

McDERMOTT
QUILTY &
MILLER LLP

28 STATE STREET, SUITE 802
BOSTON, MA 02109

October 13, 2022

Via FedEx Overnight Delivery (8174 4136 1524)

Select Board
TOWN OF NATICK
13 East Central Street
Natick, Massachusetts 01760

**RE: Application for Change of Officers and Change of Manager
Colwen Management, Inc. (ABCC# 04383-HT-0768)
d/b/a Residence Inn by Marriott Natick
1 Superior Drive, Natick, MA 01760**

Dear Madam or Sir:

Enclosed please find the following documents in connection with Colwen Management, Inc.'s application for a Change of Officers and a Change of Manager to the existing license currently exercised on the premises located at 1 Superior Drive:

1. Monetary Transmittal Form & ABCC Filing Fee Confirmation;
2. Application for Multiple Amendments with Applicant's Statement;
3. ABCC CORI Request Forms;
4. Proof of Citizenship for Manager of Record;
5. Business Entity Summary;
6. Entity Votes;
7. Department of Revenue Certificate of Good Standing; and
8. Department of Unemployment Assistance Certificate of Compliance.

Kindly assign this matter for hearing at the next available meeting date.

Thank you for your attention to and courtesy in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Jon D. Aieta, Esquire
jaieta@mqmllp.com

JDA/ajm

Monetary Transmittal Form & ABCC Payment Receipt



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

APPLICATION FOR MULTIPLE AMENDMENTS

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

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE
PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

0483-HT-0768

ENTITY/ LICENSEE NAME

Colwen Management, Inc. d/b/a Residence Inn by Marriott Natick

ADDRESS

1 Superior Drive

CITY/TOWN

Natick

STATE

MA

ZIP CODE

01760

For the following transactions (Check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input checked="" type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other | <input type="text"/> | <input type="checkbox"/> Change of DBA |

**THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS
APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL**

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email.



Transaction Processed Successfully.

INVOICE #: 2b1548e1-b08d-409c-bd17-34d4caee24b

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	04383-HT-0768	\$200.00
		\$200.00

Total Convenience Fee: **\$0.35**

Date Paid: **10/13/2022 2:30:10 PM EDT**

Total Amount Paid: **\$200.35**

Payment On Behalf Of

License Number or Business Name:
04383-HT-0768

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Jon

Last Name:
Aieta

Address:
28 State Street, Suite 802

City:
Boston

State:
MA

Zip Code:
02109

Email Address:
jaieta@mqmlp.com

Application for Multiple Amendments with Applicant's Statement



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for:

☐ **CHANGE OF CATEGORY**

\$200 fee via [ABCC website](http://www.abcc.mass.gov) and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Category Application
Vote of the Entity Board
Advertisement*
Abutter's Notification*

☐ **CHANGE OF LICENSE TYPE**

\$200 fee via [ABCC website](http://www.abcc.mass.gov) and Payment Receipt
Monetary Transmittal Form
Change of License Type Application
Vote of the Entity Board
Advertisement*

CHANGE OF CORPORATE STRUCTURE

☐ \$200 fee via [ABCC website](http://www.abcc.mass.gov) and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Corporate Structure Application
Vote of the Entity Board
Business Structure Documents
If Sole Proprietor, **Business Certificate**
If partnership, **Partnership Agreement**
If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

CHANGE OF CLASSIFICATION

☐ \$200 fee via [ABCC website](http://www.abcc.mass.gov) and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Classification Application
Vote of the Entity Board
Abutter's Notification*
Advertisement*



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

☒ **CHANGE OF OFFICERS/DIRECTORS/LLC MANAGERS**

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be notarized with a stamp or raised seal.

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

☐ **CHANGE OF OWNERSHIP INTEREST** (e.g. LLC Members, LLP Partners, Trustees etc.)

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be notarized with a stamp or raised seal.

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

Purchase and Sale Agreement

Supporting Financial Records

Advertisement*

☐ **CHANGE OF STOCK INTEREST** (e.g. New Stockholders or Transfer or Issuance of Stock)

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be notarized with a stamp or raised seal.

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

Purchase and Sale Agreement

Supporting Financial Records

Advertisement*

*If abutter notification and advertisement are required for transaction, please see the local licensing authority.



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www.mass.gov/abcc

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

☐ **CHANGE OF CORPORATE NAME OR DBA**

\$200 fee via [ABCC website](#) and Payment Receipt (Corporate Name Only)

Monetary Transmittal Form

DOR Certificate of Good Standing (Corporate Name Only)

DUA Certificate of Compliance (Corporate Name Only)

Change of Corporate Name/DBA Application

Vote of the Entity Board

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

☐ **CHANGE OF PLEDGE OF LICENSE, STOCK OR INVENTORY**

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Pledge of License, Stock or Inventory Application

Vote of the Entity Board

Pledge documentation

Promissory note

CHANGE OF MANAGER



\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

Change of Manager Application

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must** be notarized with a stamp or raised seal.

Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.



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APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

☐ **CHANGE OF LOCATION**

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Alteration of Premises/Change of Location Application
Vote of the Entity Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement*

☐ **ALTERATION OF PREMISES**

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Alteration of Premises/Change of Location Application
Vote of the Entity Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement*

☐ **MANAGEMENT AGREEMENT**

\$200 fee via [ABCC website](#) and Payment Receipt
Monetary Transmittal Form
Management Agreement Application
Management Agreement
Vote of the Entity Board
CORI Forms for all listed in Section 8A and attachments

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*



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APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

Non-Profit Club's ONLY

e.g. Veteran's Club

☐ **Non-Profit Club CHANGE OF OFFICERS/DIRECTORS**

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Vote of the club signed by an approved officer

Business Structure Documents-Articles of Organization from the Secretary of the Commonwealth

CORI Authorization Form This form **must** be *notarized with a stamp or raised seal*.

Monetary Transmittal Form

\$200 fee via [ABCC website](http://www.mass.gov/abcc) and Payment Receipt

☐ **Non-Profit Club CHANGE OF MANAGER**

\$200 fee via [ABCC website](http://www.mass.gov/abcc) and Payment Receipt

Monetary Transmittal Form

Change of Manager Application

Vote of the club signed by an approved officer

CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.

Updated Officers and Directors*

*Please ensure to update your officers and directors **simultaneously** or **PRIOR** to applying for a change of manager. It will be returned with no action taken if the officers and directors do not match ABCC records.

Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

APPLICATION FOR MULTIPLE AMENDMENTS

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Colwen Management, Inc.	Natick	0483-HT-0768

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Application for change in corporate officer position to add David Rebich as Chief Financial Officer. Application for Change of Manager of Record to Joseph Tutela.

APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Jon D. Aieta, Esq.	Attorney	jaieta@mqmlp.com	(617) 946-4600

2. AMENDMENT-Change of License Classification

<input type="checkbox"/> Change of License Category All Alcohol, Wine and Malt, Wine Malt and Cordials	Last-Approved License Category	
	Requested New License Category	
<input type="checkbox"/> Change of License Class Seasonal or Annual	Last-Approved License Class	
	Requested New License Class	
<input type="checkbox"/> Change of License Type* i.e. Restaurant to Club *Certain License Types CANNOT change once issued*	Last-Approved License Type	
	Requested New License Type	

3. AMENDMENT-Change of Business Entity Information

<input type="checkbox"/> Change of Corporate Name	Last-Approved Corporate Name:	
	Requested New Corporate Name:	
<input type="checkbox"/> Change of DBA	Last-Approved DBA:	
	Requested New DBA:	
<input type="checkbox"/> Change of Corporate Structure LLC, Corporation, Sole Proprietor, etc	Last-Approved Corporate Structure	
	Requested New Corporate Structure	

4. AMENDMENT-Pledge Information

<input type="checkbox"/> Pledge of License	To whom is the pledge being made:	
<input type="checkbox"/> Pledge of Inventory		
<input type="checkbox"/> Pledge of Stock		

5. AMENDMENT-Change of Manager

☒ Change of License Manager

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises Last-Approved License Manager

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* ☒ Yes ☐ No *Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition
N/A	N/A	N/A	N/A

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
10/21	Present	General Manager	Residence Inn by Marriott, Natick	Jim Riker
02/21	10/21	General Manager	Sonesta Select Hotel, Milford	Jan Blum
10/12	02/21	General Manager	Courtyard by Marriott, Milford	Stacey Jacques

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ☐ Yes ☒ No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
N/A	N/A	N/A	N/A	N/A

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Date

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

☒ **Change of Officers/Directors** ☐ **Change of Ownership Interest (LLC Managers/LLP Partners, Trustees)** ☐ **Change of Stock (E.g. New Stockholder/ Transfer or Issuance of Stock)**

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises (Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Leo Xarras	2 Earhart Street, Unit 135, Cambridge, MA 02151	[REDACTED]	06/20/1968
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Chairman, CEO and Director	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Julie Scott	9 Cottage Way, Kittery, ME 03904	[REDACTED]	08/29/1968
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
President	0%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Terrence Bickhardt	30 Beech Hill Road, Exeter, NH 03833	[REDACTED]	10/14/1957
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Treasurer	0%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
David Van Der Beken	18 Old Evergreen Road, Bedford, NH 03110	[REDACTED]	05/16/1951
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Secretary	0%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Christine Thomas	1058 Main Street, New London, NH 03257	[REDACTED]	06/15/1952
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Director	0%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Mark Schleicher	35 Watgate Drive, Sarasota, FL 34236	[REDACTED]	01/07/1947
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Director	0%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input checked="" type="radio"/> No

Additional pages attached? ☒ Yes ☐ No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

☐ Yes ☒ No

ADDENDUM A

6. Change of Officers, Stock or Ownership Interest (Continued...)

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

Colwen Management, Inc.

NA

Name of Principal

Residential Address

SSN

DOB

David Rebich

8 Jackson Avenue, Mystic, CT 06355

[REDACTED]

02/09/1960

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

Chief Financial Officer

0%

☒ Yes ☐ No

☒ Yes ☐ No

☐ Yes ☒ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

6B. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Leo Xarras	Chairman, CEO and Director	100%
Name of Principal	Title/Position	Percentage of Ownership
Julie Scott	President	0%
Name of Principal	Title/Position	Percentage of Ownership
Terrence Bickhardt	Treasurer	0%
Name of Principal	Title/Position	Percentage of Ownership
David Van Der Beken	Secretary	0%
Name of Principal	Title/Position	Percentage of Ownership
Christine Thomas	Director	0%
Name of Principal	Title/Position	Percentage of Ownership
Mark Schleicher	Director	0%

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
See Exhibit A attached hereto.			

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
See Exhibit B attached hereto.			

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation
	N/A		

7. AMENDMENT-Change of Premises Information

☐ **Alteration of Premises:** (must fill out attached financial information form)

7A. ALTERATION OF PREMISES

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

PROPOSED DESCRIPTION OF PREMISES

Please provide a complete description of the proposed premises, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

☐ **Change of Location:** (must fill out attached financial information form)

7B. CHANGE OF LOCATION

Last-Approved Street Address

Proposed Street Address

DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

☐ Yes ☐ No

8. AMENDMENT-Management Agreement

☐ **Management Agreement:** (must fill out all pages in section 8)

Are you requesting approval to utilize a management company through a management agreement?
If yes, please fill out section 8.

☐ Yes ☐ No

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

8A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

Address

Phone

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☐ No

8B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 8A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

8. AMENDMENT-Management Agreement

8C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 8A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

8D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 8A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

8E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 8B, 8C or 8D ever been suspended, revoked or cancelled?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

8F. TERMS OF AGREEMENT

a. Does the agreement provide for termination by the licensee?

Yes ☐ No ☐

b. Will the licensee retain control of the business finances?

Yes ☐ No ☐

c. Does the management entity handle the payroll for the business?

Yes ☐ No ☐

d. Management Term Begin Date

e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

☐ \$ per month/year (indicate amount)

☐ % of alcohol sales (indicate percentage)

☐ % of overall sales (indicate percentage)

☐ other (please explain)

ABCC Licensee Officer/LLC Manager

Signature:

Title:

Date:

Management Agreement Entity Officer/LLC Manager

Signature:

Title:

Date:

9. FINANCIAL DISCLOSURE

Required for the following transactions:

- Change of Officers, Stock or Ownership Interest (E.g. New Stockholder/Transfer or Issuance of Stock)
- Change of Premises Information
- Pledge of License, Inventory or Stock

Purchase Price(s):

N/A

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
N/A	
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
N/A			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

There are no costs associated with this license transaction.

EXHIBIT A
COLWEN MANAGEMENT, INC.
EXISTING INTEREST IN OTHER LICENSES

Licensee	License Type	License #	Licensee d/b/a & Address
Colwen Management, Inc.	On Premise	02827-HT-0116	Residence Inn by Marriott (Roxbury) 2001 Washington Street, Boston , MA 02119
Colwen Management, Inc.	On Premise	02888-HT-0116	AC Hotel by Marriott South End (Ink Block) 225 Albany Street, Boston , MA 02118
Colwen Management, Inc.	On Premise	03831-RS-0116	AC Hotel by Marriott Cleveland Circle 399 Chestnut Hill Avenue, Boston , MA 02135
Colwen Management, Inc.	On Premise	00427-HT-0166	Fairfield Inn and Suites Cambridge 209 Monsignor O'Brien Hwy, Cambridge , MA
Colwen Management, Inc.	On Premise	00440-HT-0166	AC Hotels by Marriott Cambridge 10 Acorn Park Drive, Cambridge , MA 02140
Colwen Management, Inc.	On Premise	00094-HT-0202	Residence Inn by Marriott Chelsea 200 Maple Street, Chelsea , MA 02150
Colwen Management, Inc.	On Premise	00096-HT-0202	Homewood Suites Chelsea 145 Beech Street, Chelsea , MA 02150
Colwen Management, Inc.	On Premise	03260-HT-0202	Holiday Inn Chelsea 1012 Broadway, Chelsea , MA 02150
Colwen Management, Inc.	On Premise	00041-HT-0244	Residence Inn by Marriott 320 Baker Ave, Concord , MA 01742
Colwen Management, Inc.	On Premise	00055-HT-0426	Renaissance Hotel at Patriot Place & Hilton Garden Inn at Patriot Place 27-28 Patriot Place, Foxborough , MA 02035
Colwen Management, Inc.	On Premise	06023-HT-0428	Sheraton Framingham Hotel 1657 Worcester Road, Framingham , MA 01701
Colwen Management, Inc.	On Premise	00085-HT-0680	AC Hotels by Marriott Medford 95 Station Landing, Medford , MA 02155
Colwen Management, Inc.	On Premise	06236-RS-0680	TownePlace Suites/Fairfield Inn & Suites 85 Station Landing, Medford , MA 02155
Colwen Management, Inc.	On Premise	04383-HT-0768	Residence Inn by Marriott Natick 1 Superior Drive, Natick , MA 01760
Colwen Management, Inc.	On Premise	04295-HT-1006	Staybridge Suites/Holiday Inn Express - Quincy 1 Richard Stratton Way, Quincy , MA 02171
Colwen Management, Inc.	On Premise	05125-HT-1022	Staybridge Suites/Holiday Inn Express - Revere 245 Revere Beach Parkway, Revere , MA 02151
Colwen Management, Inc.	On Premise	03409-HT-1130	The Row Hotel 360 Foley Street, Somerville , MA 02145
Colwen Management, Inc.	On Premise	03743-HT-1508	AC Hotel by Marriott Worcester 125 Front Street, Worcester , MA 01605

EXHIBIT B
COLWEN MANAGEMENT, INC.
PREVIOUSLY HELD INTEREST IN OTHER LICENSES

Licensee	License Type	License Name	Municipality
Colwen Management, Inc.	On Premise	TownePlace Suites by Marriott	Chelsea, MA
Colwen Management, Inc.	On Premise	Residence Inn by Marriott	Franklin, MA
Colwen Management, Inc.	On Premise	Residence Inn by Marriott	Needham, MA
Colwen Management, Inc.	On Premise	Residence Inn/Fairfield Inn & Suites by Marriott	Waltham, MA
Colwen Management, Inc.	On Premise	Courtyard by Marriott	Worcester, MA
Colwen Management, Inc.	On Premise	Residence Inn by Marriott	Worcester, MA

APPLICANT'S STATEMENT

I, Lao Xarras the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager
Authorized Signatory
of Colwen Management, Inc.
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit 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 are in compliance with state and local laws and regulations;
- (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 ownership 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.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:



Date:

10/12/22

Title:

Chairman & CEO

ABCC CORI Request Forms



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). 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 INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	04383-HT-0768	LICENSEE NAME:	Colwen Management, Inc.	CITY/TOWN:	Natick
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APPLICANT INFORMATION

LAST NAME:	Tutela	FIRST NAME:	Joseph	MIDDLE NAME:				
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	New Orleans, LA					
DATE OF BIRTH:	01/13/1968	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	N/A			
MOTHER'S MAIDEN NAME:	Moore	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	7	WEIGHT:	205	EYE COLOR:	Brown
CURRENT ADDRESS:	5 Briar Drive							
CITY/TOWN:	Milford	STATE:	MA	ZIP:	01757			
FORMER ADDRESS:	38 Tanglewood Road							
CITY/TOWN:	Milford	STATE:	MA	ZIP:	01757			

PRINT AND SIGN

PRINTED NAME:	Joseph Tutela	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this	SEP 21 2022	before me, the undersigned notary public, personally appeared	Joseph Tutela
(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.			
		NOTARY	

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI AUTHORIZED EMPLOYEE	

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. 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 DCI via mail or by fax to (617) 660-4614.





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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). 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 INFORMATION

ABCC NUMBER: <small>(OF EXISTING LICENSE)</small>	04383-HT-0768	LICENSEE NAME:	Colwen Management, Inc.	CITY/TOWN:	Natick
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APPLICANT INFORMATION

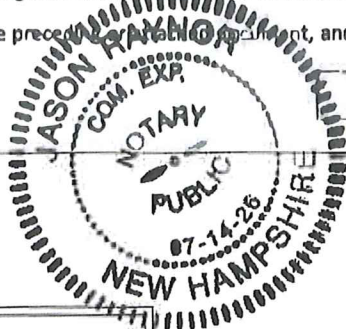
LAST NAME:	Reblch	FIRST NAME:	David	MIDDLE NAME:	Abraham			
MAIDEN NAME OR ALIAS (IF APPLICABLE):			PLACE OF BIRTH:	Jeannette, PA				
DATE OF BIRTH:	02/09/1960	SSN:			ID THEFT INDEX PIN (IF APPLICABLE):			
MOTHER'S MAIDEN NAME:	Beter	DRIVER'S LICENSE #:			STATE LIC. ISSUED:	Connecticut		
GENDER:	MALE	HEIGHT:	5	7	WEIGHT:	160	EYE COLOR:	Blue Green
CURRENT ADDRESS:	8 Jackson Avenue							
CITY/TOWN:	Mystic	STATE:	CT	ZIP:	06355			
FORMER ADDRESS:								
CITY/TOWN:		STATE:		ZIP:				

PRINT AND SIGN

PRINTED NAME:	David A. Reblch	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this	10th day of May 2011	before me, the undersigned notary public, personally appeared	David A. Reblch
(name of document signer), proved to me through satisfactory evidence of identification, which were		Driver's License	
to be the person whose name is signed on the preceding document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
		 NOTARY	



DIVISION USE ONLY

REQUESTED BY:	
<small>THE DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. 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 DCI via mail or by fax to (603) 880-4814.</small>	

Proof of Citizenship for Manager of Record

CITY OF NEW ORLEANS
STATE OF LOUISIANA

CERTIFICATE OF LIVE BIRTH Birth No. 157 68000844

Writer
27

1A. CHILD'S LAST NAME <i>Tutela, Jr.</i>	1B. FIRST NAME <i>Joseph</i>	1C. SECOND NAME <i>Charles</i>	2A. DATE OF BIRTH <i>Jan. 13, 1968</i>
3. SEX—GIRL OR BOY <i>Boy</i>	4. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	2B. HOUR OF BIRTH <i>7:54 A. M.</i>
6A. PLACE OF BIRTH (CITY, TOWN, OR LOCATION) NEW ORLEANS	6B. PARISH OF BIRTH ORLEANS		
6C. NAME OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) <i>Southern Baptist Hospital</i>			
7A. USUAL RESIDENCE OF MOTHER (CITY, TOWN OR LOCATION) <i>New Orleans</i>	7B. PARISH <i>Orleans</i>	7C. STATE <i>Louisiana</i>	6D. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7D. STREET ADDRESS—(IF RURAL INDICATE LOCATION) <i>3340 1/2 Esplanade Ave.</i>	7E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
8A. FULL NAME OF FATHER <i>Joseph Charles Tutela, Jr.</i>	8B. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <i>Massachusetts</i>	8C. AGE (AT TIME OF THIS BIRTH) <i>21</i>	8D. COLOR OR RACE OF FATHER <i>White</i>
8E. FULL MAIDEN NAME OF MOTHER <i>Delorah Elaine Moore</i>	8F. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <i>New Jersey</i>	8G. AGE (AT TIME OF THIS BIRTH) <i>19</i>	8H. COLOR OR RACE OF MOTHER <i>White</i>
I certify that the above signed information is true and correct to the best of my knowledge.			
12. MOTHER'S MAILING ADDRESS <i>3340 1/2 Esplanade Ave. New Orleans, La. 70119</i>	10. SIGNATURE OF ATTENDANT <i>Richard Moore, Tutela</i>	11. DATE OF SIGNATURE <i>1-15-68</i>	14. DATE OF SIGNATURE <i>1-15-68</i>
13. SIGNATURE OF ATTENDANT <i>Ray H. Tutela, MD</i>	15. DATE ACCEPTED BY LOCAL REGISTRAR <i>Jan 24 1968</i>	17. DATE FILED BY STATE REGISTRAR <i>JAN 24 1968</i>	

JUN 2 1986

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

STATE HEALTH OFFICER *Stanley G. Pedersen* STATE REGISTRAR

Business Entity Summary

Corporations Division

Business Entity Summary

ID Number: 020526858[Request certificate](#)[New search](#)**Summary for: COLWEN MANAGEMENT, INC.**

The exact name of the Foreign Corporation: COLWEN MANAGEMENT, INC.		
Entity type: Foreign Corporation		
Identification Number: 020526858		Old ID Number:
Date of Registration in Massachusetts: 01-16-2002		
Last date certain:		
Organized under the laws of: State: NH Country: USA on: 06-07-2001		
Current Fiscal Month/Day: 12/31		Previous Fiscal Month/Day: 12/31
The location of the Principal Office: Address: 230 COMMERCE WAY, SUITE 200 City or town, State, Zip code, PORTSMOUTH, NH 03801 USA Country:		
The location of the Massachusetts office, if any: Address: City or town, State, Zip code, Country:		
The name and address of the Registered Agent: Name: TRAC - THE REGISTERED AGENT COMPANY Address: 44 SCHOOL STREET SUITE 505 City or town, State, Zip code, BOSTON, MA 02108 USA Country:		
The Officers and Directors of the Corporation:		
Title	Individual Name	Address
PRESIDENT	JULIE SCOTT	230 COMMERCE WAY, SUITE 200 PORTSMOUTH, NH 03801 USA
TREASURER	TERRENCE BICKHARDT	230 COMMERCE WAY, SUITE 200 PORTSMOUTH, NH 03801 USA
SECRETARY	DAVID VAN DER BEKEN	889 ELM ST., 6TH FLOOR MANCHESTER, NH 03101 USA
CEO	LEO XARRAS	230 COMMERCE WAY, SUITE 200 PORTSMOUTH, NH 03801 USA
CFO	DAVE REBICH	230 COMMERCE WAY, SUITE 200 PORTSMOUTH, NH 03801 USA
CHAIRMAN	LEO XARRAS	230 COMMERCE WAY, SUITE 200 PORTSMOUTH, NH 03801 USA
DIRECTOR	CHRISTINE THOMAS	230 COMMERCE WAY, SUITE 200

		PORTSMOUTH, NH 03801 USA
DIRECTOR	LEO XARRAS	230 COMMERCE WAY, SUITE 200 PORTSMOUTH, NH 03801 USA
DIRECTOR	MARK C. SCHLEICHER	35 WATERGATE DR., SUITE 1605 SARASOTA, FL 34236 USA

Business entity stock is publicly traded: ☐

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:

Class of Stock	Par value per share	Total Authorized		Total issued and outstanding
		No. of shares	Total par value	No. of shares
CNP	\$ 0.00	1,113	\$ 0.00	1,113

**Consent****Confidential
Data****Merger
Allowed****Manufacturing**

View filings for this business entity:

ALL FILINGS
Amended Foreign Corporations Certificate
Annual Report
Annual Report - Professional
Application for Reinstatement
Articles of Consolidation, Foreign and Domestic

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)

Entity Votes

ENTITY VOTE

The Board of Directors or LLC Managers of Colwen Management, Inc.
Entity Name
duly voted to apply to the Licensing Authority of Natick and the
City/Town
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 10/12/22
Date of Meeting

For the following transactions (Check all that apply):

- ☒ Change of Officers/Directors/LLC Manager
☐ Change of Ownership Interest (LLC Members, LLP Partners, Trustees)
☐ Issuance/Transfer of Stock/New Stockholder
☐ Management/Operating Agreement
☐ Other

"VOTED: To authorize Leo Xarras
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

A true copy attest,

Leo Xarras
Corporate Officer /LLC Manager Signature

Leo Xarras
(Print Name)

For Corporations ONLY

A true copy attest,

David Van Der Beken
Corporation Secretary's Signature

David Van Der Beken
(Print Name)

ENTITY VOTE

The Board of Directors or LLC Managers of Cohen Management, Inc.
Entity Name
duly voted to apply to the Licensing Authority of Natick and the
City/Town
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 10/12/22
Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize

Leo Marras

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

Joseph Tutela

Name of Liquor License Manager

as his manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,


Corporate Officer / LLC Manager Signature

Leo Marras

(Print Name)

For Corporations ONLY

A true copy attest,


Corporation Secretary's Signature

David Van Der Beek

(Print Name)

Department of Revenue
Certificate of Good Standing



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

mass.gov/dor

Letter ID: L1051206592
Notice Date: July 19, 2022
Case ID: 0-001-601-067



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



COLWEN MANAGEMENT INC
30 EASTERN AVE
CHELSEA MA 02150-3501

Why did I receive this notice?

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

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

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

What if I have questions?

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

Visit us online!

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

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

Edward W. Coyle, Jr., Chief
Collections Bureau

Department of Unemployment Assistance Certificate of Compliance



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

Charles D. Baker
GOVERNOR

Karyn E. Polito
LT. GOVERNOR



397500794

Rosalin Acosta
SECRETARY

Connie C. Carter
DIRECTOR

COLWEN MANAGEMENT INC
230 COMMERCE WAY
PORTSMOUTH, NH 03801

EAN: 81124810
July 12, 2022

Certificate Id:60531

The Department of Unemployment Assistance certifies that as of 7/12/2022 ,COLWEN MANAGEMENT INC is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

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

Connie C. Carter, Director

Department of Unemployment Assistance