



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: NORTHERN MANAGEMENT GROUP LLC

Address: 3 ALLIED DRIVE SUITE 303

City/State/Zip: DEDHAM MA 02026 Phone #: 857-206-9500

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 9 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☒ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: LIBERTY MUTUAL Insurance

Insurer's Address: 175 BERKELEY STREET

City/State/Zip: Boston MA 02110

Policy # or Self-ins. Lic. # XW0602453734 Expiration Date: 12-22-2021

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Michael T. T. T. Date: 1-21-2021

Phone #: 857-206-9500

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



NORTMAN-01

KHORRELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Boyd & Boufford Insurance Agency, LLC 167 S River Road Unit 10 Bedford, NH 03110	CONTACT NAME: Kimberly Horrell		
	PHONE (A/C, No, Ext): (603) 673-7228	FAX (A/C, No): (603) 673-7290	
	E-MAIL ADDRESS: Kim@Bouffordins.com		
INSURED Northern Management Group LLC 3 Allied Dr. Dedham, MA 02026	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : The Ohio Casualty Insurance Company		24074
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		XWO62453734	12/22/2020	12/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Premises Locations:

117 West Central Street, Natick MA 01760
54 East Central Street, Natick MA 01760

CERTIFICATE HOLDER

Town of Natick Massachusetts
13 East Central Street
Natick, MA 01760

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



ASSIGNMENT AND ASSUMPTION OF LEASE

This ASSIGNMENT AND ASSUMPTION OF LEASE (the "Assignment"), made as of this 22nd day of December, 2020 and made effective as of the Effective Date (as defined herein), by and among EAST CENTRAL ST. DONUTS, INC., a Massachusetts corporation ("Assignor"), and 54 E CENTRAL DONUTS, LLC, a Massachusetts limited liability company ("Assignee").

RECITALS

WHEREAS, Assignor is the tenant, by way of assignment and John Chronopoulos, Trustee of the 50-52 Central Street Realty Trust u/d/t/dated May 26, 2000 (the "Landlord") is the landlord under that certain Lease Agreement dated December 22, 2000, that certain Letter of Agreement dated December 22, 2000 and that certain Amendment and Extension of Lease dated May 26, 2015 (collectively referred to herein as the "Lease"), pursuant to which Assignor leases commercial space located at 50-52 East Central Street, Natick, Massachusetts (as such space is more particularly defined in the Lease, the "Premises") from Landlord; and

WHEREAS, Assignee intends to purchase the assets in connection with Assignor's Dunkin' Donuts franchised restaurant located at the Premises (the "Transaction");

WHEREAS, Assignee is an approved franchisee of Dunkin' Donuts and intends to continue to operate and maintain the Dunkin' Donuts franchised restaurant at the Premises; and

WHEREAS, in order to consummate the closing of the Transaction, Assignor shall assign, and Assignee shall assume, all right, title and interest as tenant in, to, and under the Lease in accordance with the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Definitions. Unless otherwise expressly defined herein, all capitalized terms used herein shall have the respective meanings ascribed to such term in the Lease.
2. Recitals. The foregoing recitals are hereby incorporated within this Consent by this reference as if fully set forth herein.
3. Effective Date. The "Effective Date" of this Assignment shall be the date of



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter 156C)

Identification Number: 001438881

1. The exact name of the limited liability company is: NORTHERN MANAGEMENT GROUP LLC

2a. Location of its principal office:

No. and Street: 3 ALLIED DRIVE
SUITE 303
City or Town: DEDHAM State: MA Zip: 02026 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 3 ALLIED DRIVE
SUITE 303
City or Town: DEDHAM State: MA Zip: 02026 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO PROVIDE GENERAL MANAGEMENT AND OPERATIONS FOR A NETWORK OF QUICK SERVICE RESTAURANTS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JIGAR PATEL
No. and Street: 74 VILLAGE DRIVE
City or Town: QUINCY State: MA Zip: 02169 Country: USA

I, JIGAR PATEL resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	NIKUL PATEL	83 HARTWELL AVENUE LEXINGTON, MA 02421 USA
MANAGER	JIGAR PATEL	3 ALLIED DRIVE SUITE 303 DEDHAM, MA 02026 USA
MANAGER	NILESH PATEL	3 ALLIED DRIVE SUITE 303 DEDHAM, MA 02026 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute

documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	NILESH PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA
SOC SIGNATORY	NIKUL PATEL	83 HARTWELL AVENUE LEXINGTON, MA 02421 USA
SOC SIGNATORY	JIGAR PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA

8. 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:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	NIKUL PATEL	83 HARTWELL AVENUE LEXINGTON, MA 02421 USA
REAL PROPERTY	JIGAR PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA
REAL PROPERTY	NILESH PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 21 Day of May, 2020,
SAMANTHA O'NEILL

(The certificate must be signed by the person forming the LLC.)



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: NORTHERN MANAGEMENT GROUP LLC

Address: 3 ALLIED DRIVE Suite 303

City/State/Zip: DEDHAM MA 02026 Phone #: 857-206-9506

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 16 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☒ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: LIBERTY MUTUAL Insurance

Insurer's Address: 175 BERKLEY STREET

City/State/Zip: BOSTON MA 02116

Policy # or Self-ins. Lic. # XW062453734 Expiration Date: 12-22-2021

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Milosh TATUL Date: 1-21-2021

Phone #: 857-206-9506

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____



NORTMAN-01

KHORRELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Boyd & Boufford Insurance Agency, LLC 167 S River Road Unit 10 Bedford, NH 03110	CONTACT NAME: Kimberly Horrell	
	PHONE (A/C, No, Ext): (603) 673-7228 FAX (A/C, No): (603) 673-7290	
	E-MAIL ADDRESS: Kim@Bouffordins.com	
INSURED Northern Management Group LLC 3 Allied Dr. Dedham, MA 02026	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The Ohio Casualty Insurance Company	24074
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	XWO62453734	12/22/2020	12/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Premises Locations:

117 West Central Street, Natick MA 01760
54 East Central Street, Natick MA 01760

CERTIFICATE HOLDER

CANCELLATION

Town of Natick Massachusetts
13 East Central Street
Natick, MA 01760

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Got it, thanks!

ASSIGNMENT AND ASSUMPTION OF LEASE

This ASSIGNMENT AND ASSUMPTION OF LEASE (the "Assignment"), made as of this 22nd day of December, 2020 and made effective as of the Effective Date (as defined herein), by and among WEST CENTRAL DONUTS, LLC, a Massachusetts limited liability company ("Assignor"), and 117 W CENTRAL DONUTS, LLC, a Massachusetts limited liability company ("Assignee").

RECITALS

WHEREAS, Assignor is the tenant and James R. DeLuca, Trustee of DeLuca Realty Trust, a Massachusetts Trust w/d/t dated January 6, 1994 and recorded with the Middlesex South Registry of Deeds in Book 24237, Page 133, James R. DeLuca, Trustee of J.E.D. Realty Trust, a Massachusetts Trust w/d/t January 6, 1994 and recorded with the Middlesex South Registry of Deeds in Book 24237, Page 115 and Elizabeth C. DeLuca, Trustee of T.A.J. Nominee Realty Trust recorded with the Middlesex South Registry of Deeds in Book 42979, Page 523 (the "Landlord") is the landlord under that certain Dunkin' Donuts Lease of Commercial Real Estate Space dated October 24, 2014 (the "Lease"), pursuant to which Assignor leases commercial space located at 115-119 West Central Street, Natick, Massachusetts (as such space is more particularly defined in the Lease, the "Premises") from Landlord; and

WHEREAS, Assignee intends to purchase the assets in connection with Assignor's Dunkin' Donuts franchised restaurant located at the Premises (the "Transaction");

WHEREAS, in order to consummate the closing of the Transaction, Assignor shall assign, and Assignee shall assume, all right, title and interest as tenant in, to, and under the Lease in accordance with the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Definitions. Unless otherwise expressly defined herein, all capitalized terms used herein shall have the respective meanings ascribed to such term in the Lease.
2. Recitals. The foregoing recitals are hereby incorporated within this Consent by this reference as if fully set forth herein.
3. Effective Date. The "Effective Date" of this Assignment shall be the date of the closing of the Transaction. If the Transaction does not close, this Assignment shall be null and void without the need for further action by the parties.





The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Identification Number: 001438881

1. The exact name of the limited liability company is: NORTHERN MANAGEMENT GROUP LLC

2a. Location of its principal office:

No. and Street: 3 ALLIED DRIVE

SUITE 303

City or Town: DEDHAM

State: MA

Zip: 02026

Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 3 ALLIED DRIVE

SUITE 303

City or Town: DEDHAM

State: MA

Zip: 02026

Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO PROVIDE GENERAL MANAGEMENT AND OPERATIONS FOR A NETWORK OF QUICK SERVICE RESTAURANTS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JIGAR PATEL

No. and Street: 74 VILLAGE DRIVE

City or Town: QUINCY

State: MA

Zip: 02169

Country: USA

I, JIGAR PATEL resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	NIKUL PATEL	83 HARTWELL AVENUE LEXINGTON, MA 02421 USA
MANAGER	JIGAR PATEL	3 ALLIED DRIVE SUITE 303 DEDHAM, MA 02026 USA
MANAGER	NILESH PATEL	3 ALLIED DRIVE SUITE 303 DEDHAM, MA 02026 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute

documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	NILESH PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA
SOC SIGNATORY	NIKUL PATEL	83 HARTWELL AVENUE LEXINGTON, MA 02421 USA
SOC SIGNATORY	JIGAR PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA

8. 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:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	NIKUL PATEL	83 HARTWELL AVENUE LEXINGTON, MA 02421 USA
REAL PROPERTY	JIGAR PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA
REAL PROPERTY	NILESH PATEL	3 ALLIED DRIVE DEDHAM, MA 02026 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 21 Day of May, 2020,
SAMANTHA O'NEILL

(The certificate must be signed by the person forming the LLC.)