

Neel Patel
Email: Neelp373@gmail.com
Telephone: 508-734-0084

Board of Selectmen:
Natick Town Hall, 2nd Floor
Natick MA 01760
Attn: Donna Donovan

RE: Hare Ram Corp
54B East Central Street
Natick, MA 01760

Enclosed please find the following items in connection with an application for a new application for Wine and Malt Beverage License.

1. Application For New License
2. Source Of Funds Document
3. Additional Information Page
4. ABCC Payment Receipt
5. Articles of Organization
6. Letter of Intent
7. ABCC Entity Vote
8. ABCC CORI Request Form
9. Passport And Driver's License
10. Applicant Statement
11. Qualified Vendor List
12. Floor Plan
13. Workers Compensation Affidavit

I request this matter be placed on the agenda for Feb 26, 2024. If there are any questions call 508-734-0084 or neelp373@gmail.com.

NEW LICENSE

To apply for an alcoholic beverages retail license, you will need the following:

- **\$200 Fee** paid online through our online payment link: **ABCC PAYMENT WEBSITE**
- **Monetary Transmittal Form**
- **New Retail Application**
- **Manager Application**
- **Vote of the Entity**
- **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
- **CORI Authorization Form** Complete one for each individual with financial or beneficial interest in the entity that is applying AND one for the proposed manager of record. *This form must be notarized with a stamp or raised seal.*
- **Proof of Citizenship** for the proposed Manager of Record.
- **Supporting Financial Records** for all financing and or loans, including pledge documents, if applicable.
- **Legal Right to Occupy**, a lease or deed.
- **Floor Plan**
- **Abutter's Notification**
- **Advertisement**
- **Additional information**, if necessary, utilizing the formats provided and or any affidavits.
- **Management Agreement**, if applicable, requires the following:
 - Management Agreement Application
 - Management Agreement
 - Vote of the Entity
 - CORI Forms for all listed in Section 11 and attachments

Please Note: You may be requested to submit additional supporting documentation if necessary.



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 A NEW LICENSE

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)

ENTITY/ LICENSEE NAME Hare Ram Corp

ADDRESS 54B East Central Street

CITY/TOWN Natick

STATE MA

ZIP CODE 01760

For the following transactions (Check all that apply):

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



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

APPLICATION FOR A NEW LICENSE

Municipality

Natick

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

Off-Premises-15

TYPE

\$15 Package Store

CATEGORY

Wines and Malt Beverages

CLASS

Annual

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.

54B East Central Street is move in ready store with coolers, shelves, counters etc. There is need for clean up and need for new computer system, there is an available wine and malt beverage license the applicant believes suits well within the premises.

Is this license application pursuant to special legislation?



Yes



No

Chapter

Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name

Hare Ram Corp

FEIN

99-1167878

DBA

Mile 10 Provisions

Manager of Record

Neel Patel

Street Address

54B East Central Street, Natick MA 01760

Phone

N/A

Email

N/A

Alternative Phone

N/A

Website

N/A

3. 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.

One floor, mostly sales area with a small storage area in the rear. An entrance from East Central Street and a rear exit where deliveries are accepted.

Total Square Footage: 1,600 +/-

Number of Entrances: 1

Seating Capacity: N/A

Number of Floors: 1

Number of Exits: 2

Occupancy Number: N/A

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:

Neel Patel

Phone:

508-734-0084

Title:

Owner

Email:

neelp373@gmail.com

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	Corporation	Date of Incorporation	02/01/2-24
State of Incorporation	Massachusetts	Is the Corporation publicly traded?	☐ Yes ☒ No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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
Neel Patel	210 Cedar St	REDACTED	11/23/1995

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President, Secretary, Treasurer and Director	100%	☒ 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

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

ADDENDUM A

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

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.).

Entity Name

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

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

☐ Yes ☐ No

US Citizen

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

☐ Yes ☐ No

US Citizen

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

☐ Yes ☐ No

US Citizen

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

☐ Yes ☐ No

US Citizen

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

☐ Yes ☐ No

US Citizen

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

☐ Yes ☐ No

US Citizen

☐ Yes ☐ No

MA Resident

☐ Yes ☐ No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager

☐ Yes ☐ No

US Citizen

☐ Yes ☐ No

MA Resident

☐ 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

APPLICATION FOR A NEW LICENSE

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

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

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

7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name Chrono Realty LLC

Landlord Phone 508-272-7621

Landlord Email dchro@comcast.net

Landlord Address 14 Hartford St, Dover MA 02030

Lease Beginning Date Upon Approval

Rent per Month \$5,000.00

Lease Ending Date 5 Year + 5 Year Option

Rent per Year \$60,000.00

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

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	0
B. Purchase Price for Business Assets	0
C. Other * (Please specify below)	\$50,000.00
D. Total Cost	\$50,000.00

*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

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
Neel Patel	\$50,000.00
Total	\$50,000.00

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.
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

FINANCIAL INFORMATION

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

The \$50,000.00 are to be used as start up costs, for computer, clean-up and minor detail work to make the store premise inviting.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? ☐ Yes ☒ No

Please indicate what you are seeking to pledge (check all that apply) ☐ License ☐ Stock ☐ Inventory

To whom is the pledge being made?

N/A

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name	Neel Patel	Date of Birth	11/23/1995	SSN	[REDACTED]
Residential Address	210 Cedar Street, Holliston MA 01746				
Email	neelp373@gmail.com	Phone	508-734-0084		
Please indicate how many hours per week you intend to be on the licensed premises				40 +/-	

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

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
			See Additional Information Page	

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

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 Neel Patel Date 02/08/2024

11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

☐ Yes ☒ No

If yes, please fill out section 11.

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.*

11A. 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?

☐ Yes ☐ No

If yes, attach an affidavit providing the details of any and all convictions.

11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

LICENSE

Does any individual or entity identified in question 11A, 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

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, 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

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, 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

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D 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

11F. 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

Management Agreement Entity Officer/LLC Manager

Signature:

Signature:

Title:

Title:

Date:

Date:



Statement Period 12/28/23 TO 01/27/24
SANTANDER SAVINGS

If you have questions about your statement,
contact the Customer Service Center at 877-768-2265.
Hearing- and speech-impaired customers may use 7-1-1.
www.santanderbank.com

NEEL PATEL
210 CEDAR ST
HOLLISTON MA 01746

0000
1 7 27

SANTANDER SAVINGS

Statement Period 12/28/23 - 01/27/24

NEEL PATEL

Balances

Beginning Balance	\$75,019.50	Current Balance	\$70,020.91 *
Deposits/Credits	+\$1.41	Average Daily Balance	\$73,084.11
Withdrawals/Debits	-\$5,000.00		

Interest

Paid this Period *	\$1.86	Annual Percentage Yield Earned	0.03%
Earned this Period	\$1.86	Paid Last Year	\$3.40
Paid Year-To-Date	\$1.86		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
12-28	Beginning Balance			\$75,019.50
01-16	INTERNET TRANSFER TO ACCT *1447 - SIMPLY RIGHT CHECKING		\$5,000.00	\$70,019.50
01-26	INTEREST CREDIT LESS FED TAX WITHHELD 0.45 FROM 12/28/2023 THROUGH 01/27/2024	\$1.41		\$70,020.91
01-27	Ending Balance			\$70,020.91





Statement Period 11/28/23 TO 12/27/23
SANTANDER SAVINGS

If you have questions about your statement,
contact the Customer Service Center at 877-768-2265.
Hearing- and speech-impaired customers may use 7-1-1.
www.santanderbank.com

NEEL PATEL
210 CEDAR ST
HOLLISTON MA 01746

0000
1 7 27



Changes to transaction posting order

On November 10, 2023, we made a change in our transaction posting order. This does not impact your day-to-day banking, but you may see a difference in the order in which items are listed on your statements. All account transfers will now be placed in Posting Order Group 2 regardless of the channel they were initiated in.

Please see the updated versions of the Personal Deposit Account Agreement or the Business Deposit Account Agreement available on santanderbank.com.

2311P6PO 902001 11/2023

SANTANDER SAVINGS

Statement Period 11/28/23 - 12/27/23

NEEL PATEL

Balances

Beginning Balance	\$74,018.04	Current Balance	\$75,019.50
Deposits/Credits	+\$6,001.46	Average Daily Balance	\$77,851.42
Withdrawals/Debits	-\$5,000.00		

Interest

Paid this Period *	\$1.92	Annual Percentage Yield Earned	0.03%
Earned this Period	\$1.92	Paid Last Year	\$0.00
Paid Year-To-Date	\$3.40		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
11-28	Beginning Balance			\$74,018.04
11-28	INTERNET TRANSFER FROM ACCT *1447 - SIMPLY RIGHT CHECKING	\$6,000.00		\$80,018.04
12-15	INTERNET TRANSFER TO ACCT *1447 - SIMPLY RIGHT CHECKING		\$5,000.00	\$75,018.04
12-27	INTEREST CREDIT LESS FED TAX WITHHELD 0.46 FROM 11/28/2023 THROUGH 12/27/2023	\$1.46		\$75,019.50
12-27	Ending Balance			\$75,019.50





Statement Period 10/28/23 TO 11/27/23
SANTANDER SAVINGS

If you have questions about your statement,
contact the Customer Service Center at 877-768-2265.
Hearing- and speech-impaired customers may use 7-1-1.
www.santanderbank.com

NEEL PATEL
210 CEDAR ST
HOLLISTON MA 01746

0000
1 7 27

SANTANDER SAVINGS

Statement Period 10/28/23 - 11/27/23

NEEL PATEL

Balances

Beginning Balance	\$0.13	Current Balance	\$74,018.04
Deposits/Credits	+\$86,017.91	Average Daily Balance	\$57,947.57
Withdrawals/Debits	-\$12,000.00		

Interest

Paid this Period *	\$1.48	Annual Percentage Yield Earned	0.03%
Earned this Period	\$1.48	Paid Last Year	\$0.00
Paid Year-To-Date	\$1.48		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Additions	Subtractions	Balance
10-28	Beginning Balance			\$0.13
11-06	TRANSFER FROM ACCT *1890 - BUSINESS CHECKING	\$86,016.79		\$86,016.92
11-20	TRANSFER TO ACCT *1447 - SIMPLY RIGHT CHECKING		\$12,000.00	\$74,016.92
11-27	INTEREST CREDIT LESS FED TAX WITHHELD 0.36 FROM 10/28/2023 THROUGH 11/27/2023	\$1.12		\$74,018.04
11-27	Ending Balance			\$74,018.04





Statement Period 10/01/23 TO 10/31/23

Primary Account #: [REDACTED]

If you have questions about your statement,
contact the Business Customer Service Team at
1-877-768-1145. Hearing- and speech-impaired
customers may use 7-1-1. www.santanderbank.com

70 MAIN STREET REALTY TRUST
70 MAIN ST
HOPKINTON MA 01748

0000
7 5 31

BUSINESS CHECKING

Statement Period 10/01/23 - 10/31/23

70 MAIN STREET REALTY TRUST
NEEL PATEL TRUSTEE

Balances

Beginning Balance	\$51.90	Ending Balance	\$86,383.39
Deposits/Credits	+\$348,211.38	Average Daily Balance	\$59,018.72
Withdrawals/Debits	-\$261,879.89		

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
122	10/20	\$11,242.14	09839202407	125	10/23	\$140,000.00	0984037205
124*	10/25	\$4,500.00	0991545695	127*	10/25	\$60,000.00	0991511010

4 Check(s) Posted = \$215,742.14

An asterisk (*) indicates a skip in sequential check numbers.

Account Activity

Date	Description	Credits	Debits	Balance
10-01	Beginning Balance			\$51.90
10-02	FRAMINGHAM HOUSI LL Rent 230928 *****65	\$1,047.00		\$1,098.90
10-03	MONTHLY FEE FROM 09-01-2023 TO 09-30-2023		\$15.00	\$1,083.90
10-10	SHAH DIXIT & ASS SDA MB - COct 10 12025		\$83.34	\$1,000.56
10-11	PROOF PEST CONTR PROOFPEST2 *****69		\$66.15	\$934.41
10-12	BRANCH TRANSACTION AT ASHLAND - CASH DEPOSIT.	\$2,500.00		\$3,434.41
10-12	SportsBookCasino FanDuel		\$300.00	\$3,134.41
10-12	ROCKLAND TRUST AT TRNSFER231011 AT External Transfer		\$5,620.65	-\$2,486.24
10-12	INSUFFICIENT FUNDS FEE - ITEM PAID		\$15.00	-\$2,501.24
10-13	ACH RETURNED ITEM	\$5,620.65		\$3,119.41
10-13	BRANCH MIXED DEPOSIT AT ASHLAND	\$2,600.00		\$5,719.41
	CASH DEPOSIT \$ 1,300.00			
	CHECK DEPOSIT \$ 1,300.00			
10-13	REFUND - INSUFFICIENT FUNDS FEE - ITEM PAID ON 10/12/2023	\$15.00		\$5,734.41
10-19	B P TRUCKING ASH BPTRUCKING		\$404.21	\$5,330.20
10-20	WIRE IN FRM ACCT8208 MASSACHUSETTS IO REF SELLER PROCEEDS 70 M	\$306,428.73		\$311,758.93
10-20	NORFOLK & DEDHAM INS PREM		\$443.00	\$311,315.93
10-20	CHECK 000000000122	\$11,242.14		\$300,073.79
10-23	EVERSOURCE WEB_PAY OCT 23		\$76.93	\$299,996.86
10-23	EVERSOURCE WEB_PAY OCT 23		\$92.18	\$299,904.68
10-23	EVERSOURCE WEB_PAY OCT 23		\$150.73	\$299,753.95
10-23	EVERSOURCE WEB_PAY OCT 23		\$165.32	\$299,588.63
10-23	EVERSOURCE WEB_PAY OCT 23		\$209.72	\$299,378.91
10-23	EVERSOURCE WEB_PAY OCT 23		\$230.77	\$299,148.14
10-23	EVERSOURCE WEB_PAY OCT 23		\$359.79	\$298,788.35
10-23	EVERSOURCE WEB_PAY OCT 23		\$2,904.96	\$295,883.39



**Account Activity (Cont. for Acct# 9534591890)**

Date	Description	Credits	Debits	Balance
10-23	INTERNET TRANSFER TO ACCT 231372691 2000141447 - SIMPLY RIGHT CHECKING		\$30,000.00	\$265,883.39
10-23	CHECK 000000000125		\$140,000.00	\$125,883.39
10-25	BRANCH TRANSACTION AT ASHLAND - CHECK DEPOSIT.	\$30,000.00		\$155,883.39
10-25	CHECK 000000000124		\$4,500.00	\$151,383.39
10-25	CHECK 000000000127		\$60,000.00	\$91,383.39
10-30	TRANSFER TO ACCT 231372691 2000141447 - SIMPLY RIGHT CHECKING		\$5,000.00	\$86,383.39
10-31	Ending Balance			\$86,383.39

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS
CALL OUR BUSINESS CUSTOMER CONTACT CENTER AT 1-877-768-1145 OR WRITE TO THE BANK
ATTN: BUSINESS CUSTOMER CONTACT CENTER
Santander Way RI1 EPV 02 23
East Providence, RI 02915

Please contact us if you think your statement or receipt is wrong or if you need additional information about a transfer on the statement or receipt. We must hear from you no later than 30 days after we sent you the FIRST statement on which the error appeared.



Santander

75 MAIN STREET REALTY TRUST
75 MAIN STREET
ROPHORTON, MA 01740

122

DATE 10/17/23

PAY TO THE ORDER OF Tamara Hopkinson \$ 11,242.14

Eleven thousand two hundred forty two dollars and four cents

Santander
Santander Bank, N.A.

Final Water Bill Wendy Patti

12313726912

122 10/20/23 \$11,242.14

75 MAIN STREET REALTY TRUST
75 MAIN STREET
ROPHORTON, MA 01740

124

DATE 11/20/23

PAY TO THE ORDER OF Anna & Yang \$ 4,500.00

Four thousand five hundred

Santander
Santander Bank, N.A.

Pink Book Wendy Patti

12313726912

124 10/25/23 \$4,500.00

75 MAIN STREET REALTY TRUST
75 MAIN STREET
ROPHORTON, MA 01740

125

DATE 10/20/23

PAY TO THE ORDER OF Mukesh Patel \$ 140,000.00

ONE hundred forty thousand

Santander
Santander Bank, N.A.

Wendy Patti

12313726912

125 10/23/23 \$140,000.00

75 MAIN STREET REALTY TRUST
75 MAIN STREET
ROPHORTON, MA 01740

127

DATE 10/24/23

PAY TO THE ORDER OF DHAYAL PATEL \$ 60,000.00

Sixty thousand dollars

Santander
Santander Bank, N.A.

Loan Return Wendy Patti

12313726912

127 10/25/23 \$60,000.00



A. SETTLEMENT STATEMENT (HUD-1)

OMB Approval No. 2502-0265

B. TYPE OF LOAN:				6. File Number		7. Loan Number		8. Mortgage Insurance Case Number	
1. ☐ FHA		2. ☐ RHS		3. ☐ Conv. Unins.					
4. ☐ VA		5. ☐ Conv. Ins							
C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(p.o.c.)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.									
D. NAME AND ADDRESS OF BORROWER: GOKDAG LLC MA				E. NAME AND ADDRESS OF SELLER: 70 Main Street Realty Trust u/d/t May 11, 2020 MA				F. NAME AND ADDRESS OF LENDER:	
G. PROPERTY LOCATION: 70 Main St Hopkinton, MA 01748				H. SETTLEMENT AGENT: Pierce Atwood LLP 100 Summer Street, Suite 2250, Boston, MA 02110 (617) 488-8100				H. SETTLEMENT DATE October 20, 2023	
								DISBURSEMENT DATE October 20, 2023	
				PLACE OF SETTLEMENT					
J. SUMMARY OF BORROWER'S TRANSACTION					K. SUMMARY OF SELLER'S TRANSACTION				
100. GROSS AMOUNT DUE FROM BORROWER:					400. GROSS AMOUNT DUE TO SELLER:				
101. Contract sales price				1,000,000.00		401. Contract sales price		1,000,000.00	
102. Personal property						402. Personal property			
103. Settlement charges to borrower (from line 1400)				15,850.54		403.			
104.						404.			
105.						405.			
ADJUSTMENTS FOR ITEMS PAID BY SELLER IN ADVANCE:					ADJUSTMENTS FOR ITEMS PAID BY SELLER IN ADVANCE:				
106. City/town taxes		10/20/2023 to 12/31/2023		3,184.28		406. City/town taxes		10/20/2023 to 12/31/2023 3,184.28	
107. County taxes		to				407. County taxes		to	
108. Assessments		to				408. Assessments		to	
109.						409.			
110.						410.			
111.						411.			
112.						412.			
120. GROSS AMOUNT DUE FROM BORROWER:				1,019,034.82		420. GROSS AMOUNT DUE TO SELLER:		1,003,184.28	
200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER:					500. REDUCTIONS IN AMOUNT DUE TO SELLER:				
201. Deposit or earnest money				30,000.00		501. Excess deposit (see instructions)			
202. Principal amounts of new loan(s)				850,000.00		502. Settlement charges to seller (line 1400)		6,749.00	
203. Existing loan(s) taken subject to						503. Existing loan(s) taken subject to			
204. Hopkinton Pie Loan less fees				496,600.00		504. Payoff of first mortgage loan Rockland Trust (10/23)		651,149.93	
205.						505. Payoff of second mortgage loan			
206.						506. Deposit or earnest money		30,000.00	
207.						507.			
208.						508. Q2 FY 2024 Tax Payment		4,068.81	
209.						509.			
ADJUSTMENTS FOR ITEMS UNPAID BY SELLER:					ADJUSTMENTS FOR ITEMS UNPAID BY SELLER:				
210. City/town taxes		to				510. City/town taxes		to	
211. County taxes		to				511. County taxes		to	
212. Assessments		to				512. Assessments		to	
213. Rent Adjustment Unit 1 (\$1,000)				387.09		513. Rent Adjustment Unit 1 (\$1,000)		387.09	
214. Rent Adjustment Unit 2 (\$1,500)				580.65		514. Rent Adjustment Unit 2 (\$1,500)		580.65	
215. Rent Adjustment Unit 3 (\$1,400)				541.94		515. Rent Adjustment Unit 3 (\$1,400)		541.94	
216. Rent Adjustment Unit 4 (\$1,356)				524.90		516. Rent Adjustment Unit 4 (\$1,356)		524.90	
217. Rent Adjustment Unit 5 (\$1,300)				503.23		517. Rent Adjustment Unit 5 (\$1,300)		503.23	
218. Security Deposits (Unit 1 and 5)				2,250.00		518. Security Deposits (Unit 1 and 5)		2,250.00	
219.						519.			
220. TOTAL PAID BY/FOR BORROWER:				1,381,387.81		520. TOTAL REDUCTION IN AMOUNT DUE SELLER:		696,755.55	
300. CASH AT SETTLEMENT FROM/TO BORROWER:					600. CASH AT SETTLEMENT FROM/TO SELLER:				
301. Gross amount due from borrower (line 120)				1,019,034.82		601. Gross amount due to seller (line 420)		1,003,184.28	
302. Less amount paid by/for borrower (line 220)				1,381,387.81		602. Less total reductions in amount due seller (line 520)		696,755.55	
303. Cash (☐ From) (☒ To) Borrower				\$362,352.99		603. Cash (☒ To) (☐ From) Seller		\$306,428.73	

L SETTLEMENT CHARGES				PAID FROM BORROWER'S FUNDS AT SETTLEMENT	PAID FROM SELLER'S FUNDS AT SETTLEMENT
700 TOTAL REAL ESTATE BROKER FEES					
Division of commission (line 700) as follows:					
701	to				
702	to				
703	Commission paid at settlement				
704					
800. ITEMS PAYABLE IN CONNECTION WITH LOAN:					
801	Our origination charge	(from GFE # 1)			
802	Your credit or charge (points) for the specific interest rate chosen	(from GFE # 2)			
803	Your adjusted origination charges	(from GFE A)			
804	Appraisal fee to	(from GFE # 3)	3,900.00		
805	Credit report to	(from GFE # 3)	48.74		
806	ERM Fee	(from GFE # 3)	750.00		
807	Flood Cert	(from GFE # 3)	14.00		
808	Appraisal Review fee		650.00		
809	Tax Service Fee		123.00		
810	Fraud Guard		20.60		
811	See HUD-1 Continuation Page		55.95		
900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE:					
901	Daily interest charges from 10/20/2023 to 11/1/2023 (12 days) @ \$0.0000/day	(from GFE # 10)			
902	Mortgage Insurance premium for	(from GFE # 3)			
903	Homeowner's insurance for to	(from GFE # 11)			
904					
905					
906					
1000. RESERVES DEPOSITED WITH LENDER:					
1001	Initial deposit for your escrow account	(from GFE # 9)			
1002	Homeowner's insurance				
1003	Mortgage insurance				
1004	Property taxes				
1005					
1006					
1007					
1008	Aggregate Accounting Adjustment		\$0.00		
1009					
1100. TITLE CHARGES:					
1101	Title services and lender's title insurance	(from GFE # 4)			
1102	Settlement or closing fee to				
1103	Owner's title insurance to	(from GFE # 5)			
1104	Lender's title insurance to				
1105	Lender's title policy limit				
1106	Owner's title policy limit				
1107	Agent's portion of the total title insurance premium to				
1108	Underwriter's portion of the total title insurance premium to				
1109	Simultaneous Loan Policy with zoning to FATIC/Bigelow		4,250.00		
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES:					
1201	Government recording charges	(from GFE # 7)	369.50		329.25
1202	Deed \$ 159.75 Mortgage \$ 209.75 Releases \$ 329.25				
1203	Transfer taxes	(from GFE # 8)			4,560.00
1204	City/County tax/stamps Deed \$ Mortgage \$				
1205	State tax/stamps Deed \$ 4,560.00 Mortgage \$				
1206	ALR		109.75		
1207	MLC		84.75		
1300. ADDITIONAL SETTLEMENT CHARGES:					
1301	Required services that you can shop for	(from GFE # 6)			
1302	Legal Fee to Pierce Atwood LLP		4,100.00		
1303	Legal Fee to Demakis Law Offices P.C.				1,750.00
1304	KEY/Wire/Copies/FedEx		200.00		
1305	See HUD-1 Continuation Page		1,064.50		
1400. TOTAL SETTLEMENT CHARGES (enter on Line 103, Section J and line 502, Section K)			\$15,850.54		\$6,749.00

B=borrower S=seller L=lender R=broker I=investor O=other POC=paid outside closing by

HUD-1 Continuation Page

	PAID FROM BORROWER'S FUNDS AT SETTLEMENT	PAID FROM SELLER'S FUNDS AT SETTLEMENT
800. ITEMS PAYABLE IN CONNECTION WITH LOAN:		
811. Loan Shield	44.05	
812. Lexis Nexu	10.00	
813. PACER	1.00	
1100. TITLE CHARGES:		
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES:		
1208. Trustee's Cert		109.75
1209. GS	109.75	
1300. ADDITIONAL SETTLEMENT CHARGES:		
1305. Title Exam to PA	325.00	
1306. UCC to PA	23.50	
1307. Plot Plan to PA	235.00	
1308. Good Standing to PA	31.00	
1309. MLC to PA	150.00	
1310. Zoning Certificate to PA	300.00	

HUD-1 Signature Page

NAME AND ADDRESS OF LENDER: 	PROPERTY LOCATION: 70 Main St Hopkinton, MA 01748
Loan No:	
NAME AND ADDRESS OF BORROWER: GOKDAG LLC MA	NAME AND ADDRESS OF SELLER: 70 Main Street Realty Trust u/d/t May 11, 2020 MA

I have carefully reviewed the HUD-1 Settlement Statement, and, to the best of my knowledge and belief, it is a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction. I further certify that I have received a copy of the HUD-1 Settlement Statement (Pages 1, 2 and 3).

Borrower: GOKDAG LLC

Seller: 70 Main Street Realty Trust u/d/t May 11, 2020

By: _____ Date: 10/20/2023 By: _____ Date: 10/20/2023
Celal Fatih Gokdag, Manager

The HUD-1 Settlement Statement which I have prepared is a true and accurate account of this transaction. I have caused or will cause the funds to be disbursed in accordance with this statement.

Settlement Agent: _____ Date: 10/20/2023

WARNING: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine and imprisonment. For details see: Title 18 U.S. Code Section 1001 and Section 1010.

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

10. MANAGER APPLICATION

C. EMPLOYMENT INFORMATION

Start-End	Position	Employer	Supervisor
2013 - 2016	Student		
2016 - 2017	Procurement Specialist	YRCI Contractor D.O.D.	Anthony Cardinale
2018 - 2019	Procurement Specialist	VMSI Contractor/Department of VA	Emily Wilson
2019 - 2022	Contract Specialist	FEMA	Ryan Colgan
2022 - 2023	Contract Specialist	Federal Aviation Agency	Kristen Moran
2023 - Present	Manager	Sital Corp.	Mukesh Patel

Massachusetts Alcoholic Beverages Control Commission - Retail

95 Fourth Street, Suite 3, Chelsea, Massachusetts 02150

Phone 617) 27-3040

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 and via text message.

**Transaction Processed Successfully.****INVOICE #: 48a37828-6e90-46b4-87f7-1661e7c76d90**

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Hare Ram Corp	\$200.00
FILING FEES-RETAIL	Hare Ram Corp	\$200.00
		\$400.00

Total Convenience Fee: \$9.40**Date Paid: 2/8/2024 2:57:44 PM EDT****Total Amount Paid: \$409.40**

Payment On Behalf Of

Multiple Items:

Please see above for all of the items in this transaction.

Billing Information

First Name:

Neel

Last Name:

Patel

Address:

210 Cedar St

City:

Holliston

State:

MA

Zip Code:

01746

Email Address:

neelp373@gmail.com

[Print Receipt](#)[Make Another Payment](#)

powered by nCourt

The Commonwealth of Massachusetts, William Francis Galvin
Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Minimum Filing Fee:
\$250.00

Identification Number: 001751718 (number will be assigned)																			
ARTICLE I The exact name of the corporation is: HARE RAM CORP																			
ARTICLE II Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Specify if you want a more limited purpose:																			
ARTICLE III State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation. <table><thead><tr><th>Class of Stock</th><th>Par value per share (Enter 0 if no Par)</th><th>Total authorized number of shares</th><th>Total authorized par value</th><th>Total issued and outstanding number of shares</th></tr></thead><tbody><tr><td>CNP</td><td>0</td><td>1,500</td><td>0</td><td>100</td></tr><tr><td colspan="5"></td></tr></tbody></table>					Class of Stock	Par value per share (Enter 0 if no Par)	Total authorized number of shares	Total authorized par value	Total issued and outstanding number of shares	CNP	0	1,500	0	100					
Class of Stock	Par value per share (Enter 0 if no Par)	Total authorized number of shares	Total authorized par value	Total issued and outstanding number of shares															
CNP	0	1,500	0	100															
ARTICLE IV If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the corporation must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.																			
ARTICLE V The restrictions, if any, imposed by the articles of organization upon the transfer of shares of stock																			

Other lawful provisions, and if there are no provisions, this article may be left blank.

ARTICLE VII

The effective date of organization shall be the date and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a later effective date is desired, specify such date, which may not be later than ninety (90) days from the date and time of filing

Later Effective Date (mm/dd/yyyy): 02/01/2024 Time (HH:MM) 12:00 AM

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the articles of organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Agent name: NEEL PATEL

Number and street: 54B EAST CENTRAL ST

Address 2:

City or town: NATICK State: MA Zip code: 01760

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name	Address
PRESIDENT	NEEL PATEL	210 CEDAR ST HOLLISTON, MA 01746 USA
TREASURER	NEEL PATEL	210 CEDAR ST HOLLISTON, MA 01746 USA
SECRETARY	NEEL PATEL	210 CEDAR ST HOLLISTON, MA 01746 USA
DIRECTOR	NEEL PATEL	210 CEDAR ST HOLLISTON, MA 01746 USA

d. The fiscal year end (i.e., tax year) of the corporation:

January 31

e. A brief description of the type of business in which the corporation intends to engage:

BEER AND WINE, GOURMET SNACKS

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

Number and 54B EAST CENTRAL AVE

Country: UNITED STATES

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

Number and street: 54B EAST CENTRAL ST

Address 2:

City or town: NATICK State: MA Zip code: 01760

Country: UNITED STATES

Which is:

- ☐ its principal office ☐ an office of its transfer agent
☐ an office of its secretary/assistant secretary ☒ its registered office

Signed this 29 Day of January, 2024 at 16:01 PM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

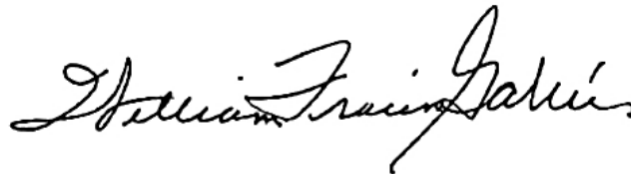
NEEL PATEL

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

January 29, 2024 03:58 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

ENTITY VOTE

The Board of Directors or LLC Managers of

Hare Ram Corp

Entity Name

duly voted to apply to the Licensing Authority of

Natick

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

Feb 8, 2024

Date of Meeting

For the following transactions (Check all that apply):

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

"VOTED: To authorize

Neel Patel

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."

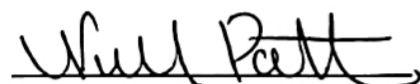
"VOTED: To appoint

Neel Patel

Name of Liquor License Manager

as its 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,



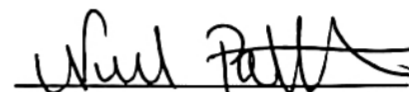
Corporate Officer / LLC Manager Signature

Neel Patel

(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

Neel Patel

(Print Name)

APPLICANT'S STATEMENT

I, Neel Patel the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager
Authorized Signatory

of Hare Ram Corp
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: 02/08/2024

Title:

President, Treasurer, Secretary and Director



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: IF EXISTING LICENSED	LICENSEE NAME: Hare Ram Corp	CITY/TOWN: Natick
---	------------------------------	-------------------

APPLICANT INFORMATION

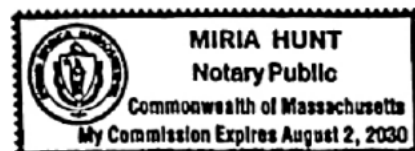
LAST NAME: Patel	FIRST NAME: Neel	MIDDLE NAME: Mukesh
MAIDEN NAME OR ALIAS (IF APPLICABLE): N/A	PLACE OF BIRTH: Queens, New York	
DATE OF BIRTH: 11/23/1995	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE): N/A
MOTHER'S MAIDEN NAME: Hinaben Patel	DRIVER'S LICENSE #: [REDACTED]	STATE LIC. ISSUED: Massachusetts
GENDER: MALE	HEIGHT: 5 10	WEIGHT: 160 EYE COLOR: Brown
CURRENT ADDRESS: 210 Cedar St		
CITY/TOWN: Holliston	STATE: MA	ZIP: 01746
FORMER ADDRESS: 373 Union St		
CITY/TOWN: Ashland	STATE: MA	ZIP: 01721

PRINT AND SIGN

PRINTED NAME: Neel Patel	APPLICANT/EMPLOYEE SIGNATURE:
--------------------------	-------------------------------

NOTARY INFORMATION

On this 2-9-2024	before me, the undersigned notary public, personally appeared Neel M. Patel
(name of document signer), proved to me through satisfactory evidence of identification, which were MA DL	
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: [REDACTED]
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CORI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCR. 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 DCR via mail or by fax to (617) 640-4614.

COMMERCIAL LETTER OF INTENT TO LEASE

Hare Ram Corp (LESSEE)
Neel Patel, President
54B East Central Street
Natick, MA 01760

Chrono Realty Two, LLC (LESSOR)
Dean Chronopoulos, Manager
14 Hartford Street
Dover, MA 02030

RE: Intent to Lease Commercial Property

This Letter of Intent (the "Letter") sets forth the proposed terms and conditions of a lease agreement between the Lessor and Lessee (the "Parties") and shall govern the relationship between the Parties until replaced by a definitive, formal lease agreement addressing the same transaction and subject matter (the "Lease Agreement"). The lease agreement considered in this Letter is subject in all respects to the following:

THE LESSOR. Chrono Realty Two, LLC (the "Lessor").
14 Hartford Street
Dover, MA 02030
Phone Number: 508-272-7621
Email Address: dchro@comcast.net

THE LESSEE. Hare Ram Corp (the "Lessee").
54B East Central Street
Natick, MA 01760
Phone Number: _____
Email Address: _____

ADDRESS OF PREMISES. 54 East Central Street, Unit B, Natick, Massachusetts (the "Premises").

RENTABLE SPACE. The total rentable space of the Premises consists of approximately 1600 square feet.

LEASE TERM. The term of the lease (the "Lease Term") shall be:

Fixed-Term. The Lease shall commence beginning on the 1st month following Lessee's receipt of approval by the Town of Natick, but no later than March 1st, 2024. Payment of rent shall commence March 1st, 2024. The initial term shall be for a period of five (5) years, with an additional five (5) year option if Lessee is not in default of the lease.

USE OF PREMISES. The Lessee shall be allowed to use the Premises for the following:
A Beer and Wine Store.

RENT. The base rent shall be fixed at \$5,000.00 per month for the first two years of the lease and then 3% yearly increases for the final 3 years and the option period. Additional rent, to be defined as all operating costs of the building, as a whole, shall be due and payable quarterly based upon Lessee's percentage of total leased space available in the building.

SECURITY DEPOSIT. The Parties agree that:

The Lessee shall be required to pay the Lessor a security deposit in the amount of \$5,000.00, upon the signing of this Letter of Intent. If Lessee is not granted a liquor license this deposit shall be retained by Lessor as consideration for this Letter of Intent.

ADDITIONAL TERMS AND CONDITIONS.

- a. Access to the Premises, upon the Town of Natick's approval for the liquor license, shall be made available to Lessee prior to March 1st, 2024, solely for the purpose of cleaning and removing all perishable inventory currently in the Premises. Lessee agrees not remove any equipment or start any construction prior to March 1st, 2024.

AND OR BEFORE WRITTEN APPROVAL
BY ABCC AND EXECUTION OF SIGNED
LEASE BY BOTH PARTIES. LESSEE
SHALL RETAIN PRIVATE DUMPSTER FOR
CLEANING AND DISPOSAL OF
PERISHABLES

INTENTION OF THE PARTIES. This Letter sets forth the intentions of the Parties to use reasonable efforts to negotiate, in good faith, a Lease Agreement with respect to all matters herein.

GOVERNING LAW. This Letter shall be governed under the laws of the Commonwealth of Massachusetts.

SIGNATURES.

Lessor :
Chrono Realty Two, LLC



Dean Chronopoulos, Manager

Lessee :
Hare Ram Corp.

Neel
Patel  Digitally signed
by Neel Patel
Date: 2024.02.07
13:04:03 -05'00'

Neel Patel, President

USA9511235M3304248697900949<272844

MASSACHUSETTS

DRIVER'S
LICENSE

NOT FOR FEDERAL ID

Catherine Spivey



11/18/2021

11/23/2026

CLASS 12 NONE

11/23/1995

END NONE

PATEL

NEEL MUKESH

218 CEDAR ST
HOLLISTON, MA 01746-1263

18 EYES BRO

15 SEX M 16 HGT 5'-10"

8 DO 11/18/2021 Date 8/22/2016

11/23/95

Market 10 Provisions Proposed Vendors:

Mable Distribution: Chocolates, Ice Cream, Chips, Crackers, Pretzels, Jerky Snacks, Popcorn, Nova Lox, Meats include Sausage and Salami, Cheeses

Vermont Creamery: Cheese

Arena Meats: Meat

Beer Distributors: Atlas Distribution, Commercial Distributing Corp, Merrimack Valley Brewing, L Knife and Son, Startline Brewing, 7th Wave Brewing, Lookout Farm, Bolton Beerworks, Bullspit Brewery, Loyal Foe Brewing Company, Shovel Town Brewery, Crue Brewery

Wine Distributors: Mise Wines, Olmstead Wines, Martignetti, MS Walker, Horizon Bev, Taunton Wines, Ideal Wine, Circo Vino, 21st Century Wine Company, Carpe Vinum Wine Distributor, Federal Wine and Spirits, Pioneer Wine and Spirits



the Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Nare Ram Corp.

Address: 54 B East Central Street

City/State/Zip: Natick MA 01760 Phone #: none at this time

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ 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: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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

Failure to secure coverage as required under § 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: Wend Patel Date: 02/06/2024

Phone #: 508-734-0084

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

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

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

Contact Person: _____ Phone #: _____

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.65
Total Postage and Fees \$5.05

Sent To Jolland Family Trust of 2000
Street and Apt. No., or PO Box No.
60 East Central St # 206
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.68
Total Postage and Fees \$5.08

Sent To Chapman Pamela G.
Street and Apt. No., or PO Box No.
60 East Central St suite 102
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.68
Total Postage and Fees \$5.08

Sent To McLernan Luke
Street and Apt. No., or PO Box No.
60 East Central St # 207
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.65
Total Postage and Fees \$5.05

Sent To Donahue Robert Thomas
Street and Apt. No., or PO Box No.
60 East Central St # 204
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.68
Total Postage and Fees \$5.08

Sent To URBAN ERIC
Street and Apt. No., or PO Box No.
60 East Central St #105
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.68
Total Postage and Fees \$5.08

Sent To Bellantoni Toni A
Street and Apt. No., or PO Box No.
60 East Central St # 307
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.65
Total Postage and Fees \$5.05

Sent To Ryan Susan H
Street and Apt. No., or PO Box No.
60 East Central St # 308
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.68
Total Postage and Fees \$5.08

Sent To Susan H Ryan trust
Street and Apt. No., or PO Box No.
60 East Central St # 208
City, State, ZIP+4®
Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.68
Total Postage and Fees \$5.08

Sent To Cascap Metstate Housing LLC
Street and Apt. No., or PO Box No.
281 Somerville Ave
City, State, ZIP+4®
Somerville MA 02143

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

2021 2720 0003 4824 5168

UNITED STATES POSTAL SERVICE
Domestic Mail Only

For delivery information, visit our website at usps.com.

NOV 01 2024
OFFICE
HOPKINTON MA 01748
FEB 16 2024
Postmark Here
USPS

Certified Mail Fee \$1.50

Extra Services & Fees (check box, and fee as appropriate)

☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage \$0.00

Total Postage and Fees \$0.00

Sent To
UWB Real Estate LLC
Street and Apt. No., or PO Box No.
85 South Ave
City, State, ZIP+4®
Dahick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Hopkinton MA 01748
OFFICE USE

Certified Mail Fee	\$4.40
Extra Services & Fees (check box)	
☐ Return Receipt (hardcopy)	
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	\$0.68
Total Postage and Fees	\$5.08

Sent To **GLOUGHEN STEPHEN**

Street and Apt. No., or PO Box No.
6 Westfield rd

City, State, ZIP+4®
HOPKINTON MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Net Weight: 1.6 lb

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$1.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Sheila M Friwell 2021 trust

Street and Apt. No., or PO Box No. 59 east central st

City, State, ZIP+4® North MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Brighton MA 02135
OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$ 10.00
☐ Return Receipt (electronic)	\$ 0.00
☐ Certified Mail Restricted Delivery	\$ 0.00
☐ Adult Signature Required	\$ 0.00
☐ Adult Signature Restricted Delivery	\$ 0.00

Postage 10.68

Total Postage and Fees \$15.08

Sent To Catholic Bishop Boston
Street and Apt. No., or PO Box No.
Lake St
City, State, ZIP+4®
Brighton MA 02135

HOPKINTON MA 01748
Postmark
FEB 16 2024
USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.65

Total Postage and Fees \$5.05

Sent To
Merla Christine M
Street and Apt. No., or PO Box No.
60 East Central St # 205
Natick MA 01760

Postmark
FEB 16 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To
Kassanos cindy A
Street and Apt. No., or PO Box No.
60 East Central St # 305
Natick MA 01760

Postmark
FEB 16 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.65

Total Postage and Fees \$5.05

Sent To
Fisher Michael
Street and Apt. No., or PO Box No.
89 South Ave
Natick MA 01760

Postmark
FEB 16 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.65

Total Postage and Fees \$5.05

Sent To
Chrono Realty two LLC
Street and Apt. No., or PO Box No.
Northern management group 3 Allied dr.
Dedham MA 02026

Postmark
FEB 6 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To
Harris Mary A.
Street and Apt. No., or PO Box No.
60 East Central St 203
Natick MA 01760

Postmark
FEB 6 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.65

Total Postage and Fees \$5.05

Sent To
Goldstein gerald
Street and Apt. No., or PO Box No.
60 East Central St # 104
Natick MA 01760

Postmark
FEB 16 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.65

Total Postage and Fees \$5.05

Sent To
cascap metstate Housing LLC
Street and Apt. No., or PO Box No.
231 Somerville Ave
Somerville MA 02143

Postmark
FEB 6 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To
Gaban eric
Street and Apt. No., or PO Box No.
60 East Central St # 105
Natick MA 01760

Postmark
FEB 16 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)	\$0.00
☐ Return Receipt (electronic)	\$0.00
☐ Certified Mail Restricted Delivery	\$0.00
☐ Adult Signature Required	\$0.00
☐ Adult Signature Restricted Delivery	\$0.00

Postage \$0.65

Total Postage and Fees \$5.05

Sent To
Chrono Realty two LLC
Street and Apt. No., or PO Box No.
764 Great Plain Ave
Needham MA 02492

Postmark
FEB 16 2024
Hopkinton MA 01748

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To JWB Real Estate LLC

Street and Apt. No., or PO Box No. 85 South Ave

City, State, ZIP+4® Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Lev Family Irrevocable trust

Street and Apt. No., or PO Box No. 60 East Central St #107

City, State, ZIP+4® Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Roman Catholic Archbishop of Boston

Street and Apt. No., or PO Box No. 1 Lake St

City, State, ZIP+4® Brighton MA 02135

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Roman Catholic Archbishop of Boston

Street and Apt. No., or PO Box No. 44 East Central Street

City, State, ZIP+4® Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To MORSE RUFUS C.

Street and Apt. No., or PO Box No. 13 East Central St

City, State, ZIP+4® Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Mcmahon Michael T

Street and Apt. No., or PO Box No. 1482 Tremont St #W208

City, State, ZIP+4® Boston MA 02120

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Lincoln Trust

Street and Apt. No., or PO Box No. 2 Pleasant St

City, State, ZIP+4® South Natick MA 01760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Roman Catholic Archbishop of Boston

Street and Apt. No., or PO Box No. 1 Lake St

City, State, ZIP+4® Brighton MA 02135

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Not for Official Use

Certified Mail Fee \$4.40

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$3.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To Roman Catholic Archbishop of Boston

Street and Apt. No., or PO Box No. 1 Lake St

City, State, ZIP+4® Brighton MA 02135

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$4.40

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery

Postage

\$0.68

Total Postage and Fees

\$5.08

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

New England Tel & Tel Co

PO BOX 2749

ADDISON TX 75001



4105 2284 E0000 0222 T202