ALI	as (if applicabli	E): n/a			PLACE OF B	IRTH:	Baston, MA	
ATE OF BIRTH: 02/0	2/1955	SSN:	4		ID THEFT IN	DEX PIN	(IF APPLICABLE):	
MOTHERS MY TELA NA	ME: Walsh		DRIVER'S LICENSE	#:			ATE U.C. ISSUED:	California
SENDER: MALE	HEI	.GHT: 6		W	EIGHT: 190		EYE COLOR:	Brown
CURRENT ADDRESS:	20 Lupine Cour	T						
CITY/TOWN:	San Rafael			STATE: C		21P;	94901	
FORMER ADDRESS:		,						
CITY/TOWN:			and the state of t	STATE:		ZiP:		
PRINT AND SIGN								/
PRINTED NAME:	Michael J. H	islop	APPLICANT	T/EMPLOYEE SIC	SNATURE:	Mici	harl J. H	wrop
NOTARY INFORMAT	ınn							
On this 18th	day of J	amay 201	ofore me, the und	ersigned nota	ry public, pe	rsonally	appeared Micl	nael J. Hislop
		d to me think	ich satisfactory evi	dence of iden	tification, Wi	iich wer	e KADM	
to be the person v	vhose name is	signed on the	preceding or attac	thed documer	it, and ackiic	- Amerika	a to the and the	S (she) signed it voluntarily







CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORM	MATION							
ABCC NUMBER:		LICENSEE NAME:	Anthony's Coal	Fired Pizza (of Natick LL	С	CITY/TOWN:	Natick
APPLICANT INFORMAT	TION	<u></u>					<u></u>	
LAST NAME: Takefma	n	F	IRST NAME:	Jay			MIDDLE NAME:	
MAIDEN NAME OR ALL	AS (IF APPLICABLE)	: n/a			PLACE	OF BIRTH:	Montreal, Čanada	
DATE OF BIRTH: 04/1	6/1976	SSN:			ID THE	FT INDEX PI	N (IF APPLICABLE):	
MOTHER'S MAIDEN NA	ME: Friend	DRI	VER'S LICENSE #	:			STATE LIC. ISSUED:	New York
GENDER: MALE	HEIG	HT: 5	8		VEIGHT:	160	EYE COLOR:	Brown
CURRENT ADDRESS:	250 W 93rd St., A	pt. PHC						
CITY/TOWN:	New York			STATE:	1Y	ZIP;	10025	
FORMER ADDRESS:	189 West 89th St	189 West 89th Street, Apt. 16B						
CITY/TOWN:	New York			STATE:	١٧	ZIP:	10024	
PRINT AND SIGN								menter of the second of the se
	Jay Takefman		APPLICANT/E	MPLOYEE SI	GNATURE:			
NOTARY INFORMATION								
On this January 8, 20(8) before me, the undersigned notary public, personally appeared Jay Takefman								
	(name of document signer), proved to me through satisfactory evidence of identification, which were							
to be the person wh its stated purpose.	nose name is sign	ed on the precedi	ing or attache	d documer	at, and acl	1/		(she) signed it voluntarily for

KIMBERLY SCHEID

Notary Public - State of New York No. 01SC6166643 Qualified in Richmond County My Gommission Expires May 21, 2019

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORLAUTHORIZED LAMPLOYEE

Die DCJi identity Theit Index PIN Number is to be completed by those applicants that have been issued an identity Their PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this intermetion to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJI via mail or by fax to (617) 660-4614.



CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

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ABCC LICENSE INFORM ABCC NUMBER: FENSING LICENSEE)		LICENSEE NAI	ME: Anthony's Coa	Fired Pizza c	f Natick LLC		CITY/TOWN:	Natick
PPLICANT INFORMAT	rion							
AST NAME: BRUNO			FIRST NAME:	АМТНОМУ	<u> </u>		MIDDLE NAME:	
MAIDEN NAME OR ALI	AS (IF APPLICABLE): n/a			PLACE OF	F BIRTH:	New York, NY	
DATE OF BIRTH: 06/1	4/1962	SSN:			ID THEFT	INDEX PI	n (if applicable):	
MOTHER'S MAIDEN NA	AME: Montefusc	0	DRIVER'S LICENSE	#:			STATE LIC. ISSUED:	Florida
GENDER: MALE	HEIG	інт: 5	10	1	WEIGHT: 22	0	EYE COLOR:	Brown
CURRENT ADDRESS:	1001 N. Rio Vista	a Boulevard						
CITY/TOWN:	Fort Lauderdale			STATE:	ïL	ZIP:	33301	
FORMER ADDRESS:	3329 N.E. 16th (Court						
CITY/TOWN:	Fort Lauderdale			STATE:	FL	ZiP:	33305	
- various as FR CEPTA!								
PRINT AND SIGN PRINTED NAME:	ANTHONY BR	IUNO	APPLICANT,	/EMPLOYEE S	GNATURE:			
On this	1/10/18	bef	ore me, the unde	rsigned not	ary public, p	personali	appeared ANT	HONY BRUNO
(name of documen	t signer), proved	I to me through	satisfactory evid	lence of ide	ntification, v	which we	L	5 license
to be the person wits stated purpose.	/hose name is si	gned on the pr	eceding or attacl	ned döcumê	nt, and ack	nowledge Laure	ed to me that (he)	(she) signed it voluntarily f
			······································				MARISA FR MY COMMISSION	v # GG 083971



DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORLAUTHORIZED EMPLOYEE

The DCA identity theft index PNN Number is to be completed by mose applicants that have been have an identity theft PNN Number by the DCA. Certified agricies are required to provide all applicants the opportunity to include this information to occure the accuracy of the CDN requires process. ALL CON request forms that include this field are required to be submitted to the DCD via mail or by fax to (617) 650-4514.



DIVISION USE ONLY

SIGNATURE OF CORTALITHORIZED EMPLOYEE

The DCR Identify Their index PIS Number is to be completed by thore applicants that have been issued as identify Their Number by the DCR. Certificed agendes are required to provide all applicants the opportunity to include thinformation to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field an required to be submitted to the DCRI was melled by fax to (617) 860-4614.

Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

BCC LICENSE INFORMA	MATION	
ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC C	HTY/TOWN: Natick
APPLICANT INFORMAT		
LAST NAME: MARZAN	NO FIRST NAME: PATRICK MIDDI	E NAME: F.
MAIDEN NAME OR ALIA	AS (IF APPLICABLE): In/a PLACE OF BIRTH: New	York, NY
DATE OF BIRTH: 12/03	D3/1947 SSN: ID THEFT INDEX PIN (IF AF	PPLICABLE):
MOTHER'S MAIDEN NA	AME: Bonasia DRIVER'S LICENSE #: STATE	LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: 6 WEIGHT: 225	EYE COLOR: Hazel
CURRENT ADDRESS:	4900 N. Ocean Blvd., Apt. 821	
CITY/TOWN:	Fort Lauderdale STATE: FL ZIP: 333	08
FORMER ADDRESS:	447 Savole Drive	
CITY/TOWN:	Palm Beach Gardens STATE: FL ZIP: 334	110
PRINT AND SIGN		1/1/1
	PATRICK F. MARZANO APPLICANT/EMPLOYEE SIGNATURE: WWW	uf Murgani
NOTARY INFORMATION	TON.	
On this /	before me, the undersigned notary public, personally appe	PATRICK F. MARZANO
(name of document	nt signer), proved to me through satisfactory evidence of identification, which were	driver's license
to be the person with stated purpose.	whose name is signed on the preceding or attached document, and acknowledged to a	me that (he) (she) signed it voluntarily for the signed it voluntarily signed
		MARISA FRANZESE MY COMMISSION # GG 083971 EXPIRES: July 7, 2021 anded Thru Notery Public Underwriters



STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORI	MATION							<u> </u>
ABCC NUMBER:		LICENSEE NAM	E: Anthony's Coa	l Fired Pizza of I	latick LLC		CITY/TOWN:	Natick
APPLICANT INFORMA	TION							
LAST NAME: Miclea			FIRST NAME:	Matthew			MIDDLE NAME: Er	ic
MAIDEN NAME OR AL	IAS (IF APPLICABL	E): n/a			PLACE OF B	BIRTH:	Chicago, IL	
DATE OF BIRTH: 6/30	0/1982	SSN:			ID THEFT IN	NDEX PIN	I (IF APPLICABLE):	
MOTHER'S MAIDEN N	AME: Deac	t	RIVER'S LICENSE	#:			STATE LIC. ISSUED:	Illinois
GENDER: MALE	неі	GHT: 5	10	WE	IGHT: 190		EYE COLOR:	Breeu
CURRENT ADDRESS:	2730 (B) North	Janssen Avenue						
CITY/TOWN:	Chicago			STATE: IL		ZIP:	60614	
FORMER ADDRESS:	24198 W Grand	l Ave						
CITY/TOWN:	Lake Villa			STATE: IL		ZiP:	60046	
PRINT AND SIGN								
PRINTED NAME:	Matthew Mic	lea	APPLICANT	'EMPLOYEE SIGN	IATURE:	hel	Afr	
NOTADV INCODMATI	ON		***************************************					
On this O \ - \ Z - 18 before me, the undersigned notary public, personally appeared Matthew Miclea								
(name of document signer), proved to me through satisfactory evidence of identification, which were								
	hose name is si	gned on the prec	eding or attach	ed document,	and acknow	wledged	d to me that (he)	(she) signed it voluntarily fo
its stated purpose.					3		NOTAN	>
							NOTARY	

<u>DIVISION USE ONLY</u>

REQUESTED BY:

SIGNATURE OF CORPAUTHORIZED EMPLOYEE

The DCB lidensity Their index Pin Number is to be completed by those applicants that have been issued an identity Their Number by the DCB. Certified agencies are required to provide all applicants the opportunity to include thi information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field arrequired to be submitted to the ICDs via mail or by Sax to [617] 650-4614.

EMMANUEL OROZCO Official Seal Notary Public - State of Illinois My Commission Expires Oct 5, 2021

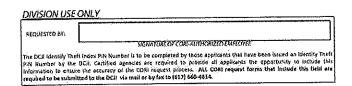


STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

ABCC NUMBER: OF EXSTINGLICENSES APPLICANT INFORMATIO LAST NAME: Leeds MAIDEN NAME OF ALIAS	DÅ			Fired Pizza of I	latick LLC		CITY/TOWN:	Natick		
LAST NAME: Leeds		FI	DCT MANAC.							
·	lie keenieknist.	FI	DOT MARAES							
MAIDEN NAME OR ALIAS	lie knowledge to		US L 1AMINIC1	FIRST NAME: Matthew MIDDLE NAME: Zefuck						
ist tipect to the wife and	MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a PLACE OF BIRTH: Chicago, IL									
DATE OF BIRTH: 01/26/	1983 SS	in:		···	ID THEFT IN	DEX PIN	(if applicable):			
MOTHER'S MAIDEN NAM	E: Zeluck	DRIV	ER'S LICENSE	#: 		s	TATE LIC. ISSUED:	Connecticut		
GENDER: MALE	HEIGHT:	6	1	WE	ібнт: 155		EYE COLOR:	Brown		
CURRENT ADDRESS: 1	1 Manor Road									
сту/гоми: с	old Greenwich			STATE: CT		ZIP;	06870			
FORMER ADDRESS: 7	78 Bedford Street									
CITY/TOWN:	New York			STATE: NY		ZIP:	10010			
PRINT AND SIGN										
PRINTED NAME:	latthew Leeds		APPLICANT/	EMPLOYEE SIGN	IATURE:		-/4			
On this /	12/18	before n	ne, the unde	rsigned notan	public, per	sonally a	ppeared Matt	hew Leeds		
(name of document signer), proved to me through satisfactory evidence of identification, which were Knam to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for										
to be the person who its stated purpose.	se name is signed or	the preced	ing or attach	ed document		vledged				







CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORM	fATION						
ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC CITY/TOWN: Natick						
APPLICANT INFORMA	TION						
LAST NAME: Taub	FIRST NAME: Andrew MIDDLE NAME: Craig						
MAIDEN NAME OR ALI	AS (IF APPLICABLE): n/a PLACE OF BIRTH: Stamford, CT						
DATE OF BIRTH: 07/9	10/1968 SSN: ID THEFT INDEX PIN (IF APPLICABLE):						
MOTHER'S MAIDEN N	AME: Rosen DRIVER'S LICENSE #: STATE LIC. ISSUED: New York						
GENDER: MALE	HEIGHT: 6 1 WEIGHT: 215 EYE COLOR: Hazel						
CURRENT ADDRESS:	401 East 60th Street, Apt. 10-L						
CITY/TOWN:	New York STATE: NY ZIP: 10022						
FORMER ADDRESS:	Current address last 15 years						
CITY/TOWN:	STATE: ZIP:						
PRINT AND SIGN	4						
PRINTED NAME:	Andrew Taub APPLICANT/EMPLOYEE SIGNATURE:						
On this	1/2/18 before me, the undersigned notary public, personally appeared Andrew Taub						
(name of document	t signer), proved to me through satisfactory evidence of identification, which were						
to be the person w its stated purpose.	hose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily fo						
and a second	Jusum Dathaway						
<u> </u>							

PRODUCTION USE ONLY

REQUESTED BY:

SIGNATURE OF CONFAUTHORIZED EMPLOYEE

The OCH Identify Their trides PIN Number is to be completed by those applicants that have been issued an identify Their
PIN Number by the OCH, Certified agencies are required to provide all applicants the opportunity to include this
information to ensure the accuracy of the CoRI request process. ALL CORI request forms that include this field are
frequired to be submitted to the DCII via mail or by faxte (617) 660-4614.



SUSAN HATHAWAY NOTARY PUBLIC OF CONNECTICUT My Commission Expires 11/30/2020



CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

ABCC LICENSE INFORM	MATION
ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC CITY/TOWN: Natick
APPLICANT INFORMA	TION
LAST NAME: Pfeffer	FIRST NAME: Marc MIDDLE NAME: Jay
MAIDEN NAME OR ALI	IAS (IF APPLICABLE): n/a PLACE OF BIRTH: Newark, NJ
DATE OF BIRTH: 02/	15/1966 SSN: ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN N	AME: Katersky DRIVER'S LICENSE #: STATE LIC. ISSUED: New York
GENDER: MALE	HEIGHT: 6 WEIGHT: 195 EYE COLOR: Brown
CURRENT ADDRESS:	275 Central Park West, Apt. 11C
CITY/TOWN:	New York STATE: NY ZIP: 10024
FORMER ADDRESS:	25 Central Park West, Apt. 26K
CITY/TOWN:	New York STATE: NY ZIP: 10023
PRINT AND SIGN	
PRINTED NAME:	Marc Jay Pfeffer APPLICANT/EMPLOYEE SIGNATURE:
NOTARY INFORMAT	ION
	before me, the undersigned notary public, personally appeared Marc Jay Pfeffer
(name of documer	nt signer), proved to me through satisfactory evidence of identification, which were
to be the person v its stated purpose.	whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily. Mancella Recitive
	NOTARY ///8/19
VISION USE ONLY	OF NEW YORK OF
	SKNAYURE OF CORPAUTHORIZED EMPLOYEE or is to be completed by those applicants that have been issued an identity Their concies are required to provide all applicants the opportunity to include this field on the CoRP request process. All CORP request forms that include this field are a mail or by fas to (617) 660-3614.
	WWW.



CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC CITY/TOWN: Natick
APPLICANT INFORMA	TION
LAST NAME: Mozzica	to FIRST NAME: Michelangelo MIDDLE NAME:
MAIDEN NAME OR AL	AS (IF APPLICABLE): n/a PLACE OF BIRTH: Venezuela
DATE OF BIRTH: 1/1:	3/1972 SSN: ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN N	AME: Anastasi DRIVER'S LICENSE # STATE LIC. ISSUED: Florida
GENDER: MALE	HEIGHT: S 8 WEIGHT: 180 EYE COLOR: Brown
CURRENT ADDRESS:	1005 S.E. 8th Street
CITY/TOWN:	Fort Lauderdale STATE: FL ZIP: 33316
FORMER ADDRESS:	918 S.E. 8th Street
CITY/TOWN:	Fort Lauderdale STATE: FL ZIP: 33316
PRINT AND SIGN	\(\lambda\)\/\/
PRINTED NAME:	Michelangelo Mozzicato APPLICANT/EMPLOYEE SIGNATURE:
NOTARY INFORMATION	ON .
On this	before me, the undersigned notary public, personally appeared Michelangelo Mozzicato
(name of document	signer), proved to me through satisfactory evidence of identification, which were DNVCYS \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
to be the person w its stated purpose.	nose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for
	REGAN REDINGTON MY COMMISSION # GG 084777 EXPIRES: July 18, 2021

Bonded Thru Notary Public Underwriters

DIVISION USE ONLY

RECUESTED BY:

SIGNATURE OF CORT AUTHORIZED EMPLOYEE

The DCH identify Theft Index PN Number is to be completed by those applicants that have been kneed an identity Theft Number by the DCH. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CON request process. ALL ONI request forms that include this field are required to be submitted to the DCH was mail or by text to (417) 640-4514.



STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record cheek will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ut
· · · · · · · · · · · · · · · · · · ·
Thu
ierse
l it voluntar

BEQUESTED BY:

SIGNATURE OF CORNAUTHORIZED SMPLOVEE

SIGNATURE OF CORNAUTHORIZED SMPLOVEE

The DCII identify Their Index PIN Number is to be completed by those applicants that have been issued an identity Their PIN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this intermation, to ensure the accuracy of the CORI request projess. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to (6.17) 660-6610.

JARCIA JOAN DESMONTS

Notary Public Connecticut My Comm. Expires July 31, 2020



CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORM	ATION									
ABCC NUMBER:		LICENSEE NAM	AE: Anthony's Coa	Il Fired Pizza of A	latick LLC		CITY/TOWN.	Natick		
APPLICANT INFORMAT	TON			-						
LAST NAME: Dahnke			FIRST NAME:	Scott		MI	DDLE NAME: A	rnold		
MAIDEN NAME OR ALIA	AS (IF APPLICABLE): n/a			PLACE OF BI	RTH: W	/ayne, Ml			
DATE OF BIRTH: 05/30/1965 SSN: ID THEFT INDEX PIN (IF APPLICABLE):										
MOTHER'S MAIDEN NA	ME: Roskom		DRIVER'S LICENSE	#:		\$T	ATE LIC. ISSUED:	Connecticut		
GENDER: MALE	HEIC	5HT: 6		WE	IGHT: 200		EYE COLOR:	Blue		
CURRENT ADDRESS:	38 French Road					.,				
CITY/TOWN:	Greenwich		4	STATE: CT		ZIP:	06831			
FORMER ADDRESS:										
CITY/TOWN:				STATE:		ZIP;				
PRINT AND SIGN								\		
	Scott Arnold	Dahnke	APPLICANTA	/EMPLOYEE SIGN	IATURE:		44			
	NA ?									
On this	12/18	befo	ore me, the unde	rsigned notary	public, per	sonally ap	peared Scot	t Arnold Dahnke		
(name of document							Know			
to be the person whits stated purpose.	nose name is si	gned on the pre	ceding or attach	ned document,	r	wledged t	-Alax	(she) signed it voluntarily for		
			,				NOTARY			

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORFAUTHORIZED EMPLOYEE

SIGNATURE OF CORFAUTHORIZED EMPLOYEE

The DCII Identify Theit Index PIN Number is to be completed by those applicants that have been fisured an identity Their PIN Number by the DCII. Certified agences are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCII. Valuation of by factor (617) 660-4614.



SUSAN HATHAWAY NOTARY PUBLIC OF CONNECTICUT My Commission Expires 11/30/2020

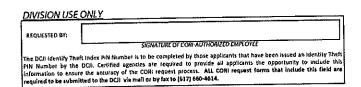


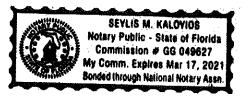
STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORT REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

ABCC LICENSE INFORM	IATION						7			
ABCC NUMBER:		LICENSEE NAM	E: Anthony's Co	al Fired Pizza of f	latick LLC		CITY/TOWN	: Natick		
APPLICANT INFORMAT	ION						ľ			
LAST NAME: Delegal			FIRST NAME:	Maria		МІ	DDLE NAME:	Α,		
MAIDEN NAME OR ALIA	AS (IF APPLICABL	E): Bruno			PLACE OF BIR	RTH: N	ew York, NY			
DATE OF BIRTH: 12/03/1953 SSN: ID THEFT INDEX PIN (IF APPLICABLE):										
MOTHER'S MAIDEN NA	Montefus	.co (ORIVER'S LICENSE	#:		ST.	ATE LIC. ISSUEI	o: Florida		
GENDER: FEMALE	HEI	GHT: 5	4	WE	IGHT: 160		EYE COLOR	Brown		
CURRENT ADDRESS:	2409 N.E. 9th S	treet								
CITY/TOWN:	Hallandale			STATE: FL		ZIP:	33009			
FORMER ADDRESS:	367 idlewyld D	rive								
CITY/TOWN:	Fort Lauderdal	е		STATE: FL		ZIP:	33301			
PRINT AND SIGN							, \	1		
[Maria Deleg	al	APPLICANT	/EMPLOYEE SIG	NATURE:	1/08	ua /	Wegal		
						/	7			
On this 18th		Review befo	re me, the und	ersigned notar	y public, pers	onally ar	opeared Ma	ria Delegal		
(name of documen	t signer), prove	d to me through:	satisfactory evi	dence of ident	fication, whic	ch were		onally known		
to be the person w its stated purpose.	hose name is s	igned on the pre	ceding or attac	hed document	, and acknow)		(she) signed it voluntarily fo		
						J				







CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

ABCC NUMBER:			i					
		LICENSEE NAME	: Anthony's Coa	Fired Pizza of N	atick LLC		CITY/TOWN:	Natick
APPLICANT INFORMATION	ON							
LAST NAME: Castaldo			FIRST NAME:	Nicholas		MII	DDLE NAME:	
MAIDEN NAME OR ALIAS	S (IF APPLICABLE):	n/a			PLACE OF BIRT	TH: No	ew York	
DATE OF BIRTH: 06/29	/1951	SSN:			ID THEFT IND	X PIN (II	F APPLICABLE):	
MOTHER'S MAIDEN NAM	ME: Barone	D	RIVER'S LICENSE	#:		ST.	ATE LIC. ISSUED	: Florida
GENDER: MALE	HEIGH	T: 5	7	WE	IGHT: 150		EYE COLOR:	Blue
CURRENT ADDRESS:	333 Las Olas Way,	Apt. 1110						
CITY/TOWN:	Fort Lauderdale			STATE: FL		ZIP:	33301	
FORMER ADDRESS:	2562 Jardin Drive							
CITY/TOWN:	Weston			STATE: FL		ZIP:	33327	
PRINT AND SIGN					was			
F	Nicholas Casta	ldo	APPLICANT	/EMPLOYEE SIG	NATURE:	سال	hula d	1 Gartalus
On this //	6/19	befor	e me, the unde	ersigned notar	y public, perso	nally a	ppeared Nicl	holas Castaldo
Iname of document	signer), proved t	o me through s	atisfactory evid	dence of ident	fication, whic	h were	Driver	<u> </u>
to be the person whits stated purpose.	nose name is sign	MY COM	ceding or attac E BRYCE CANTON MISSION # GG 0236 S: November 25, 203 Inu Budget Notary Servic	hed document 134 20	and acknow	ledged	to me that (he	e) (she) signed it voluntarily f

DIVISION USE	ONLY
REQUESTED BY:	SIGNATURE OF CORT AUTHORIZED FAMPLOYEE
PIN Number by the	It index PIN Number is to be completed by those applicants that have been issued an identity theft DCII. Certified agencies are required to provide all applicants the opportunity to include this e the occuracy of the COII request process. ALL COII request forms that include this field are ittent to the DCII via mail or by fax to [617] 660-4614.



CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORI	MATION					Marine and the second of the second			3
ABCC NUMBER:		LICENSEE N	IAME: Antho	ny's Coal Fir	ed Pizza of N	atick LLC	944	CITY/TOWN:	Natick
APPLICANT INFORMA	TION							2***	
LAST NAME: WEISS			FIRST N	AME: SA	MUEL			MIDDLE NAME:	
MAIDEN NAME OR AL	IAS (IF APPLICABL	E): [n/a				New York			
DATE OF BIRTH: 06/	25/1949	SSN:				ID THEFT IN	DEX PIN	(IF APPLICABLE):	
MOTHER'S MAIDEN N	AME: Kolodney		DRIVER'S I	ICENSE #:				STATE LIC. ISSUED	Florida
GENDER; MALE	HEI	GHT: 6	7		WEI	GHT: 225		EYE COLOR:	Brown
CURRENT ADDRESS:	11796 Valencia	Gardens Avenu	ie						
CITY/TOWN:	Palm Beach Ga	dens :			STATE: FL		ZIP;	33410	
FORMER ADDRESS:	1196 East Broa	dway						ngangan na diri girle fi gang mga pagagan mananin mangan piglanin h	
CITY/TOWN:	Hewlett	, g (g, d. a.m. a. a. d. de			STATE: NY				
PRINT AND SIGN									
PRINTED NAME:	SAMUEL G. V	VEISS	APP	LICANT/EMI	PLOYEE SIGN.	ATURE:	San	nuel L	Werss
NOTARY INFORMATI	ON		***				an t v shipe		
On this /	10/18	Ь	efore me, th	e undersig	ned notary	public, pers	onally a	appeared SAN	IUEL G. WEISS
(name of documen	r // /////////////////////////////////	to me throu	gh satisfacto	ry evidenc	e of identifi	cation, whic	ch were	drive	Islicense
1						and acknow		to me that (he	e) (she) signed it voluntarily for
					4, ₁ , ₂ , ₃ , ₄			MARISA FRA IY COMMISSION I EXPIRES: July Inded Thru Notary Pul	# GG 083971 77, 2021

DIVISION USE ONLY

BEQUESTED BY:

SIGNATURE OF COREAGITH ORIZED FAIR LOYEE

The OCH issentify that under PIN Number is to be completed by this applicants that have been issued an identity finds ON Number by the Dris. Cartified scenario are required to provide all applicants the opportunity to include this information to ensure the accuracy of the COII regions primarie. ALL CORI requires forms that include this field and required to be automitted to the DCII sid multiprofit primarie. All CORI requires forms that include this field and



CORI REQUEST FORM

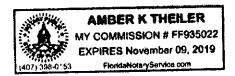
KIM S, GAINSBORO, ESQ. CHAIRMAN

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<u>ABCC LICENSE I</u>	NFORM.	ATION													
ABCC NUMBER:				LICEN	SEE NAM	E: Antho	ny's Coa	al Fired P	izza of N	latick L	LC		сіту/точ	WN:	Natick
APPLICANT INF	ORMAT	ION													
LAST NAME: N	Aarino, J	۲.				FIRST N	AME:	Daniel					MIDDLE NAME	≧: [C.	
MAIDEN NAME	OR ALIA	S (IF APPLIC	ABLE):	n/a						PLAC	E OF BIR	ктн:	Pennsylvania		
DATE OF BIRTH	: 09/15	5/1961		SSI	4:			<u> </u>		ID TH	EFT IND	EX PIN	I (IF APPLICAB	LE):	
MOTHER'S MAI	DEN NA	ME: Kolzii	nski			RIVER'S	ICENSE	#:					STATE LIC. ISS	UED:	Florida
GENDER: MAL	E		HEIGH	т: [5		1		WE	IGHT:	220		EYE COL	OR:	Blue
CURRENT ADDI	RESS:	1014 Trailr	nore La	ne											
CITY/TOWN:		Weston						STA	TE: FL			ZIP:	33326		
FORMER ADDR	RESS:	2430 Del L	ago Driv	/e											
CITY/TOWN:		Fort Laude	rdale					STA	TE; FL			ZIP:	33316		
PRINT AND SIG	GN										, <u>, , , , , , , , , , , , , , , , , , </u>				<u> </u>
PRINTED NAM	ſ	Daniel C.	Marin	o, Jr.		API	LICANT	/EMPLO	YEE SIGI	NATURE		fr	<u> (C </u>	A.	1 cm/fr
								"							
NOTARY INFO	RMATIC	NC											Г		
On this	إسرا), Jai	1.10	2016	befo	re me, tl	ie und	ersigned	l notary	y publi	c, pers	onally	appeared	Jan	iel C. Marino, Jr.
(name of doo	cument	signer), pr	oved t	o me t	hrough s	atisfact	ory evi	dence o	Fidenti	ficatio	n, whic	:h wer	re KN		
to be the pe its stated pu		nose name	is sign	ed on	the pre	ceding o	r attac	hed doo	ument	, and a	cknow \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	vledge	d to me that	(he) (she) signed it voluntarily fo
1													NOTART		



The DCII Identity Theft index P.N Number is to be completed by those applicants that have been issued an identity Theft PN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to [617] 660-4614.





REQUESTED BY:

SIGNATURE OF CORFAUTHORIZED EMPLOYEE

The DCJI Identify Theft Index PNN Number is to be completed by those applicants that have been issued an identity Theft PNN Number by the OCJI. Certified opencies are required to provide all applicants the opportunity to include this information to ensure the accutacy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the OCJI vide mail or by fact to (617) 650-4614.

Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC CITY/TOWN: Natick
APPLICANT INFORMA	ATION
LAST NAME: Fusaro	FIRST NAME: Christopher MIDDLE NAME:
MAIDEN NAME OR A	LIAS (IF APPLICABLE): n/a PLACE OF BIRTH: New York
DATE OF BIRTH: 06	/20/1979 SSN: ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN I	NAME: Muratore DRIVER'S LICENSE #: STATE LIC. ISSUED: New Jersey
GENDER: MALE	HEIGHT: 5 10 WEIGHT: 170 EYE COLOR: Blue
CURRENT ADDRESS:	15 Union Avenue
CITY/TOWN:	Upper Saddle River STATE: NJ ZIP: 07458
FORMER ADDRESS:	10 East Elbrook Drive
CITY/TOWN:	Allendale STATE: NJ ZIP: 07401
PRINT AND SIGN	
PRINTED NAME:	Christopher Fusaro APPLICANT/EMPLOYEE SIGNATURE:
NOTARY INFORMA	TON
	the Day Jan before me, the undersigned notary public, personally appeared Christopher Fusaro
·	nt signer), proved to me through satisfactory evidence of identification, which were
to be the person its stated purpose	whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily to
	NOTARY
	JANICE M. SIVILLO Notary Public, State of New York
	/ No.01SI6031964
SION USE ONLY	Qualified in Orange County Commission Expires October & 24



STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORTREQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORM	MATION						·	
ABCC NUMBER:		LICENSEE NAM	E: Anthony's Co	al Fired Pizza of	Vatick LLC		CITY/TOWN:	Natick
APPLICANT INFORMA	TION							
LAST NAME: Locke			FIRST NAME:	Charles			MIDDLE NAME:	,
MAIDEN NAME OR ALI	AS (IF APPLICABLE)	:			PLACE OF	BIRTH:	Portsmouth, VA	
DATE OF BIRTH: 02/2	3/1968	SSN:			ID THEFT I	NDEX PIN	I (IF APPLICABLE):	
MOTHER'S MAIDEN NA	ME: Gelinas	C	RIVER'S LICENSE	#:			STATE LIC. ISSUED:	Florida
GENDER: MALE	HEIG	нт: 6		WE	IGHT: 220		EYE COLOR:	Hazel
CURRENT ADDRESS:	7970 NW 126th 1	Terrace						
CITY/TOWN:	Parkland		33076					
FORMER ADDRESS:	11205 NW 71st 0	Court						
CITY/TOWN:	Parkland		<u> </u>	STATE: FL		Z(P;	33076	
PRINT AND SIGN								
Г	Charles E. Lock	ke, Jr.	APPLICANT/	EMPLOYEE SIGN	ATURE:		(24	21
NOTARY INFORMATIC	nn/			···········				11
	mary 8, 20	18 before	me, the under	rsigned notary	public, per	sonally a	ppeared Charl	es E. Locke, Jr.
(name of document	signer), proved t	o me through sa	tisfactory evide	ance of identif	cation, whi	ch were	known	
to be the person wh its stated purpose.	ose name is sign	CECILE	J. BUJANOS	4	and acknoy	vledged OC	to me that (he)	(%) signed it voluntarily for
		Februa	nission Expires ary 27, 2019	200	 	· · ·	Var v	\cup

BEQUESTED BY:

SEGNATURE OF CORPAUTHORIZED EXPLUYEE

The OCI identity Their sides Pth Number is to be completed by those applicants that have been issued on identity Their BNA Number by the DCD. Cartilled agonales are required to provide all applicants the opportunity to include that information to ensure the accuracy of the Cottl required process. ALL CORI request forms that include this field are required to be submitted to the DCH via mail or by fax to [617] 680-4614.



STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

BCC LICENSE INFORMA	ATION					***************************************	7			
BCC NUMBER:		LICENSEE NAM	E: Anthony's Coal	Fired Pizza of N	atick LLC		CITY/TOWN:	Natick		
PPLICANT INFORMATI	ON						T			
AST NAME: Achilarre			FIRST NAME:	Shannon		^	IIDDLE NAME:			
MAIDEN NAME OR ALIA	S (IF APPLICABLE)	:			PLACE OF BIF	RTH:	ort Lauderdale, I			
DATE OF BIRTH: 02/02	2/1978	SSN:			ID THEFT INC	DEX PIN (IF APPLICABLE):			
MOTHER'S MAIDEN NAI	ME: Bruno		DRIVER'S LICENSE	#:		s	TATE LIC. ISSUED	Florida		
GENDER: FEMALE	HEIG	нт: 5	9	WE	IGHT: 140		EYE COLOR:	Green		
CURRENT ADDRESS:	1688 S. Ocean La	ne, Unit 265								
CITY/TOWN:	Fort Lauderdale	Fort Lauderdale STATE: FL ZIP: 33316								
FORMER ADDRESS:	1582 SW 30th St	reet								
CITY/TOWN:	Fort Lauderdale			STATE: FL		ZIP:	33315			
PRINT AND SIGN						_				
	Shannon Ach	ilarre	APPLICANT,	EMPLOYEE SIG	NATURE:	\rightarrow				
NOTARY INFORMATIO	ON									
On this /	/10/18	befo	re me, the unde	rsigned notar	y public, pers	onally a	appeared Sha	nnon Achilarre		
(name of document	signer), proved	to me through	satisfactory evic	lence of ident	fication, whi	ch were	<u> </u>	r's license		
to be the person will its stated purpose.	hose name is si	gned on the pre	ceding or attacl	ned document	, and acknow	vledged Lun	to me that (he	e) (she) signed it voluntarily to		
						7	MARISA TA MY COMMISSION EXPIRES: Ju onded Thru Notary F	N#GG 083971		

DIVISION USE ONLY

SECURITIES OF CON-AUTHORIZED EMPLOYEE

The DCH identify Their Index Pilk Number is so be completed by those applicants that have been issued an Mentily Their PIN Number by the DCH: Certified agencies are required to provide all applicants the opportunity to include this information to ensure the actuary of the COR request process. All COR request forms that include this field are required to be submitted to the DCH was mill or by facto (617) 650-4614.

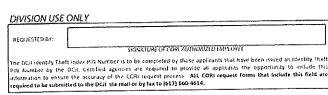


CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record cheek will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORM.	ATION							
ABCC NUMBER:		LICENSEE NAME	: Anthony's Coa	l Fired Pizza	of Natick LL	.C	CITY/TOWN:	Natick
APPLICANT INFORMAT	ION							
LAST NAME: Guinn			FIRST NAME:	Rodney			MIDDLE NAME:	
MAIDEN NAME OR ALIA	S (IF APPLICABLE	E):			PLACE	OF BIRTH:	Oklahoma	
DATE OF BIRTH: 06/06	5/1952	SSN:			HT QI	EFT INDEX P	IN (IF APPLICABLE):	
MOTHER'S MAIDEN NA	ME: Curry	O	RIVER'S LICENSE	#:			STATE LIC. ISSUED	: New Mexico
GENDER: MALE	HEI	GHT: 5	11		WEIGHT:	188	EYE COLOR:	Hazel
CURRENT ADDRESS:	12231 Mountai	n Haze Road NE						
CITY/TOWN:	Albuquerque			STATE:	NM	ZIP	87122	
FORMER ADDRESS:	26 Marion Road	j						
CITY/TOWN:	Arlington			STATE	МА	ZIP	: 02474	
PRINT AND SIGN							7 0	
PRINTED NAME:	Rodney Guin	n	APPLICANT/	'EMPLOYEE	SIGNATURE:	401	Duin	
NOTARY INFORMATIO)N					•		
On this Janua	uy 09,20	before	e me, the unde	rsigned no	otary public	, personall	y appeared Rod	ney Guinn
(name of document	signer), proved	to me through sa	atisfactory evid	ence of id	entification	, which we	ere is	
								(she) signed it voluntarily for
							OFFICIA BRENDA GARG Notary	CIA-CARRILLO 🔓



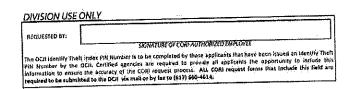
My Comm. Expires 22/09

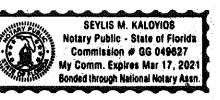


CORL REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

BCC LICENSE INFORM	ATION	·····					7	
ABCC NUMBER: FEXISTING INCLUSEE)		LICENSEE NA	ME: Anthony's Goa	Fired Pizza of	Natick LLC		CITY/TOWN:	Natick
APPLICANT INFORMAT	ION							
LAST NAME: Franzese			FIRST NAME:	Marisa		^ ^	NIDDLE NAME: G),
MÄIDEN NAME OR ALIA	IS (IF APPLICABL	E): Vernale			PLACE OF BIF	RTH:	Waterbury, CT	
DATE OF BIRTH: 10/0	4/1963	SSN:			ID THEFT IN	EX PIN	(IF APPLICABLE):	
MOTHER'S MAIDEN NA	ME: Bowen		DRIVER'S LICENSE	#:			STATE LIC. ISSUED	Florida
GENDER: FEMALE	HE	ібнт: 5	5	W	еі G НТ: 145		EYE COLOR:	Brown
CURRENT ADDRESS:	10453 NW 2nd	Street						
CITY/TOWN:	Coral Springs			STATE: FL		33071		
FORMER ADDRESS:	2639 N. Rivers	side Drive, Unit 20	i2-					
CITY/TOWN;	Pompano Bead	ch		STATE: FI		ZIP:	33062	
PRINT AND SIGN				· · · · · · · · · · · · · · · · · · ·			<u> </u>	4
PRINTED NAME:	Marisa Franz	zese	APPLICANT	'/EMPLOYEE ŞIÇ	INATURE:	11/1	aus a F	rayre
						l		<i>V</i>
NOTARY INFORMATI		 	efore me, the und	lanad nota	ny ny hlie nere	nnallv	anneared Ma	wa Franzese
On this /	18/18							
(name of documen	t signer), provi	ed to me throug	sh satisfactory evi	dence of iden	tification, whi	ch wer	i	r's license
to be the person wits stated purpose.	vhose name is	signed on the p	receding or attac	hed documer	at, and acknow	viedge	d to me that (h	e) (she) signed it voluntarily
						7—	MOTARY	



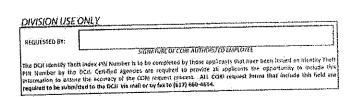


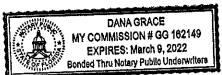


CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

3CC LICENSE INFO I	IMATION							
BCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC CITY/TOWN: Natick							
PPLICANT INFORM								
AST NAMÉ: MARZ	ANO FIRST NAME: Dominick MIDDLE NAME:							
MAIDEN NAME OR A	LIAS (IF APPLICABLE): In/a PLACE OF BIRTH: Hollywood, FL							
DATE OF BIRTH: 02/20/1975 SSN: ID THEFT INDEX PIN (IF APPLICABLE):								
MOTHER'S MAIDEN	NAME: Moltisanti DRIVER'S LICENSE #: STATE LIC. ISSUED: Florida							
SENDER: MALE	HEIGHT: 6 4 WEIGHT: 260 EYE COLOR: Hazel							
CURRENT ADDRESS:	101 S. Ff. Lauderdale Blvd., #2501							
CITY/TOWN:	Fort Lauderdale STATE: FL ZIP: 33316							
FORMER ADDRESS:	1917 SE 21st Avenue							
ĊΠΥ/ŤΘŴΝ:	Fort Lauderdale STATE: FL ZIP: 33316							
PRINT AND SIGN								
PRINTED NAME:	Dominick MARZANO APPLICANT/EMPLOYEE SIGNATURE:	A STATE OF THE PROPERTY OF THE						
NOTARY INFORMA	TION							
F1	MURY 5 2018 before me, the undersigned notary public, personally appeared Dominick MARZANO							
(name of docum	ent signer), proved to me through satisfactory evidence of identification, which were DRIVERS U.C.O.S.	s(
to be the person its stated purpos	whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it vo	TURKATIY 101						



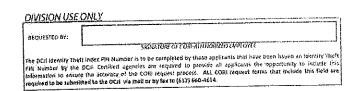


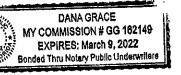


CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

PRINCE INFORMATION IAST NAME: MARZANO FIRST NAME: Michael Michael Michael C. Michael MARZANO FIRST NAME: Michael Michael C. Michael Michael Michael C. Michael C. Michael Michael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: MICHAEL MARZANO APPLICANT/EMPLOYEE SIGNATURE: MICHAEL MARZANO MOTARY INFORMATION On this MARZANO Iname of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily it its stated purpose.	BCC LICENSE II	NFORMATI	ON				W Topological and the same and the same of						
MADEN NAME: MARZANO FIRST NAME: Michael Micha	ABCC NUMBER: FEXISTINGUETYSED			LICENSI	EE NAME:	Anthony's Co.	al Fired Pizzi	of Natick	LLC	namanan pipunga pabupa pab	city/towi	N: Natick	
MAIDEN NAME OR ALIAS (IF APPLICABLE): In/a PLACE OF BIRTH: Queens, NY DATE OF BIRTH: QS/20/1974. SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: Ripandelfi ORIVER'S LICENSE II: STATE LIC., ISSUED: Florida GENDER: MALE HEIGHT: 5 10 WEIGHT: 200 EYE COLOR: Hazel CURRENT ADDRESS: 7 Mendota Lane CITY/TOWN: Sea Ranch Lakes STAYE: FL ZIP: 33308 FORMER ADDRESS: 4900 N. Ocean Blvd., Apt. 904 CITY/TOWN: Fort Lauderdale STATE: FL ZIP: 33308 PRINT AND SIGN PRINT AND SIGN PRINT AND SIGN On this MALE MICHAEL C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: MICHAEL C. MARZANO (Iname of document signer), proved to me through satisfactory evidence of identification, which were Colors of the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily to list stated purpose.	APPLICANT INF	ORMATION								·		g-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-manus-	
DATE OF BIRTH: STATE LIC. ISSUED: Florida EVE COLOR: Hazel CURRENT ADDRESS: 7 Mendota Lane CITY/TOWN: Sea Ranch Lakes STATE: STATE: FL ZIP: 33308 PRINT AND SIGN PRINT AND SIGN PRINT AND SIGN PRINTED NAME: MIChael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: NOTARY INFORMATION On this DATE OF DATE OF COLOR: In an applicant of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily to lits stated purpose.	LAST NAME: N	1ARZANO	ZANO			FIRST NAME:	Michael				MIDDLE NAME:	<u>e </u>	
MOTHER'S MAIDEN NAME: Ripandelfi DRIVER'S LICENSE #: STATE LIC. ISSUED: Florida GENDER: MALE HEIGHT: 5 10 WEIGHT: 200 EYE COLOR: Hazel CURRENT ADDRESS: 7 Mendota Lane CITY/TOWN: Sea Ranch Lakes STATE: FL ZIP: 33308 FORMER ADDRESS: 4900 N. Ocean Blvd., Apt. 904 CITY/TOWN: Fort Lauderdale STATE: FL ZIP: 33308 PRINT AND SIGN PRINT AND SIGN On this LANCRY 5 2018 before me, the undersigned notary public, personally appeared Michael C, MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were RIPES LICENSE to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the stated purpose.	MAIDEN NAME OR ALIAS (IF APPLICABLE);						PLAC	E OF BIR	тн:	Queens, NY	A STATE OF THE STA		
GENDER: MALE HEIGHT: 5 10 WEIGHT: 200 EYE COLOR: Hazel CURRENT ADDRESS: 7 Mendota Lane CITY/TOWN: Sea Ranch Lakes STAYE: FL ZIP: 33308 FORMER ADDRESS: 4900 N. Ocean Blvd., Apt. 904 CITY/TOWN: Fort Lauderdale STAYE: FL ZIP: 33308 PRINT AND SIGN PRINT AND SIGN PRINTED NAME: Michael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: NOTARY INFORMATION On this ADDRESS 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily its stated purpose.	DATE OF BIRTH	: 03/20/1	974	SSN	: [וד סו	HEFT IND	EX PIN	(IF APPLICABLE):	
GENDER: MALE HEIGHT: 5 10 CURRENT ADDRESS: 7 Mendota Lane CITY/TOWN: Sea Ranch Lakes STATE: FL ZIP: 33308 FORMER ADDRESS: 4900 N. Ocean Blvd., Apt. 904 CITY/TOWN: Fort Lauderdale STATE: FL ZIP: 33308 PRINT AND SIGN PRINT AND SIGN PRINTED NAME: Michael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: Michael C. MARZANO On this DAMARY INFORMATION On this DAMARY 5 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily this stated purpose.	MOTHER ⁱ S MAI	IDEN NAME	Ripandelli		OF	IIVER'S LICENSI	: #;				STATE LIC. ISSUE	D: Florida	
FORMER ADDRESS: 4900 N. Ocean Blvd., Apt. 904 CITY/TOWN: Fort Lauderdale STATE: FL ZIP: 33308 PRINT AND SIGN PRINTED NAME: Michael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: NOTARY INFORMATION On this Dance 5 2018 before me, the undersigned notary public, personally appeared. Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the stated purpose.	GENDER: MAL	E:	HE	б нт: [5		10		WEIGHT:	200		EYE COLOR	R: Hazel	
FORMER ADDRESS: 4900 N. Ocean Blvd., Apt. 904 CITY/TOWN: Fort Lauderdale STATE: FL ZIP: 33308 PRINT AND SIGN PRINTED NAME: Michael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: Michael C. MARZANO NOTARY INFORMATION On this Lance 5 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily fits stated purpose.	CURRENT ADDI	RESS: 71	vlendota Lani	3									
PRINT AND SIGN PRINTED NAME: Michael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: NOTARY INFORMATION On this DOUGRY 5 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily fits stated purpose.	CITY/TOWN:	Se	a Ranch Lake	\$		STATE: PL ZIP: 3				33308	33308		
PRINT AND SIGN PRINTED NAME: Michael C. MARZANO APPLICANT/EMPLOYEE SIGNATURE: NOTARY INFORMATION On this Danage 5 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily fits stated purpose.	FORMER ADDR	tess: 49	000 N. Ocean	Blvd., Apt.	904							مسورت و مستقد المشاركة و المراز و المرا	
MOTARY INFORMATION On this DOUGRY 5 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.	CITY/TOWN;	FC	Fort Lauderdale STATE: FL ZIP: 33308										
MOTARY INFORMATION On this DOUGRY 5 2018 before me, the undersigned notary public, personally appeared Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.	PRINT AND SIG	GN						<u></u>	The control of the co	111	+		
On this Moure 5 2018 before me, the undersigned notary public, personally appeared. Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.		r	chael C. M	ARZANO		APPLICAN	r/employet	SIGNATUR	E: [<u> </u>		
On this Moure 5 2018 before me, the undersigned notary public, personally appeared. Michael C. MARZANO (name of document signer), proved to me through satisfactory evidence of identification, which were to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.	<u> </u>								· · · · · · · · · · · · · · · · · · ·				
(name of document signer), proved to me through satisfactory evidence of identification, which were DRIVERS UCENSE to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily fits stated purpose.	Г	· · · · · · · · · · · · · · · · · · ·			1.					~~~*li.	angaarad M	ichael C. MARZANO	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.	On this	<u> Davaa</u>	Ry 5	2018] before	e me, the und	ersigned n	otary pub	iic, perso	nugilà	abbasien In	wines Similaring	
lts stated purpose.	(name of doo	cument sig	(ner), prove	d to me th	rough sa	itisfactory evi	dence of lo	lentificati	on, whic	h wer		N. C.	·
INCIPAL STATE OF THE PROPERTY			ie name is s	igned on t	he preco	eding or attac	ched docur	nent, and	acknow	ledge	d to me that (he) (she) signed it volur	ntarily fo







CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMA	ATION						7	
ABCC NUMBER: IF EXISTING LICENSEF)		LICENSEE NAM	IE: Anthony's Coal	Fired Pizza of Na	atick LLC		CITY/TOWN:	Natick
APPLICANT INFORMAT	ION				······································			1
LAST NAME: Cook			FIRST NAME:	Mark		М	IDDLE NAME: A	bi .
MAIDEN NAME OR ALIA	S (IF APPLICABLE	E): n/a			PLACE OF BIF	тн: №	Auskegon, MI	
DATE OF BIRTH: 12/20)/1958	SSN:		MARKET	ID THEFT INC	EX PIN (I	IF APPLICABLE):	
MOTHER'S MAIDEN NA	ME: Vinn		DRIVER'S LICENSE	#:		ST	TATE LIC. ISSUED	: New Jersey
GENDER: MALE	HEI	GHT: 6	1	WEIG	3HT: 250		EYE COLOR:	Brown
CURRENT ADDRESS:	16 Clearbrook L	ane						
CITY/TOWN:	Sewell			STATE: NJ		ZIP:	08080	
FORMER ADDRESS:	Locus Street							
CITY/TOWN:	Philadelphia			STATE: PA				
PRINT AND SIGN							110	
1	Mark A. Cool	<	APPLICANT/	EMPLOYEE SIGN	ATURE:	/	hlex.	Coule
On this // 7	1/18	befo	ore me, the unde	rsigned notary	public, pers	onally a	ppeared Mai	rk A. Cook
(name of document	signer), prove	d to me through	satisfactory evid	ence of identif	ication, whic	h were		25 LICERSE
to be the person wits stated purpose.	hose name is s	ligned on the pre	eceding or attach	ned document,	and acknow	oledged Zu j	to me that the	e) (she) signed it voluntarily fo
							NOTAN	

REQUESTED BY:

SIGNATURE OF CORE AUTHORIZED EMPLOYEE

SIG

Inter DCH Identify Theft Index PIN Number is to be completed by those applicants that have been issued an identify Theft PIN Number by the OCH, Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the OCH We mail or by fax to [617] 860-4614.

KAREN V LEVETT Notary Public State of New Jersey My Commission Expires Mar 1, 2021



STEPEN GROSSMAN TREASURER AND RECEIVER GENERAL

Parallera Ballera

THE PROPERTY OF THE PROPERTY O

CORTREQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

BCC LICENSE INFORMA BCC NUMBER:		LICENSEE N	AME: Anthony	Cost Fired	Pizza of Natick	LLC		city/town:	Natak
PPLICANT INFORMAT	ION	A STATE OF THE STA							
AST NAME: MOTERAL	Ö	and the control of th	FIRST NAM	is: Deoc	rah			"DOLE NAME: L	Y()
aaiden name or alia	is (if applicabl	.E): Spatholt, C	ailghàs		PŁA	ce of Birt	H: [Dhio	
DATE OF BIRTH: 11/1	5/1965	\$\$\$:			101	HEFT INDE	X PIN (if Applicable):	
MOTHER'S MAIDEN NA	.ME: Callaban		DRIVERSLIC	ENSE #:			5	TATE LIC. ISSUEC	North Carolina
GENDER FEMALE	141	IGHT: 5	2		Weight	108		EYE COLOR:	Brown
CURRENT ADDRESS:	8475 Ember L	one NW							
CITY/TOWN:	ASN			\$	ATE: NC		ZiP:	28420	
TORIACH ADDRESS:	720 Punce De Leon Grive								
CHY/TOWN:	Fort Lauderd	312		5	TATE: [L		Z(i*:	33316	
							-34	alagan katalog gayayaya a ayay ayay aya aya katalog da	
PRINT AND SIGN PRINTED NAME:	Deborah Ly	n Mozzicato	AFPLI	CANT/EMP	oyee signatu	ire: 👠	<u> Le</u>	Li Cei a C	Ploeeccato
Service and the service and th		And the state of t							
NOTARY INFORMAT	n al Tan	INTIL ANIX	refore me, the	undersign	ed notary pu	blic, perso	nally a	appeared De	borah Lyn Mozzicato
					mil informatifieris	lan which	h wetê	Person	Malli KNOWN
(name of docume				A Galdence	Of Identificat	ackno v	edged	to me that (h	ie) (she) signed it voluntarily i
to be the person. Its stated purpose		s signed on the	(a) 2	N	Ith Caronia	Jua	X-X	JUNE	WOHL !
Benedicture and management of the first standard experience and objects (and other and	ماريدو ويوس معمد أميسون برميزي وزير الأمارية ويواول والأوارة	Appareirant of the second constitution of the first of the second of the				mul	lon	mission	(mbrus)
						U	6	4/22/20	al mbria
IVISION USE ONLY								į į	



STEVEN GROSSMAN TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ. CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

CC NUMBER:	ATION	LICENSEE NAME	Anthony's Coa	al Fired Pizza	of Natick LLC	CITY/TOWN:	Natick
PLICANT INFORMAT	ION					MIDDLE NAME: J.	
ST NAME: Nersinge			FIRST NAME:	Susan			
AIDEN NAME OR ALI	AS (IF APPLICABLE):				PLACÉ OF BIRTH	: Rochester, NY	
ATE OF BIRTH: 02/1	4/1965	SSN:			ID THEFT INDEX	PIN (IF APPLICABLE):	
NOTHER'S MAIDEN NA	ME: Kawabata	, D	RIVER'S LICENS	E#:		STATE LIC. ISSUEC	L
SENDER: FEMALE	HEIGHT	r: 5	3		WEIGHT: 120	EYE COLOR:	Brown
URRENT ADDRESS:	15 Clearbrook Lane				- WI		
CITY/TOWN:	Seweli			STATE	: NJ	219: 08080	
FORMER ADDRESS:	489 French Road						
CITY/TOWN:	Rochester			STATE	: NY	ZIP: 14618	
PRINT AND SIGN PRINTED NAME:	Susan J. Nersin	ger	APPLICAN	NT/EMPLOYE	E SIGNATURE:	well him	
NOTARY INFORMAT	nn (eth 2	187 hasa	rome the un	dersigned r	notary public, perso	nally appeared Su	san J. Nersinger
On this							rense
(name of docume	nt signer), proved	to me through	satisfactory e coding or att	vidence of i	dentification, which ment, and acknowl	edged to me that (he) (she) signed it voluntarily
to be the person its stated purpose	whose name is sig	usa on me pre	securing or any			NOTARY	
						Al Notacy PL	USTIN A CANUSO ublic – State of New Jersey nission Expires Jun 7, 2022

	DIVISION USE ONLY
i	REQUESTED BY:
	SIGNATURE OF CORTANYHORIZED EMPLOYEE
П	Sometimes bear found an ideality their

The OCH Identify Theft Index PIN Number is to be completed by those applicants that have been issued an identify Theft PIN Number by the DCH. Certified agencies are required to provide all applicants the apportunity to include this information to ensure the accuracy of the CORI request pincess. ALL CORI request forms that include this field are required to be submitted to the DCH via mail or by tax to [617] 660-4614.



Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC NUMBER: LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC APPLICANT INFORMATION LAST NAME: Wagner, III FIRST NAME: Karl MIDDLE NAME: Augustus MAIDEN NAME OR ALIAS (IF APPLICABLE): n/a PLACE OF BIRTH: Minnesota DATE OF BIRTH: 04/08/1969 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: Kuns DRIVER'S LICENSE #: STATE LIC, ISSUED: Pennsylvania
LAST NAME: Wagner, III FIRST NAME: Karl MIDDLE NAME: Augustus MAIDEN NAME OR ALIAS (IF APPLICABLE): In/a PLACE OF BIRTH: Minnesota DATE OF BIRTH: 04/08/1969 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: Kuns DRIVER'S LICENSE #: STATE LIC, ISSUED: Pennsylvania
MAIDEN NAME OR ALIAS (IF APPLICABLE): In/a DATE OF BIRTH: 04/08/1969 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: Kuns DRIVER'S LICENSE #: STATE LIC. ISSUED: Pennsylvania
DATE OF BIRTH: 04/08/1969 SSN: ID THEFT INDEX PIN (IF APPLICABLE): MOTHER'S MAIDEN NAME: Kuns DRIVER'S LICENSE #: STATE LIC. ISSUED: Pennsylvania
MOTHER'S MAIDEN NAME: Kuns DRIVER'S LICENSE #: STATE LIC. ISSUED: Pennsylvania
MOTHER'S MAIDEN NAME: AUTS
GENDER: MALE HEIGHT: 6 1 1 WEIGHT: 210 EYE COLOR: Hazel
CURRENT ADDRESS: 173 Wentworth Lane
CITY/TOWN: Rosemont STATE: PA ZIP: 19010
FORMER ADDRESS: 618 Kenilworth Road
CITY/TOWN: Ardmore STATE: PA ZIP: 19003
PRINT AND SIGN
PRINTED NAME: Karl Wagner III APPLICANT/EMPLOYEE SIGNATURE:
NOTARY INFORMATION
On this JANUARY 8, 2018 before me, the undersigned notary public, personally appeared Karl 'Yagner III
(name of document signer), proved to me through satisfactory evidence of identification, which were
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily fits stated purpose.
Mancy & Coxbliw NOTARY

Commonwealth of Pennsylvania

Notarial Seal NANCY L CONKLIN – Notary Public MILFORD TWP, PIKE COUNTY My Commission Expires Oct 26, 2021

DIVISION USE	ONLY
REQUESTED BY:	SIGNATURE OF CORLAUTHORIZED EMPLOYEE

The DCH identify Theft index Pin Number is to be completed by those applicants that have been issued an identity Theft Pin Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the OCII Ma mail or by fax to [617] 660-4614.



Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street, First Floor Boston, MA 02114

CORTREQUEST FORM

KIM S. GAINSBORO, ESQ. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFOR	IMATION
ABCC NUMBER:	LICENSEE NAME: Anthony's Coal Fired Pizza of Natick LLC CITY/TOWN: Natick
APPLICANT INFORM	ayion
LAST NAME: Yoselo	FIRST NAME: Anthony MIDDLE NAME:
MAIDEN NAME OR A	LIAS (IF APPLICABLE): n/a PLACE OF BIRTH: New York
DATE OF BIRTH: 02	/07/1974 SSN: ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN I	NAME: Carbone DRIVER'S LICENSE #: STATE LIC. ISSUED: New York
GENDER: MALE	HEIGHT: 5 5 WEIGHT: 150 EYE COLOR: Brown
CURRENT ADDRESS:	15 Central Park West #3D
CITY/TOWN:	New York STATE: NY ZIP: 10023
FORMER ADDRESS:	1 Columbus Place
CITY/TOWN:	New York STATE: NY ZIP: 10019
PRINT AND SIGN	
PRINTED NAME:	Anthony Yoseloff APPLICANT/EMPLOYEE SIGNATURE:
	70N
On this JA	before me, the undersigned notary public, personally appeared Anthony Yoseloff
(name of documer	nt signer), proved to me through satisfactory evidence of identification, which were
to be the person vits stated purpose	whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for the preceding of the prec
	NOTALI

GLORIA LIU
NOTARY PUBLIC, STATE OF NEW YORK
NO. 02L16326575
QUALIFIED IN NEW YORK COUNTY
MY COMMISSION EXPIRES JUN 22, 2019

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORD-AIMHORIZED EMPLOYEE

The DCII Identify Theit Index PIN Number is to be completed by those applicants that have been issued an Identity Their PIN Number by the DCII, Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to [617] 660-4614.

BENEFICIAL	IN	TEREST - Organization								
		Beneficial Interest - Organiza nership, in this license.	ation shee	et for <u>a</u>	<u>ıll</u> organ	ization(s)	who have	e a direct	or indirect benefici	al interest,
considered to h	nave est i	for a liquor license. ABC In a direct beneficial interest n the proposed licensee (Af	in the pro	posed	license	e (ABC Inc	and 123	3 Inc. is co	onsidered to have i	ndirect
Entity Name:	Anth	nony's Pizza Holding Company	/, LLC					FEIN:	20-1394718	***************************************
Primary Phone:		(954) 917-2332				Fax N	lumber:		-	
Alternative Pho	ne:			E	mail:	MarisaF	@acfp.cor	m		
Business Addre	Г	00	Street N	Name:	West C	ypress Cre	ek Road 22	20		
City/Town:	Fort	Lauderdale		<u> </u>	Sta	te:	FL			
Zip Code: 33	3309		Countr	y:		USA				
Mailing Addre	ss	⊠ Check he	re if your N	lailing A	Address i	s the same	as your Bu	siness Add	ress	
Street Number:	: [Street f	Name:						
City/Town:						State:				
Zip Code:			Countr	y:						
Publicly Trade		publicly traded? OYes	⊚ No							
Ownership / In	itere	est								
Using the defin organization ho the proposed li	old a	above, does this direct or indirect interest in see?	Direct	0	Indirect	inter		proposed	s a direct beneficial licensee, please list s.	100
lf you	ı holi	d an indirect beneficial interest	t in this lice	ense, pl	ease cor	nplete the	<u>Ownership</u>	o / Interes	t Table on the next pa	age.

Name of Beneficial Interest - Organization	FEIN	
See Exhibit A		

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary	<u>/ Action</u>			
Has this entity ev	er been involved direc	tly or indi	rectly in an	alcoholic beverages license that was subject to disciplinary action
	nplete the following:	State	City	Reason for suspension, revocation or cancellation
Date of Action	Name of License	State	City	neason for suspension, recodulation
	See Exhibit B			

		ΓEREST - Organization						••• • •	·	
lease comple vith or withou	ete a l ut ow	Beneficial Interest - Organiz nership, in this license.	ation shee	t for <u>al</u>	<u>l</u> organi	zation(s) w	ho have	a direct	or indirect beneficia	al interest
ancidared to	have erest	g for a liquor license. ABC Ir e a direct beneficial interest in the proposed licensee (A	in the prop	posed l	licensee	(ABC Inc.)	and 12:	3 Inc. is c	onsidered to have if	lairect
 Entity Name:	ACF	P Management, Inc.						FEIN:	45-4066305	
Primary Phone	e:	(954) 917-2332			**	Fax Nu	ımber:			
Alternative Ph				Er	nail:	MarisaF@	acfp.cor	m		
Business Add Street Numbe	Г	200	Street N	lame:	West C	ypress Creel	k Road 2	20		
City/Town:	L	Lauderdale]		Sta	te:	FL			
Zip Code:	3330	9	Country	y: 		USA				
Mailing Add	ress		ere if your M	lailing A	ddress is	s the same as	s your Bu	siness Add	dress	
Street Numbe	er:		Street N	Name:						
City/Town:						State:				
Zip Code:			Countr	y:						
Publicly Trac										
Is this organiz	zatior	publicly traded? Yes	⊚ No							
Ownership /									la a divert be a efficiel	
Using the def organization the proposed	hold	n above, does this a direct or indirect interest in usee?	⊜ Direct	: ()	Indirect	intere	est in the	ation hold proposed est it hold	Is a direct beneficial d licensee, please list ls.	
lf v	ou ho	ld an indirect beneficial intere	st in this lice	ense, pl	ease cor	mplete the <u>C</u>)wne <u>rshi</u>	p / Intere	st Table on the next pa	age.

_					rest
LIW	112	1311	.	1111	

FEIN
20-1394718

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD
Anthony's Coal Fired Pizza	912 On Premises	145000015	

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

Date of Action	olease complete the following: Action Name of License		City	Reason for suspension, revocation or cancellation					
Jate of Action	See Exhibit B								

BENEFICIAL	INT	EREST - Organization	<u>n</u>							
Please complet with or without	e a l	Beneficial Interest - Organia nership, in this license.	zation shee	et for <u>a</u>	<u>ll</u> organ	ization(s) v	vho have	a direct	or indirect beneficia	al interest,
ancidared to b	nave est i	for a liquor license. ABC II a direct beneficial interest in the proposed licensee (A	in the pro	posed	license	: (ABC Inc.)) and 12:	3 inc. is c	onsidered to nave in	unect
Entity Name:	Plas	tic Tripod, Inc.						FEIN:	47-5609452	
Primary Phone:		(954) 917-2332				Fax N	umber:			
Alternative Pho	ne:			Email: MarisaF@acfp.co			@acfp.cor	n		
Business Addr	ess									
Street Number:	: 2	00	Street I	Name:	West C	ypress Cree	k Road 2	20		
City/Town:	Fort	Lauderdale			Sta	ite:	FL			
Zip Code: 3	3309	9	Countr	r y :		USA				
Mailing Addre	ess		nere if your N	Mailing /	Address i	s the same a	ıs your Bu	siness Ad	dress	
Street Number	r: [Street	Name:						
City/Town:						State:				
Zip Code:			Count	ry:						
Publicly Trade		publicly traded? \(\text{Yes}	♠ No							
Ownership / I	nter	<u>est</u>								
Using the definorganization has the proposed	old.	n above, does this a direct or indirect interest in isee?	<u></u> Direc	t 💿	Indirect	inter	s organiza est in the 6 of inter	propose	ds a direct beneficial d licensee, please list ls.	
If you	u ho	ld an indirect beneficial intere	est in this lic	ense, p	lease co	mplete the	<u>Ownershi</u>	p / Intere	st Table on the next pa	age.

Ownersh	ip / 1	nte	rest

Name of Beneficial Interest - Organization	FEIN
ACFP Management, Inc 100%	45-4066305
Anthony's Pizza Holding Company, LLC	20-13947
See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Type of License	License Number	Premises Address	
		201 Constitution Avenue, Littleton	
§12 On Premises	062400026		
§12 On Premises	080000222	180 Needham Street, Newton	
	000000000	100028 SHOPS WAY, NORTHBOROUGH	
§12 On Premises	090200058		
§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING 119 UNIVERSITY AVENUE, WESTWOOD	
	145600012		
§12 On Premises	145000015		
	1		
	Type of License §12 On Premises	§12 On Premises 062400026 §12 On Premises 080000222 §12 On Premises 090200058 §12 On Premises 101600038	

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

If yes, please complete the following:

If yes, please cor	nplete the following:		T	Reason for suspension, revoca	tion or cancellation
Date of Action	Name of License	State	City	Reason for suspension, revoca	GOT OF Carecination
	See Exhibit B				

BENEFICIAL INTEREST - Organization										
		Beneficial Interest - Organiza mership, in this license.	ition shee	t for <u>a</u>	<u>ill</u> organ	ization(s)	who have	a direct	or indirect benefici	al interest,
considered to	have erest	g for a liquor license. ABC Inc a direct beneficial interest i in the proposed licensee (AB	n the pro	posed	licensee	: (ABC Inc	.) and 123	3 Inc. is c	onsidered to have ir	iairect
Entity Name:	Hot	Air, Inc.						FEIN:	47-5596389	
Primary Phon	e:	(954) 917-2332				Fax N	lumber:			
Alternative Ph	rnative Phone:			E	Email: MarisaF@acfp.co			n		
Business Ado	dre <u>ss</u>									
Street Numbe	er: 2	200	Street N	lame:	West C	ypress Cre	ek Road 2.	20		
City/Town:	Fort	Lauderdale			Sta	te:	FL			
Zip Code:	3330	9	Country	y:		USA				
Mailing Add	ress		re if your N	lailing .	Address i	the same	as your Bu	siness Ada	lress .	
Street Numb	er:		Street I	Name:						
City/Town:						State:				
Zip Code:			Countr	y:			1411			
Publicly Trac		publicly traded? OYes	⊚ No							
Ownership /	Inter	est								
Using the de organization the proposed	hold	n above, does this a direct or indirect interest in usee?	○ Direct	· •	Indirect	inte	is organiza rest in the % of intere	proposed	s a direct beneficial I licensee, please list s.	
lf y	ou ho	ld an indirect beneficial interes:	t in this lic	ense, p	lease cor	nplete the	<u>Ownershi</u>	p / Intere	st Table on the next p	age.

A		110	<u>terest</u>
OWN	ersmp	/ 111	reiesr

Name of Beneficial Interest - Organization	FEIN
Plastic Tripod, Inc 100%	47-5609452
ACFP Management, Inc.	45-4066305
Anthony's Pizza Holding Company, LLC	20-1394718

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Prenases Address	
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton	
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton	
	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH	
Anthony's Coal Fired Pizza	-	101600038	48 WALKERS BROOK DRIVE, READING	
Anthony's Coal Fired Pizza	§12 On Premises		119 UNIVERSITY AVENUE, WESTWOOD	
Anthony's Coal Fired Pizza	§12 On Premises	145600013		

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
-				
		†	+	
		<u> </u>		

BENEFICIAL INTEREST - Organization										
Please complete a Beneficial Interest - Organization sheet for <u>all</u> organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.										
	have erest i	g for a liquor license. ABC Inc a direct beneficial interest i in the proposed licensee (AB	n the arc	nosed	licensee	TABC Inc	.i and 12.	3 INC. IS CO	Misiagi sa to mare in	uncci
Entity Name:	Carc	lboard Box, LLC						FEIN:	47-5496274	
Primary Phone	e:	(954) 917-2332				Fax N	lumber:			
Alternative Ph	one:	one:		Ei	nail:	MarisaF	@acfp.co	m		
Business Ado	lress									
Street Numbe	er: 2	200	Street	Name:	West Cy	press Cre	ek Road 2	20		
City/Town:	Fort	Lauderdale			Sta	te:	FL			
Zip Code:	3330	9	Counti	ry:		USA				
Mailing Add	ress	⊠ Check he	re if your l	Mailing I	Address is	the same	as your Bu	ısiness Ada	Iress	
Street Numb	er:		Street	Name:						
City/Town:						State:				
Zip Code:			Count	ry:						
Publicly Traded Is this organization publicly traded?										
organization the proposed	finitic hold d licer	on above, does this a direct or indirect interest in usee?	⊜ Direc		Indirect	inte the	rest in the % of inte	e proposed rest it hold		
lf y	ou ho	old an indirect beneficial interes	t in this li	cense, p	lease cor	nplete the	Ownersh	ip / Intere	st Table on the next pa	age.

Owner	chin	/ Interest
OWIIEL	SIUP,	HILEIGST

Name of Beneficial Interest - Organization	FEIN
Hot Air, Inc 100%	47-5596389
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

201 Constitution Avenue, Littleton 180 Needham Street, Newton
180 Needham Street, Newton
100028 SHOPS WAY, NORTHBOROUGH
48 WALKERS BROOK DRIVE, READING
119 UNIVERSITY AVENUE, WESTWOOD
_

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
	See Exhibit B			

BENEFICIAL	L IN	TEREST - Organization	1							3
Please comple with or withou	ete a ut ow	Beneficial Interest - Organiz Inership, in this license.	ation she	et for <u>al</u>	l organ	ization(s)	who have	e a direct	or indirect beneficia	l interest,
	have erest	g for a liquor license. ABC Ir e a direct beneficial interest in the proposed licensee (A	in the nro	pposed l	icense	e (ABC Inc.	.) and 12.	3 Inc. IS C	onsidered to nave in	unect
Entity Name:	ACF	P Investors, Inc.						FEIN:	45-4077220	
Primary Phone	e:	(954) 917-2332				Fax N	lumber:	Marisal	@acfp.com	
Alternative Ph	none:] Er	nail:					
Business Add	dress									
Street Numbe	er:	200	Street	Name:	W. Cyp	ress Creek	Rd., Ste. 2	20		
City/Town:	For	: Lauderdale			St	ate:	FL			
Zip Code:	3330	9	Count	ry:		USA				
Mailing Add	ress	⊠ Check h	ere if your i	Mailing A	Address	is the same	as your Bu	ısiness Ade	dre	
Street Numb	er:		Street	Name:			,			
City/Town:						State:				
Zip Code:			Count	try:						
Publicly Trac		n publicly traded? • Yes	∩No							
Ownership /	Inte	rest	-							
Using the de organization the proposed	hold	on above, does this a direct or indirect interest in nsee?	⊜ Direc	t 📵	Indirec	t inte	rest in the	ation hold propose est it hold	ds a direct beneficial d licensee, please list ds.	
lf y	ou ho	old an indirect beneficial intere	st in this li	cense, pl	ease co	mplete the	<u>Ownersh</u>	ip / Intere	st Table on the next pa	ige.

Ownersh	ip/	Inte	rest

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 3.53%	47-5496274
Multiple Entities See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason	for sus	pensior	າ, revo	cation	or cand	ellation)	
See Exhibit B												
					.,,							
			<u> </u>						 .			

BENEFICIAL INTEREST - Organiza	ation_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Please complete a Beneficial Interest - Or with or without ownership, in this license	rganization shee e.	t for <u>all</u> org	anization(s)	who have	e a direct or indirect benefici	al interest,
Example: ABC Inc. is applying for a liquor license. As a liquor license. As a liquor license. As a liquor license and a liquor license and a liquor license and a	erest in the proper	oosed licens	see (ABC Inc.	.) and 12:	3 Inc. is considered to have if	idirect
Entity Name: Home Team Pizza, LLC					FEIN: \$5-5082266	
Primary Phone:			Fax N	lumber:		
Alternative Phone:		Email:				
Business Address						
Street Number: 520	Street N	lame: Mad	lison Avenue,	30th Floo	r, Attn: Anthony Yoseloff	
City/Town: New York			State:	NY		
Zip Code: 10022	Country	<i>/</i> :	USA			
Mailing Address X Ch	neck here if your M	ailing Addres	ss is the same	as your Bu	siness Address	
Street Number:	Street N	lame:				
City/Town:			State:			
Zip Code:	Country	y:				
Publicly Traded Is this organization publicly traded?	Yes \(\cap \ No					
Ownership / Interest						
Using the definition above, does this organization hold a direct or indirect interesthe proposed licensee?	est in C Direct	⊚ Indire	ect inte	rest in the	ation holds a direct beneficial proposed licensee, please list est it holds.	
If you hold an indirect beneficial i	interest in this lice	ense, please	complete the	<u>Ownershi</u>	p / Interest Table on the next p	age.

Ōw	ners	hip .	/ Int	er	est

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.14%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
Anthony's Coal Fired Pizza	§12 On Premises	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
	§12 On Premises	145600013	119 UNIVERSITY AVENUE, WESTWOOD
Anthony's Coal Fired Pizza	312 011 16111363		

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
Date of Action	See Exhibit B	1		
			<u> </u>	

BENEFICIA	LIN	TEREST - Organization							
Please compl with or witho	ete a ut ov	Beneficial Interest - Organiza vnership, in this license.	ation shee	et for <u>a</u>	<u>ll</u> organi	zation(s) who hav	e a direc	t or indirect beneficia	I interest,
مخ ام میر ماد در در	hav erest	g for a liquor license. ABC Inc e a direct beneficial interest i in the proposed licensee (AB n.	in the pro	nosed.	licensee	(ABC Inc.) and 12	3 Inc. is t	considered to have in	unect
Entity Name:	Fid	us Investment Corporation					FEIN:	27-5017321	
Primary Phon	e:	(847) 859-3940				Fax Number:	(847) 8	359-3953	
Alternative Pl				Email:		investorrelations	s@fdus.com		
Business Ad	dress							***	
Street Numb	er:	1603	Street I	Name:	Orringt	on Avenue Suite 10	005		
City/Town:	Eva	inston			Sta	te: IL			
Zip Code:	6020	01	Countr	y:		USA			
Mailing Add	re <u>ss</u>		ere if your N	Nailing .	Address is	s the same as your B	usiness Aa	dress	
Street Numb	er:		Street	Name:					
City/Town:						State:			
Zip Code:			Count	ry:					
Publicly Tra	ded								
Is this organi	izatio	n publicly traded? • Yes	ON∘						
Ownership	/ Inte	rest							
Using the de organization the propose	n hold	on above, does this I a direct or indirect interest in nsee?	⊜Direc	t 📵) Indirect	If this organi interest in th the % of inte	e propose	ds a direct beneficial ed licensee, please list ds.	
lf v	you h	old an indirect beneficial interes	st in this lic	ense, p	lease cor	mplete the <u>Ownersl</u>	nip / Inter	est Table on the next pa	age.

Own	ershi	p / Ir	<u>nterest</u>

FEIN
47-5496274

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Anthony's Coal Fired Pizza \$12 On Premises 080000222 180 I Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 S Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 S	stitution Avenue, Littleton
Anthony's Coal Fired Pizza \$12 On Premises 080000222 180 I Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 S Anthony's Coal Fired Pizza \$12 On Premises 090200058 100028 S	
Anthony's Coal Fired Pizza §12 On Premises 090200058 100028 S Anthony's Coal Fired Pizza §12 On Premises 090200058 48 WALL	
Anthony's Coal Fired Pizza §12 On Premises 090200058 100028 S	leedham Street, Newton
Anthony's Coal Filed Fizza 312 of Filed Fizza 49 WALL	HOPS WAY, NORTHBOROUGH
	ERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza S12 Off Flettings	
Anthony's Coal Fired Pizza §12 On Premises 145600013 119 UNIV	ERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

If yes, please cor Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
Date of read.	See Exhibit B			
 				

BENEFICIA	LIN	TEREST - Organization				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
lease comple vith or witho	ete a ut ov	Beneficial Interest - Organiza vnership, in this license.	tion shee	t for <u>a</u>	<u>lll</u> organiz	zation(s) who ha	ave a	direct	or indirect beneficia	l interest,
و کی اور میں دادی ہیں۔	hav erest	g for a liquor license. ABC Inc e a direct beneficial interest i in the proposed licensee (AB n.	n the nroi	nosed.	licensee	(ABC Inc.) and	123 II	RC. IS C	Diiziacien in iiave iii	direct
 Entity Name:	Roy	kmar Management, LLC			-			FEIN:	20-4663708	
endty Name.	1100	Idila management, 1					ı [······································		
Primary Phon	e:	954-917-2332				Fax Number	r:			
Alternative Pl	none:			E	mail:	MarisaF@acfp.	.com			
Business Ado	dress									
Street Numb	er:	1660	Street N	lame:	NW 19t	n Avenue				
City/Town:	Por	npano Beach			Sta	te: FL				
Zip Code:	3306	59	Country	y:		USA				
Mailing Add	ress		re if your M	lailing	Address is	the same as your	r Busir	ness Ado	dress	
Street Numb	er:		Street N	Name:						
City/Town:						State:				
Zip Code:			Countr	y:						
Publicly Tra	ded									
Is this organi	izatio	n publicly traded?	○No							
<u>Ownership</u>	/ Inte	rest								
Using the de organization the propose	n hold	on above, does this I a direct or indirect interest in nsee?	⊜ Direct	: <u>@</u>) Indirect	If this orga interest in the % of in	the p	ropose	ds a direct beneficial d licensee, please list ls.	
lf v	you h	old an indirect beneficial interes	t in this lic	ense, p	olease cor	nplete the <u>Owne</u>	rship ,	/ Intere	st Table on the next p	age.

<u>Owne</u>	<u>ershi</u>	<u>a / II</u>	nter	<u>est</u>

FEIN
47-5496274

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

	Type of License	License Number	Premises Address
Name of License			201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	062400026	
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton
			100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	090200058	
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
		145000013	119 LINIVERSITY AVENUE, WESTWOOD
Anthony's Coal Fired Pizza	§12 On Premises	145600013	100028 SHOPS WAY, NORTHBOROUGH 48 WALKERS BROOK DRIVE, READING 119 UNIVERSITY AVENUE, WESTWOOD

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

lit yes, please co	omplete the following.	T.c	Icu.	Reason for suspension, revocation or cancellation
Date of Action	Name of License	State	City	neason for suspension, revealed
	See Exhibit B			

BENEFICIA	LIN	TEREST - Organization								
Please comple with or withou	ete a ut ov	Beneficial Interest - Organiza vnership, in this license.	ation shee	t for <u>a</u>	<u>all</u> organiz	ation(s) who h	nave	a direct	or indirect beneficia	al interest,
	hav erest	g for a liquor license. ABC In e a direct beneficial interest i in the proposed licensee (AE n.	in the nro	nosed	Llicensee	TABC. Inc.) and	123	TNC. 15 CO	Distreted to trave in	unce
Entity Name:	Ме	dMac, LLC						FEIN:	27-4284860	
Primary Phone	e:	(954) 917-2332				Fax Numbe	er:			
Alternative Ph	none			E	Email:	MarisaF@acfp	.con	1		
Business Ado	dress	<u> </u>		<u></u>						
Street Numbe	er:	16	Street N	lame:	Clearbro	ook Lane				
City/Town:	Sev	well			Stat	e: N)				
Zip Code:	080	80	Countr	y:		USA				
Mailing Add	lress		ere if your M		Address is	the same as you	ır Bu:	siness Ada	Iress	
Street Numb	er:		Street	Name:						
City/Town:						State:				
Zip Code:			Count	ry:	-1					
Publicly Tra		n publicly traded? \(\text{Yes}	⊚ No							
Ownership /	/ Inte	erest						-		
Using the de	efiniti n hold	on above, does this I a direct or indirect interest in	⊜ Direct	t (Indirect	If this orga interest in the % of i	ı the	proposed	Is a direct beneficial d licensee, please list Is.	
lf y	you h	old an indirect beneficial interes	st in this lic	ense,	please con	nplete the <u>Own</u> e	ershi	p / <u>In</u> tere	st Table on the next p	age.

	rsh		

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 0.72%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

-611	Type of License	License Number	Premises Address	
Name of License		062400026	201 Constitution Avenue, Littleton	
Anthony's Coal Fired Pizza	§12 On Premises	062400026		
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton	
	§12 On Premises	090200058	100028 SHOPS WAY, NORTHBOROUGH	
Anthony's Coal Fired Pizza			48 WALKERS BROOK DRIVE, READING	
Anthony's Coal Fired Pizza	§12 On Premises	101600038		
Anthony's Coal Fired Pizza	§12 On Premises	145600013	119 UNIVERSIT AVENUE, WESTWOOD	

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

	mplete the following.	State	City		Reason for suspension, revocation or cancellation
Date of Action	Name of License	State	City		
	See Exhibit B			1.5	
		-			
		1			
		1	į		
ļ					

ase complet	e a Be	EREST - Organiza eneficial Interest - O	ganization she	et for	<u>all</u> organiz	ation(s) who ha	ve a dire	ct or indirect beneficia	I interest,
th or withou	t own	ership, in this license	2.						
	have : rest ir							ed by 123 Inc. XYZ Inc. considered to have in- te a Beneficial Interes	
ntity Name:	FC Pi	zza, LLC					FEIN:	27-1200570	
rimary Phone	 : [(954) 917-2332				Fax Number	:		
Alternative Ph	one:				Email:	MarisaF@acfp.o	com		
Business Add	ress								
Street Numbe	r: 1	5	Street	Name	: Union A	venue			
City/Town:	Uppe	er Saddle River			Sta	e: NJ			
Zip Code:	07458	}	Coun	try:		USA			
Mailing Addı	ess	X C	heck here if your	Mailin	g Address is	the same as your	·Business A	Address	
Street Numbe	er:		Stree	t Nam	e:				
City/Town:						State:			
Zip Code:			Cour	ntry:					
Publicly Trac		publicly traded? (Yes © No						
Ownership /	Inter	est					. 1	alds a direct beneficial	
Using the de organization the proposed	hold	n above, does this a direct or indirect into	erest in ODire	ect	Indirect	If this orga interest in the % of ir	the propo	olds a direct beneficial osed licensee, please list olds.	

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\sim		L	1	/ Im	terest	۰
()	1831124	Prsn	1113		ILCI COI	٠
v						•

Name of Beneficial Interest - Organization	FEIN
Cardboard Box, LLC - 1.21%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

nse(s).		License Number	Premises Address
Name of License	Type of License		201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	062400026	
	§12 On Premises	080000222	180 Needham Street, Newton
Anthony's Coal Fired Pizza			100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises	090200058	
	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
Anthony's Coal Fired Pizza		145600013	119 UNIVERSITY AVENUE, WESTWOOD
Anthony's Coal Fired Pizza	§12 On Premises	145000015	
		1	
Anthony's Coal Fired Pizza	§12 Off Pfeffises	11300001	

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

If yes, please complete the following:

if ves, please o	omplete the following:			Terror reversion or cancellation
Date of Action		State	City	Reason for suspension, revocation or cancellation
Date of Action	See Exhibit B			

ENEFICIAL IN	TEREST - Organization							
ease complete a ith or without ov	Beneficial Interest - Organiza vnership, in this license.	tion sheet fo	or <u>all</u> orga	nization(s)	who have	a direct	or indirect beneficial	interest,
kample: BC Inc. is applyin onsidered to hav eneficial interest organization Forn	g for a liquor license. ABC Inc e a direct beneficial interest in in the proposed licensee (AB n.	c. is 100% ow n the propos C Inc.). Both	ned by X ed license XYZ Inc.	YZ Inc., wh ee (ABC In and 123 In	ich is 1009 c.) and 123 c. should o	% owned Inc. is co complete	by 123 Inc. XYZ Inc. i onsidered to have ind a Beneficial Interest	s lirect
Entity Name: CP	7 Warming Bag, L.P.					FEIN:	47-5496274	
Primary Phone:	(954) 917-2332			Fax	Number:			
Alternative Phone	:		Email:	Marisa	ıF@acfp.coı	m		
Business Addres Street Number:	s 200	Street Nan	ne: West	t Cypress Cı	eek Road 2	20		
City/Town: Fo	rt Lauderdale			State:	FL		and the second s	
Zip Code: 333	09	Country:		USA				
Mailing Address	S ∑ Check he	ere if your Mail	ling Addres	ss is the sam	ne as your B	usiness Ad	dress	
Street Number:		Street Na	me:					
City/Town:				State:				
Zip Code:		Country:						
Publicly Traded	on publicly traded? Yes	(● No						
organization ho the proposed lic	tion above, does this Id a direct or indirect interest in censee?		Indir	ect ir tl	nterest in th ne % of inte	e propose erest it hol		
16	hold an indirect beneficial intere	est in this licer	ise, please	complete t	he <u>Owners</u>	hip / Inter	est Table on the next p	age.

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u	w	н	C	13	: 31	ν	1			100	-

c. A Beneficial interest Organization	FEIN
Name of Beneficial Interest - Organization	
Cardboard Box, LLC - 80%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

	Town of License	License Number	Premises Address			
Name of License	Type of License		201 Constitution Avenue, Littleton			
Anthony's Coal Fired Pizza	§12 On Premises	062400026				
	§12 On Premises	080000222	180 Needham Street, Newton			
Anthony's Coal Fired Pizza			100028 SHOPS WAY, NORTHBOROUGH			
Anthony's Coal Fired Pizza	§12 On Premises	090200058				
	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING			
Anthony's Coal Fired Pizza		145600013	119 UNIVERSITY AVENUE, WESTWOOD			
Anthony's Coal Fired Pizza	§12 On Premises	145600013				

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

lifyes please co	mplete the following:			
Date of Action		State	City	Reason for suspension, revocation or cancellation
	See Exhibit B			
				

BENEFICIAL INTEREST	- Organization							ĺ
Please complete a Beneficia with or without ownership,	al Interest - Organization she in this license.	eet for <u>al</u>	<u>l</u> organiz	ation(s) w	ho have	a direct o	or indirect bene	ficial interest,
غممونأم مستنسان الا	uor license. ABC Inc. is 100 beneficial interest in the pr oposed licensee (ABC Inc.).	'onosed	licensee	(ARC IDC.)	and 125	i inc. is co	digineten to mar	e maneet
Entity Name: Catterton Fu	nds					FEIN:		
Primary Phone: 203-629	-4901			Fax Nu	ımber:	203-629	-4903	
Alternative Phone:		Er	mail:	info@cat	terton.co	m		
Business Address								
Street Number: 599	Street	t Name:	West Pu	tnam Aver	nue			
City/Town: Greenwich			Stat	e:	СТ			
Zip Code: 06830	Coun	itry:		USA				
Mailing Address		Mailing A	Address is	the same a	s your Bu	siness Add	ress	
Street Number:	Stree	et Name:						
City/Town:				State:				
Zip Code:	Cour	ntry:						
Publicly Traded Is this organization publicly	traded? (Yes (No						·	
Ownership / Interest Using the definition above, organization hold a direct of the proposed licensee?	does this or indirect interest in CDire	ect 🌘	Indirect	inter	est in the	ation hold proposed est it hold	s a direct benefic l licensee, please s.	ial list
If you hold an ind	irect beneficial interest in this	license, p	lease con	nplete the (Ownershi	p / Interes	t Table on the ne	xt page.

0	wn	ership	/ Inf	terest

Name of Beneficial Interest - Organization	FEIN
CP7 Warming Bag, L.P 100%	47-5496274
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Type of License		
§12 On Premises	062400026	201 Constitution Avenue, Littleton
	080000222	180 Needham Street, Newton
	090200058	100028 SHOPS WAY, NORTHBOROUGH
	101600038	48 WALKERS BROOK DRIVE, READING
	145600013	119 UNIVERSITY AVENUE, WESTWOOD
_	§12 On Premises §12 On Premises §12 On Premises §12 On Premises §12 On Premises	§12 On Premises 080000222 §12 On Premises 090200058 §12 On Premises 101600038

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

If yes, please complete the following:

Date of Action	nplete the following: Name of License	State	City	Reason for suspension, rev	vocation o	Cancenation	
Jace of Action	See Exhibit B						
	266 EXHIDIC D						
		1	}				

ENEFICIAL INTEREST - Organizati	on						· · · · ·	
ease complete a Beneficial Interest - Orgalith or without ownership, in this license.		t for <u>all</u> o	rganiza	tion(s) who	have	a direct	or indirect beneficia	al interest,
kample: BC Inc. is applying for a liquor license. ABC onsidered to have a direct beneficial intere eneficial interest in the proposed licensee organization Form.	set in the nrai	nnsad lice	nsee i	ABC INC. FAL	iu 147	111U. 15 U	olisiaci ca to nave n	
						FFINI.	45-4066602	
Entity Name: QS Pizza Holdings, LLC						FEIN:	43-400002	
Primary Phone: (954) 917-2332				Fax Num	ber:			
Alternative Phone:		Emai	l:	MarisaF@ac	fp.cor	n		
Business Address								
Street Number: 527	Street N	lame: M	adison	Avenue, 11t	h Floo	r		
City/Town: New York			State	: N	Υ			
Zip Code: 10022	Countr	y:		USA				
Mailing Address X Chec	k here if your N	lailing Ada	lress is	he same as y	our Bu	siness Ad	dress	
Street Number:	Street	Name:						
City/Town:				State:				
Zip Code:	Count	r y :						
Publicly Traded								
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Ownership / Interest				10.11			de a direct honoficial	
Using the definition above, does this organization hold a direct or indirect interest the proposed licensee?	t in 🔵 Direc	t ⊚ lno	direct	interest	in the	ation noi propose est it hol	ds a direct beneficial ed licensee, please list ds.	
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etc. A Beneficial Interest - Organization Form will need to be	
etc. A Belleticial Median Conganization	FEIN
Name of Beneficial Interest - Organization	47-5496274
Cardboard Box, LLC - 12.01%	
Multiple Entities - See Exhibit A	

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages Other Beneficial Interest

nse(s).	Cliconso	License Number	Premises Address
Name of License	Type of License	062400026	201 Constitution Avenue, Littleton
Anthony's Coal Fired Pizza	§12 On Premises	1	180 Needham Street, Newton
	§12 On Premises	080000222	160 NECCHAINTE
Anthony's Coal Fired Pizza		090200058	100028 SHOPS WAY, NORTHBOROUGH
Anthony's Coal Fired Pizza	§12 On Premises		48 WALKERS BROOK DRIVE, READING
	§12 On Premises	101600038	119 UNIVERSITY AVENUE, WESTWOOD
Anthony's Coal Fired Pizza		145600013	119 UNIVERSITY AVENUE, WESTWOOD
Anthony's Coal Fired Pizza	§12 On Premises		

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? **Prior Disciplinary Action**

Has this entity ever been involved directly	/ Of Midirectly in an	
l - I a complete the TOHOWINS:	for succession, revocation of careerast	
Date of Action Name of License	State City Reason for suspension, re-	
Date of Action		
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lease complete a Book	eneficial Interest - Organization s	sheet for	<u>all</u> organ	ization(s) who he	10C U U		wy lnc is	
	for a liquor license. ABC Inc. is 1 a direct beneficial interest in the n the proposed licensee (ABC Inc	100% owr e propose c.). Both	ned by XY d license XYZ Inc. :	/Z Inc., \ e (ABC and 123	which is 1 Inc.) and Inc. shou	.00% c 123 ln uld con	owned bac. is cor mplete a	y 123 Inc. XYZ Inc. 13 nsidered to have indirect a Beneficial Interest -	
						٦	FEIN:	45-4066602	}
Entity Name: QS	Pizza USA, LLC				Fax Numb	_}			
Primary Phone: Alternative Phone	(954) 917-2332		Email:	М	arisaF@act	fp.com	l 		
Business Addres							r		
Street Number:	527	Street Na	me: Ma	dison A'	venue, 11t				
City/10wiii [_	ew York 0022	Country		<u>\</u>	USA				
	SS 🔀 Check her	e if your M	ailing Add	ress is th	ne same as	your B	usiness A	Address	I
Mailing Addre		Street N							\ \
Street Number					State:				
Zip Code:		Count	ry: 						
Publicly Trad	led zation publicly traded? • Yes	○No							
Ownership /	Interest Interest Interest or indirect interest in	n ODire		 Indirect	inte the	erest in 9% of i	the pro nterest i		ge.
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nanies, trusts, etc. A bonnesses organization of the second secon	45-4066602
ch, in turn, hold a disconnection interest - Organization of Beneficial Interest - Organization Name of Beneficial Interest - Organization (Co. 100%)	
Name of Berlings, LLC - 100%	
QS PIZZA I IO.	
Multiple Entities - See Exhibit A	
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List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages Other Beneficial Interest

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			that was subject to discipling	ary action?

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? Prior Disciplinary Action | State | City

١	Prior Disciplinary Action	or indirectly in all alcohol	revocation or cancellation
	Prior Disciplinary Action Has this entity ever been involved directly has complete the following:	Reason for suspensi	on, revocation or cancellation
	If yes, please company of License	State City Reason	
	Date of Action Name of See Exhibit B		
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APPLICATION FOR	/ M IND .					\
ENEFICIAL INTEREST - Organization	-		. (a)notion	who have a	direct or indirect beneficial interes	it,
ENEFICIAL INTEREST - Organization Please complete a Beneficial Interest - Organization With or without ownership, in this license.	ation sheet fo	r <u>all</u> orgar	(IZation(3)	•••		
Example: ABC Inc. is applying for a liquor license. ABC II considered to have a direct beneficial interest theneficial interest in the proposed licensee (A	nc. is 100% ov in the propo ABC Inc.). Bot	vned by X' sed licenso h XYZ Inc.	/Z Inc., whi ee (ABC Inc and 123 In	ich is 100% c.) and 123 c. should co	owned by 123 Inc. XYZ Inc. is Inc. is considered to have indirect omplete a Beneficial Interest -	
Organization Form.						
		<u></u>			FEIN: 45-4066602	=
Entity Name: QS Pizza USA Parent, LLC			Fax	(Number:		
Primary Phone: (954) 917-2332		Email:	Maris	aF@acfp.co	m	}
Alternative Phone:						
a Javoss						
Business Address	Street N	lame: Ma	dison Aven	ue, 11th Flo	or	
Street Number: 527			State:	NY		
City/Town: New York	Count		us/	1		
Zip Code: 10022	l					
	t bara if your	Mailing Add	dress is the s	ame as your	Business Address	ı
Mailing Address X Che		i				1
Street Number:	Stree	t Name:	Sta	te:]
City/Town:		- For ti				<u> </u>
Zip Code:	Cou					
Publicly Traded Is this organization publicly traded? •	Yes (No					
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Ownership / Interest			idipact	:toroct i	n the proposed licerios of	
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the proposed licensee?		. P	dease comb	lete the <u>Ow</u>	nership / Interest Table on the next pag	
If you hold an indirect beneficia	al interest in th	IS license, p 			nership / Interest Table on the next pag	

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding which, in turn, hold a direct of malrect interest in the proposed hoensee. These generally include parent companies, non-companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below. Ownership / Interest

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Name of Bester QS Pizza USA, LLC - 100%	
QS PIZZa O3/1, Z	
Multiple Entities - See Exhibit A	

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages Other Beneficial Interest

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Other Beneficial Interest	icial or financial interest	fills cuery	- Lhange
Other Beneficial Interest List any indirect or indirect beneficiense(s). Name of License Anthony's Coal Fired Pizza	Type of License \$12 On Premises	License Number 062400026 080000222 090200058 101600038 145600013	Premises Address 201 Constitution Avenue, Littleton 180 Needham Street, Newton 100028 SHOPS WAY, NORTHBOROUGH 48 WALKERS BROOK DRIVE, READING 119 UNIVERSITY AVENUE, WESTWOOD

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? Prior Disciplinary Action

Prior Disciplinary Action	or indirectly in an alcoholis and	ention or cancellation	
Prior Disciplinary Action Has this entity ever been involved directly Large complete the following:	Reason for suspensio	on, revocation or cancellation	
Has this entity ever been in the following: If yes, please complete the following: Name of License	State City Reason		
Date of Action Name of Lies See Exhibit B			
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APPLICATION FOR A NEW TOTAL	
NEFICIAL INTEREST - Organization	indirect beneficial interest,
ase complete a Beneficial Interest - Organization sheet for <u>all</u> organization(6) has or without ownership, in this license.	ì
ample: 3C Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 3C Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is onsidered to have a direct beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. sh eneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. sh granization Form.	i 100% owned by 123 Inc. XYZ Inc. is id 123 Inc. is considered to have indirect ould complete a Beneficial Interest -
	FEIN: 45-4066602
Entity Name: QS Pizza, LLC Fax Num	nber:
Primary Phone: (954) 917-2332 Email: MarisaF@a	
Alternative Phone:	
Business Address Street Name: Madison Avenue, 1	1th Floor
Street Number: 527 State:	NY
City/Town: New York Country: USA	
Zip Code: 10022	
Mailing Address 区heck here if your Mailing Address is the same a	s your business run
Street Number: Street Name:	
City/Town:	
Zip Code: Country:	
Publicly Traded Is this organization publicly traded? Yes No	
Using the definition above, does this Using the definition above, does this organization hold a direct or indirect interest in ODirect Indirect interest in ODIrect Indirect	his organization holds a direct beneficial erest in the proposed licensee, please list erest it holds.
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ch, in turn, hold a direct of the	FEIN
is organization holds an experience interest in the proposed of the proposed o	45-4066602
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QS Pizza USA Parent, LLC - 100%	
Multiple Entities - See Exhibit A	
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List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages Other Beneficial Interest

Cother Benerician List any indirect or indirect benef License(s). Name of License Anthony's Coal Fired Pizza Type of License \$12 On Premises	License Number 062400026 080000222 090200058 101600038 145600013	Premises Address 201 Constitution Avenue, Littleton 180 Needham Street, Newton 100028 SHOPS MAY, NORTHBOROUGH 48 WALKERS BROOK DRIVE, READING 119 UNIVERSITY AVENUE, WESTWOOD	

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action?

Prior Disciplinary Action	indirectly in an alcoholic bever-b	Hakion
Prior Disciplinary Action Has this entity ever been involved directly or involved directly d	Reason for suspension, revo	cation or cancellation
	tate City Reason for suspense	
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Date of Action See Exhibit B		
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APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

ENEFICIAL INTERE ease complete a Benef th or without ownersh	ST - Organization icial Interest - Organizat rip, in this license.	ion sheet for	<u>all</u> organiz	ation(s) who have	a direct	ec indirect beneficial i	nterest,
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ntity Name: Quilvest I	Private Equity S.C.A., SICAF	₹			FEIN:	98-1239588	
	920 3800			Fax Number:	212 920	3850	
Alternative Phone:			Email: quilvestprivate		equity@quilvest.com		
Street Number: 527 City/Town: New Yor Zip Code: 10022	k	Street Name	e: Madiso	n Avenue, 11th floo te: NY USA	or		
Mailing Address		re if your Mailir	ng Address i	s the same as your E	usiness Aa	dress	
Street Number:		Street Nam	e:				
City/Town:				State:			
Zip Code:		Country:					
Publicly Traded Is this organization pul	olicly traded? • Yes	∩No					
the proposed licensee	pove, does this rect or indirect interest in		⑥ Indirec	t interest in t the % of int	ne propos erest it ho		

<u>Ownership</u>	•		
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If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
QS Pizza, LLC - 100%	45-4066602
Multiple Entities - See Exhibit A	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

	T of License	License Number	Premises Address		
Name of License	Type of License		201 Constitution Avenue, Littleton		
Anthony's Coal Fired Pizza	§12 On Premises	062400026			
	§12 On Premises 080000222		180 Needham Street, Newton		
Anthony's Coal Fired Pizza			100028 SHOPS WAY, NORTHBOROUGH		
Anthony's Coal Fired Pizza	§12 On Premises	090200058	48 WALKERS BROOK DRIVE, READING		
	§12 On Premises	101600038			
Anthony's Coal Fired Pizza	912 On Premises		119 UNIVERSITY AVENUE, WESTWOOD		
Anthony's Coal Fired Pizza	§12 On Premises	145600013	LIA CINIAEUZILI MACIAGE, MEZIMAGA		
Antitiony's Court II					
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Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

If yes, please c	omplete the following:			Reason for suspension, revocation or cancellation
Date of Action		State	City	Reason for suspension, revocation of carteenation
Date of Action	See Exhibit B			
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APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

ease complet	e a B	eneficial Interest - Organ Iership, in this license.	nization sheet	for <u>al</u>	l organ	zation(s) who hav	e a direct	or indirect beneficia	interest,
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ntity Name:	Quil	vest Europe S.A.					FEIN:	1991 2200 291	
rimary Phone		212 920 3800				Fax Number:	212 920) 3850	
Alternative Pho	one:			Email: quilvestprivateequ			quity@qui	uity@quilvest.com	
Business Add	ress								
Street Numbe	r: 5	27	Street N	ame:	Madiso	on Avenue, 11th flo	or		
City/Town:	New	York			St	ate: NY			
Zip Code:	10022)	Country	:		USA			
Mailing Addr	ess		k here if your M	ailing	Address	is the same as your l	Business Ad	dress	
Street Numbe	Г		Street N	lame:					
City/Town:						State:			
Zip Code:	L		Country	y:					
Publicly Trac									
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I Ising the det	finitio	n above, does this a direct or indirect interes	t in ODirect	() Indirec	if this organ t interest in t the % of int	he propose	ds a direct beneficial d licensee, please list	

Ow	nershi	<u>p / In</u>	<u>terest</u>

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

FEIN
98-1239588

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

	Type of License	License Number	Premises Address		
Name of License			201 Constitution Avenue, Littleton		
Anthony's Coal Fired Pizza	§12 On Premises	062400026			
Anthony's Coal Fired Pizza	§12 On Premises	080000222	180 Needham Street, Newton		
		20000000	100028 SHOPS WAY, NORTHBOROUGH		
Anthony's Coal Fired Pizza §12 On Premi		090200058			
Anthony's Coal Fired Pizza	§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING		
		145600013	119 UNIVERSITY AVENUE, WESTWOO		
Anthony's Coal Fired Pizza	§12 On Premises	14300013			
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Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

If yes, please co	omplete the following:			la constant revocation or cancellation
Date of Action		State	City	Reason for suspension, revocation or cancellation
	See Exhibit B			
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APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

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lease comple rith or withou	te a It ow	Beneficial Interest - Organiza Inership, in this license.	ation shee	t for <u>a</u>	<u>ll</u> organiz	ation(s) who ha	ave a	direct	or indirect beneficia	i interest,
	have rest	g for a liquor license. ABC In e a direct beneficial interest in the proposed licensee (AE i.	いんもれん かとへに	nacan	HCAUCEE.	iant illu laliu .	12J I	110, 10 0	31151616161	
Entity Name:	Qui	lvest S.A.						FEIN:	201 2200 828	
Primary Phone	2:	212 920 3800				Fax Number	r:	212 920	3850	
Alternative Ph	one:			Email: quilvestprivateed			eequi	quity@quilvest.com		
Business Add	lress									
Street Numbe	er:	527	Street N	Name:	Madiso	Avenue, 11th fl	loor			
City/Town:	Ne	w York			Stat	e: NY				
Zip Code:	1002	22	Countr	y:		USA				
Mailing Add	ress	⊠ Check ho	ere if your N	<i>Nailing</i>	Address is	the same as you	r Busi	ness Ad	dress	
Street Numbe	er:		Street	Name:					4	
City/Town:						State:				
Zip Code:			Count	ry:						
Publicly Trac		n publicly traded? 🌘 Yes	∩No						-	
Ownership /	/ Inte	erest								
Using the de	finiti hok	on above, does this I a direct or indirect interest in	⊜ Direc	t 🥥	Indirect	If this orga interest in the % of ir	the p	propose	ds a direct beneficial d licensee, please list ds.	
 £	mu h	old an indirect beneficial intere	st in this lic	cense, į	olease cor	nplete the <u>Owne</u>	ership	/ Inter	est Table on the next p	age.

Own	ership	/ Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

FEIN
1991 2200 291

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusett; Alcoholic Beverages License(s).

Type of License	License Number	Premises Address
		201 Constitution Avenue, Littleton
§12 On Premises	062400026	
§12 On Premises	080000222	180 Needham Street, Newton
	000300059	100028 SHOPS WAY, NORTHBOROUGH
§12 On Premises	090200038	
§12 On Premises	101600038	48 WALKERS BROOK DRIVE, READING
C12 On Dramicos	145600013	119 UNIVERSITY AVENUE, WESTWOOD
912 On Premises	14150000115	
	ļ	
	Type of License §12 On Premises	§12 On Premises 062400026 §12 On Premises 080000222 §12 On Premises 090200058 §12 On Premises 101600038

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
Date of Action	See Exhibit B	5.7		



EXHIBIT A

Anthony's Coal Fired Pizza of Natick LLC

Exhibit A to Massachusetts Retail Alcoholic Beverages License Application Question 10

Cardboard Box, LLC

	TITLE	% OWNERSHIP
NAME QS Pizza Holdings, LLC	LLC Member	12.01%
ACFP Investors, Inc.	LLC Member	3.57%
FC Pizza, LLC	LLC Member	1.21%
MedMac, LLC	LLC Member	.72%
Home Team Pizza, LLC	LLC Member	0.14%
Marc Jay Pfeffer	LLC Member	0.12%
Fidus Investment Corporation	LLC Member	.48%
Rockmar Management LLC	LLC Member	.16%
CP7 Warming Bag, L.P.	LLC Member	80%
Rollover Management Shareholders (previously Class B non-voting Members)	LLC Members	1.59%
Michael J. Hislop	Member of Board of Managers	-0-
Jay Takefman	Member of Board of Managers	-0-
Anthony Bruno	Member of Board of Managers	-0-
Patrick Marzano	Member of Board of Managers	-0-
Matthew Miclea	Member of Board of Managers	-0-
Matthew Leads	Member of Board of Managers	-0-
Andrew Taub	Member of Board of Managers	-0-

Rollover Shareholders (previously holding Class B non-voting membership interest):

Maria DeLegal - .14%

Anthony Bruno - .13%
Michaelangelo Mozzicato - .13%
Nicholas Castaldo - .13%
Patrick Marzano - .13%
Samuel G. Weiss - .13%
Daniel C. Marino, Jr. - .33%
Christopher Fusaro - .10%
Charles Locke - .17%
Shannon Achilarre - .03%
Rodney Guinn - .04%
Marisa Franzese - .03%
Ronald DiNella - .09%

Owners of ACFP Investors, Inc.:

Anthony Bruno – 31%

Patrick Marzano – 14%

Nicholas Castaldo – 14%

Michelangelo Mozzicato – 14%

Deborah Mozzicato – 14%

Samuel Weiss – 6.5%

Daniel Marino – 6.5%

Owners of MedMac, LLC:

Mark Cook – 66.66% Susan Nersinger – 16.67% Karl Wagner – 16.67%

Owners of FC Pizza, LLC:

Christopher Fusaro – 100%

Owners of Home Team Pizza LLC:

Anthony Yoseloff - 100%

Owners of Fidus Investment Corporation:

Publicly traded company

Owners of Rockmar Management LLC:

Michael Marzano – 50% Dominick Marzano – 50%

Note: For ownership above and below this level, see attached organizational chart.

Anthony's Coal Fired Pizza of Newton, LLC

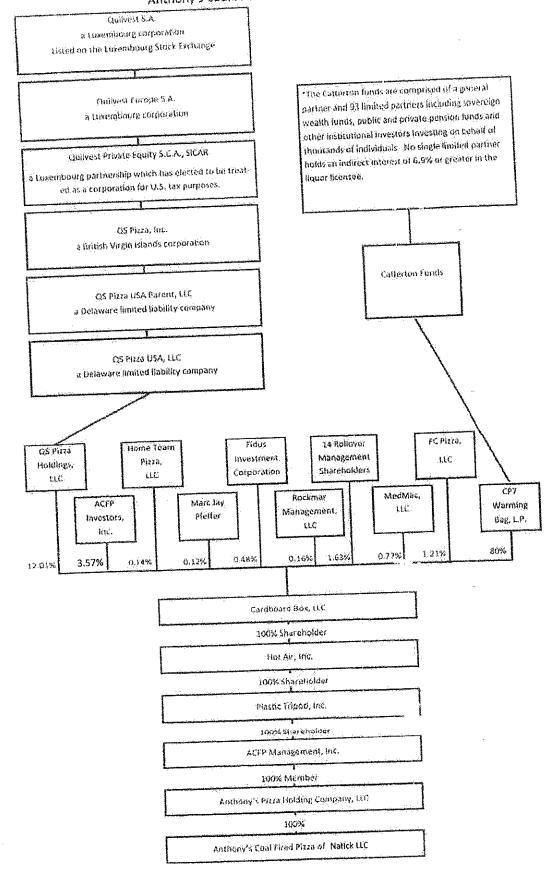


EXHIBIT B

SUSPENSIONS, REVOCATIONS OR CANCELLATIONS OF APPLICANT RESTAURANTS

The ownership structure has several entities and individuals who have over the years invested in the restaurant industry, including Anthony's, Catterton, and Quilvest. Although a comprehensive list is not available, it is assumed there may have been some of those licenses suspended for violations of alcoholic beverages regulations, but upon information and belief, none have been cancelled or revoked.

CERTIFICATE OF AUTHORIZATION

CERTIFICATE OF AUTHORIZATION

It is hereby certified that Ron DiNella, manager and officer of Anthony's Coal Fired Pizza of Natick LLC (the "Licensee") and being duly authorized, is authorized on behalf of the Licensee for the following:

To apply to the licensing authority for the Town of Natick and the Massachusetts Alcoholic Beverages Control Commission for a new all alcoholic beverages restaurant license to be held at 219 North Main Street, Natick, Massachusetts, d/b/a Anthony's Coal Fired Pizza, and to do all things necessary to effectuate anything connected therewith.

To appoint Mark Rahall as its manager or principal representative, with as full authority and control of the premises described in the license of the LLC and of the conduct of the business therein relative to the sale of all alcoholic beverages as the licensee itself could in any way have exercised it as if it were a natural person, resident of the Commonwealth of Massachusetts, and that a copy of this vote duly certified by the clerk of the corporation and delivered to said manager or principal representative shall constitute the written authority required by Massachusetts General Laws Chapter 138.

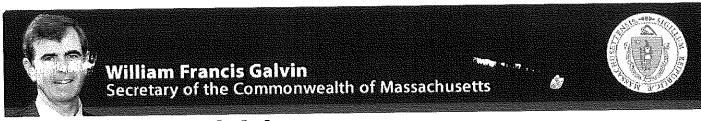
A TRUE COPY

Anthony's Coal Fired Pizza of "atick LLC

By:

Ronald DiNella, being duly authorized

CERTIFICATE OF ORGANIZATION



Corporations Division

Business Entity Summary

ID Number: 001252841

Request certificate

New search

Summary for: ANTHONY'S COAL FIRED PIZZA OF NATICK LLC

The exact name of the Domestic Limited Liability Company (LLC):	ANTHONY'S COAL
HERE BOTH A OF MATICIALLE	

FIRED PIZZA OF NATICK LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001252841 Old ID Number:

Date of Organization in Massachusetts:

12-22-2016

Last date certain:

The location or address where the records are maintained (A PO box is not a valid

location or address):

Address: 44 SCHOOL ST. NO. 325

City or town, State, Zip code,

BOSTON, MA 02108 USA

Country:

The name and address of the Resident Agent:

Name: INCORPORATING SERVICES, LTD

Address: 44 SCHOOL STREET, SUITE 325

City or town, State, Zip code,

BOSTON, MA 02108 USA

Country:

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	GER RONALD DINELLA 200 W. CYPRESS CREEK RD. STE. LAUDERDALE, FL 33309 USA	
MANAGER	WAYNE JONES	200 W CYPRESS CREEK RD, STE 220 FT LAUDERDALE, FL 33309 USA
MANAGER	MICHELLE ZAVOLTA	200 W CYPRESS CREEK ROAD, SUITE 220 FT LAUDERDALE, FL 33309 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

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	Title	Individual name	Address	١
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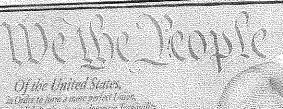
The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

**************************************	Individual name	Address
REAL PROPERTY	RONALD DINELLA	200 W. CYPRESS CREEK RD., SUITE 220 FT. LAUDERDALE, FL 33309 USA
REAL PROPERTY	WAYNE JONES	200 W CYPRESS CREEK RD., STE 220 FT. LAUDERDALE, FL 33309 USA
REAL PROPERTY	MICHELLE ZAVOLTA	200 W. CYPRESS CREEK RD., STE 220 FT. LAUDERDALE, FL 33309 USA

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View filings for	this busines	s entity:		
ALL FILINGS Annual Report Annual Report - Articles of Entity Certificate of Ar	y Conversion			
		View fili	ngs	
Comments or 1	notes associ	ated with this bus	iness entity:	
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SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE) FHRMA DEL TITULAR



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Surname / Nom / Apallisos

RAHALL Given Names / Prénoms / Nombres

MARK WILLIAM Nationality / Nationalité / Nacionalidad.

UNITED STATES OF AMERICA Date of birth / Date de noissance / Fecha de nacimiento 18 Jul 1986

Place of birth / Lieu de naissance / Lugar de nacimiento

MASSACHUSETTS, U.S.A. Date of Issue/ Date de délivrance/ Fecha da expedición

15 Jul 2016 Date of expiration / Date of expiration / Feeha de cardisoidad. 14 Jul 2026 Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

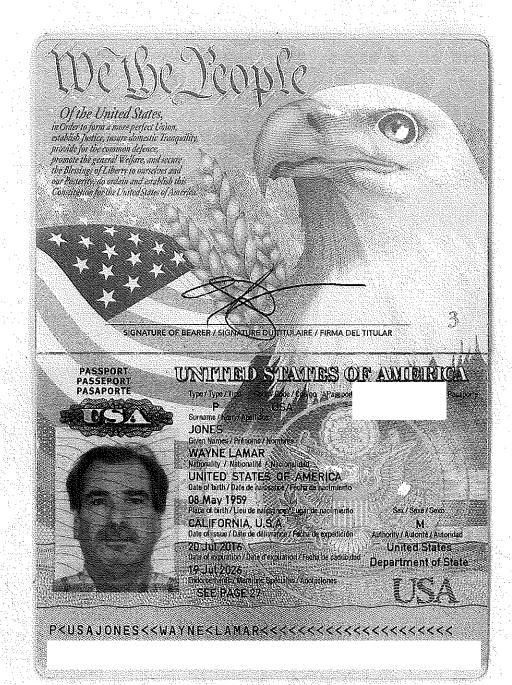
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SIGNATURE OF BEARER ASIGNATURE DUTITULAIRE / FIRMA DEL TITULAR

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RONALD MARK
Nationality / Nationalities / Nacionalities

UNITED STATES OF AMERICA
Date of birth / Date of page area / Feeta de regimiento

OZ May 1960 Place of birth / Lieu de narcançe / Liugar de nacioniento

ILLINOIS, U.S.A. Date of Issue / Date de délivrance / Feotra de expedición

18 Feb 2018 Endorsuments / Moralions Speciales / Anotaciones SEE PAGE 27

Sex/Sexe/Sexo

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SIGNATURE OF BEARER / SIGNATURE OU THULAIRE / FAMA DEL TITULAR

PASSPORT PASSEPORT PASAPORTE





UNIMED STATES OF AMORICAL

Type / Type / Tipo / Code / Code / Codigo

Surname / Nom / Apellidos

HISLOP Given Names / Pránoms / Nombres

MICHAEL JAMES

Nationality / Hationalité / Nacionalidad UNITED STATES OF AMERICA
Date of birth / Date de naissance / Feche de naprimiento

02 Feb 1955 Place of birth / Lieu de nalssance / Liegar de nasimiento

MASSACHUSETTS, U.S.A.

Date of issue / Date de déliviance / Fecha de expedición 08 Jul 2016
Date of expiration / Date of expiration / Fecha de Cadicidad

07 Jul 2026 Endorsements / Mentions Speciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

M Authority/Autorité/Autoridad United States

Department of State

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