



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
**Medical Use of Marijuana Program**  
99 Chauncy Street, 11<sup>th</sup> Floor, Boston, MA 02111

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-660-5370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

**APPLICATION OF INTENT**  
**Request for a Certificate of Registration to**  
**Operate a Registered Marijuana Dispensary**

**INSTRUCTIONS**

This application form is to be completed by any non-profit corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts.

If seeking a Certificate of Registration for more than one RMD, the applicant non-profit corporation ("Corporation") must submit a separate *Application of Intent*, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an *Application of Intent* for more than one RMD, an applicant need only submit one *Character and Competency form* for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labelled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Application of Intent*, with all required attachments, the \$1,500 application fee, and Remittance Form to:

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111

**Application fees are non-refundable and non-transferable.**

MA Dept. of Public Health  
99 Chauncy Street  
Boston, MA 02111

JUN 23 2015

RECEIVED

## REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health (“Department”), the Department will review the information and will contact the applicant if clarifications/updates to the submitted application materials are needed. The Department will notify the applicant whether they have met the standards necessary to be invited to submit a *Management and Operations Profile*.

If invited by the Department to submit a *Management and Operations Profile*, the applicant must submit the *Management and Operations Profile* within 45 days from the date of the invitation letter, or the applicant must submit a new *Application of Intent* and fee.

## PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants have one year from the date of the submission of the *Management and Operations Profile* to receive a Provisional Certificate of Registration. If an applicant does not receive a Provisional of Certificate of Registration after one year, the applicant must submit a new *Application of Intent* and fee.

## REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100.

It is the applicant’s responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

## PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

## QUESTIONS

If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: cms

## CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

- A fully and properly completed *Application of Intent*, signed by an authorized signatory of the corporation
- A copy of the Corporation's *Certificate of Legal Existence* from the Massachusetts Secretary of State
- Financial account summary(ies) (as outlined in Section D)
- A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$1,500.
- A completed *Remittance Form* (use template provided)
- A completed and signed *Character and Competency* form (use template provided) for each of the following actors:
  - Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: \_\_\_\_\_

**SECTION A. APPLICANT INFORMATION**

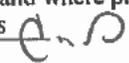
1. BeWell Organic Medicine, Inc.  
Legal name of Corporation
2. Charles M. Saba  
Name of Corporation's Chief Executive Officer
3. 26 Kimball Circle  
Methuen, MA 01844  
Address of Corporation (Street, City/Town, Zip Code)
4. Charles M. Saba  
Applicant point of contact (name of person the Department should contact regarding this application)
5. 978 423 1182  
Applicant point of contact's telephone number
6. cmsaba@hotmail.com  
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 1

**SECTION B. INCORPORATION**

8. Attach a *Certificate of Legal Existence* from the Massachusetts Secretary of State, documenting that the applicant non-profit entity is incorporated as a non-profit in Massachusetts.

**SECTION C. CHARACTER AND COMPETENCY**

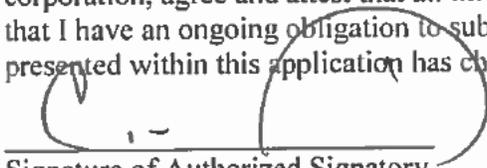
9. Attach a *Character and Competency* form (use template provided) for each of the following actors:
  - The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: cms 

Application 1 of 1 Applicant Non-Profit Corporation \_\_\_\_\_

**ATTESTATIONS**

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Department if the information presented within this application has changed.



06/26/2015

Signature of Authorized Signatory

Date Signed

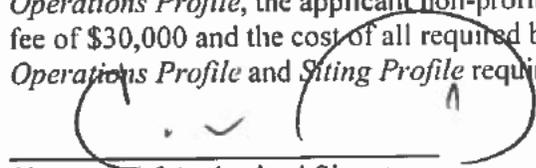
Charles M. Saba

Print Name of Authorized Signatory

CEO/Director of Operations

Title of Authorized Signatory

I hereby attest that if the non-profit corporation is allowed to proceed to submit a *Management and Operations Profile*, the applicant non-profit corporation is prepared to pay a non-refundable application fee of \$30,000 and the cost of all required background checks, and comply with all *Management and Operations Profile* and *Siting Profile* requirements.



06/26/2015

Signature of Authorized Signatory

Date Signed

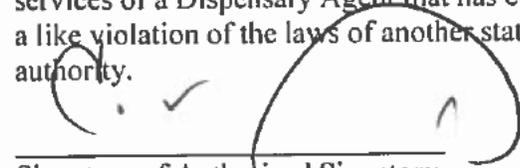
Charles M. Saba

Print Name of Authorized Signatory

CEO/Director of Operations

Title of Authorized Signatory

I hereby attest that I understand that registered marijuana dispensaries are required to conduct background investigations of proposed Dispensary Agents, that such background investigations are subject to the Department's inspection and review, and that the applicant non-profit corporation will not engage the services of a Dispensary Agent that has ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority.



06/26/2015

Signature of Authorized Signatory

Date Signed

Charles M. Saba

Print Name of Authorized Signatory

CEO/Director of Operations

Title of Authorized Signatory

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: \_\_\_\_\_

# BEWELL ORGANIC MEDICINE, INC.

June 26, 2015

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111

RE: BEWELL ORGANIC MEDICINE, INC.

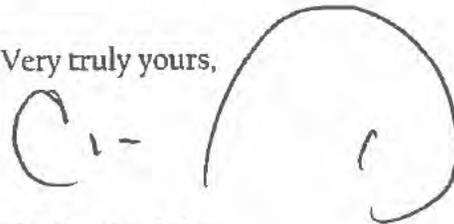
Dear Sir/Madam:

Enclosed please find the following:

1. Application of Intent;
2. Certificate of Legal Existence;
3. Financial Account Summaries (8);
4. Remittance Form;
5. Check in the amount of \$1,500.00; and
6. Character and Competency Forms (11).

Thank you for your attention to this matter.

Very truly yours,



Charles M. Saba

Enclosures

RECEIVED  
JUN 29 2015  
MA Dept. of Public Health  
99 Chauncy Street  
Boston, MA 02111



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: June 24, 2015

To Whom It May Concern :

I hereby certify that

**BEWELL ORGANIC MEDICINE, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **August 20, 2013** (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 15063966110

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: jmu

# FINANCIAL ACCOUNT SUMMARIES

Application 1 of 1 Applicant Non-Profit Corporation \_\_\_\_\_

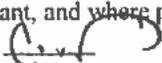
**SECTION D. INITIAL CAPITAL REQUIREMENT**

Describe the sources, types, and amounts of required initial capital in the table below, showing that the Corporation has at least \$500,000 in its control and available for this *Application of Intent* and at least \$400,000 in its control and available for each additional *Application of Intent*, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the Corporation, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

In addition to completing this table, submit a one-page financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Arthur Napolitano	John Hancock	Individual Variable Annuity	\$ 507,813.00	
Jennifer Napolitano Rev. Trust	NFS, LLC	Revocable Trust	\$ 717,473.00	
Arthur Napolitano Rev. Trust	Neuberger Berman	Revocable Trust	\$ 174,849.00	
Arthur Napolitano	NFS, LLC	IRA	\$ 406,071.00	
Arthur Napolitano	Ohio National	SEP-IRA	\$ 544,044.00	
Jennifer Napolitano	NFS, LLC	IRA	\$ 157.00	
Jennifer Napolitano	NFS, LLC	Roth IRA	\$ 19,566.00	
Jennifer Napolitano	Morgan Stanley Choice Select Active Assets Account	Active Assets Accounts	\$ 768,664.00	
-----	-----	<b>TOTAL:</b>	\$ 3,138,637.00	---

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 



Print Page

Summary for Contract [REDACTED]

Current Value: \$508,762.40

Registration Summary

Owner: ARTHUR P NAPOLITANO
Annuitant: ARTHUR P NAPOLITANO
Co-Annuitant:
Beneficiary: JENNIFER L NAPOLITANO 100.0%

Status: ACTIVE
Inception Date: 08/21/2007
Maturity Date: 08/01/2050
Line of Business: NONQUALIFIED
Product Name: VENTURE III
Trade Authorization: OWNER(S) & ADVISOR
Telephone Withdrawal Authorization: NO AUTHORIZATION

Web / Online Profile

Web User ID: [REDACTED]
Email Address: [REDACTED]
Delivery Options:
[X] PROSPECTUSES & SUPPLEMENTS
[X] STATEMENTS

Last Logged In: 08/26/2015 11:02 AM (ET)

[X] TRANSACTION CONFIRMATIONS

Advisor Information

Name: DAVID L BERMAN

Firm: NFP ADVISOR SERVICES, LLC

Financial Summary

Investment Overview

[REDACTED]

Withdrawal Overview

[REDACTED]

Cash Surrender Value (Minus Administrative Fee): \$489,969.13

\* This amount does not represent the Income Plus for Life - Joint Life amount available. Please review the rider details located in the Contract Specifications section for more information.

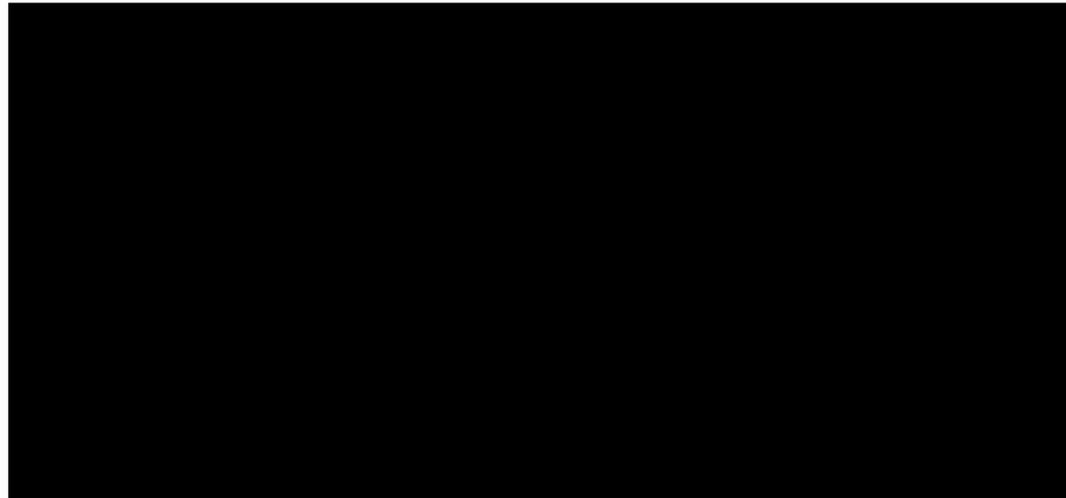
Portfolio Holdings

Trades Remaining: 2

You are currently invested in the individual Portfolios.

Table with 5 columns: Portfolio Name, Portfolio Manager, Units, Unit Value, Value, %

Total Contract Value as of 08/25/2015: \$508,762.40 100%



Contract Transaction History

Security ID	Security Description	Quantity	Current Price	Recent Price	Recent Market Value	Account Type	Cost	Gain/Loss	Change since last close (%)	Company	Security Redemption Form	Security Redemption Fees	Jumped
		3,052.000	3,070.000	3,070.000	\$122,142.40	Margin	\$112,279.42	\$9,862.98	0.44%	USD	0.000	Common Stock	0.000
		5,647.742	5,627.742	5,627.742	\$31,769.99	Margin	\$30,627.86	\$1,142.13	0.07%	USD	0.000	Mutual Fund	0.000
		4,997.832	4,997.832	4,997.832	\$4,324.17	Margin	\$4,324.17	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		4,819.916	4,819.916	4,819.916	\$4,533.40	Margin	\$4,533.40	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		4,754.172	4,754.172	4,754.172	\$4,754.17	Margin	\$4,754.17	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		1,141.131	1,141.131	1,141.131	\$1,141.13	Margin	\$1,141.13	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		3,542.239	3,542.239	3,542.239	\$10,079.79	Margin	\$10,079.79	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		11,641.217	11,641.217	11,641.217	\$132,571.32	Margin	\$132,571.32	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		6,261.628	6,261.628	6,261.628	\$23,597.29	Margin	\$23,597.29	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		2,037.216	2,037.216	2,037.216	\$79,219.74	Margin	\$79,219.74	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		2,953.271	2,953.271	2,953.271	\$62,337.19	Margin	\$62,337.19	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		1,484.785	1,484.785	1,484.785	\$4,823.26	Margin	\$4,823.26	\$0.00	0.00%	USD	0.000	Mutual Fund	0.000
		17,732.196	17,732.196	17,732.196	\$102,919.84	Cash	\$102,919.84	\$0.00	0.00%	USD	0.000	None	0.000
Total					\$1,081,209.84		\$1,081,209.84	\$0.00					

Manage SkyBoxes

SkyLinks

Breakout (Transactions)  
Edit My Information  
Have a Great Idea?

Maintenance Statistics

## ASHLEY VIEW [Class View | Custodian View | Manage ]

Group by:

As of 6/25/2015

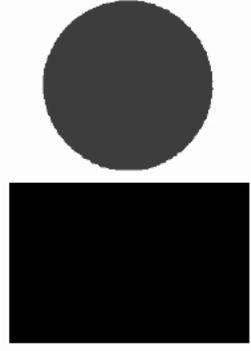
Since Inception<sup>1</sup>

Allocation

Units	Market Value	Allocation	Gain/Loss	Return
-	2,368,709	100.0%	458,788	7.2%

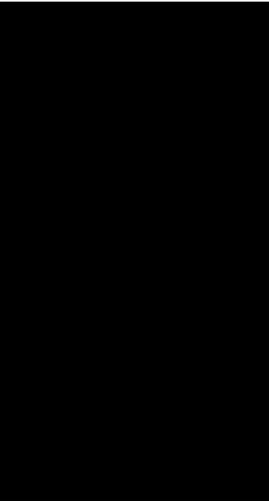
Accounts

- Napoleone, Arthur B. Jannifer



click graph for drilldown

### Portfolio Activity Summary



- <sup>1</sup> - Annualized Return
- <sup>2</sup> - Not held for the entire period
- <sup>3</sup> - Value is not updated daily. Please mouse over for Last Valuation Date.

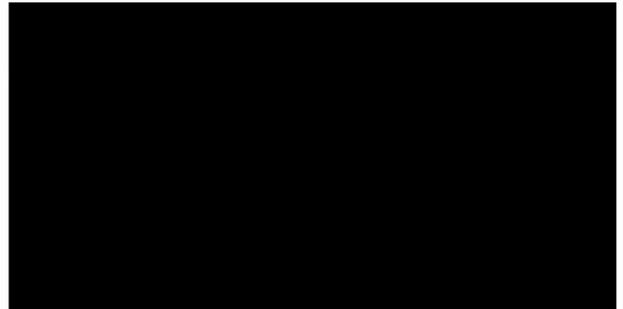
Expand Level - Collapse All  
Switch to Archived Returns View  
Hide Account Numbers

More Table Options

### PDF Reports

- | Report Name                             | Created  |
|---|----------|
| 9/05-12/14 01. Semi-Annual Mailing New* | 1/8/2015 |
- \* denotes the report has been viewed by the client.
  - \* denotes the report is available for client viewing.
  - \* denotes the report is available for entitled firm users.

Create a new Report



### Latest Viewed



*(\*) Only Report Quarterly*



**NB Crossroads Fund XVIII - B Asset Allocation LP**  
**STATEMENT OF CHANGES IN INDIVIDUAL PARTNER'S CAPITAL <sup>(1)</sup>**

For The Three Months Ended March 31, 2015

**Arthur Napolitano, Jr. Revocable Trust**

Commitment	\$	250,000
Cumulative capital contributions related to commitment	\$	18,885,028
		18,885,028

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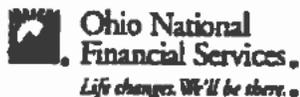
<sup>(1)</sup> Note that the information contained in this Statement of Changes in Individual Partner's Capital was extracted from the accounting books and records used to compile the March 31, 2015 financial statements of the Fund. This Statement of Changes in Individual Partner's Capital has not been audited.

<sup>(2)</sup> Expenses incurred directly by NB Crossroads Fund XVIII - B Asset Allocation LP and its related holding funds are included in Net Investment Income (loss).

<sup>(3)</sup> Expenses incurred by the underlying investment partnerships of NB Crossroads Fund XVIII - B Asset Allocation LP are included in Net realized gain (loss) on investments.

<sup>(4)</sup> Please see Note 1 of the Footnotes included with the accompanying financial statements for an explanation of the Special Limited Partner Incentive Allocation.

Security ID	Security Description	Closing Quantity	Income Quantity	Market Price	Recent Market Value	Account Type	Cost	\$ Gain/Loss	Change since last Close (%)	Current	Short Sale Hedge/Long	Security Type	Symbol
4,276,100		4,276,100		\$1.0000	\$4,276,100	Cash			0.00%	USD		0100	CASH
56,000,000		56,000,000		\$1.2200	\$68,320,000	Interest/Stock/Legal Transfer	\$100,000.00	-317,000.00	4.27%	USD		0100	CASH
2,214,975		2,214,975		\$10.8000	\$23,920,775	Cash	\$2,214,975.00	\$1,511.19	0.06%	USD		0100	CASH
3,467,841		3,467,841		\$8.6800	\$30,088,800	Cash	\$1,076,400	\$1,993.55	0.06%	USD		0100	CASH
4,752,314		4,752,314		\$10.2200	\$48,580,396	Cash	\$30,000.00	\$1,364.44	0.05%	USD		0100	CASH
5,387,146		5,387,146		\$4.8300	\$25,999,566	Cash	\$14,000.00	\$1,114.40	0.07%	USD		0100	CASH
3,119,894		3,119,894		\$9.0500	\$28,233,826	Cash	\$44,378.09	\$4,362.79	0.07%	USD		0100	CASH
902,190		902,190		\$10.8000	\$9,743,652	Cash		N/A		USD		0100	CASH
18,273,240		18,273,240		\$4.2000	\$77,157,624	Cash	\$146,197.73	\$7,018.77	0.07%	USD		0100	CASH
Total													
\$478,814,333.00													
\$428,329,270.00 \$-11,632,364.00													



[Back](#) [Print Page](#)

Annuitant: **NAPOLITANO JR, ARTHUR P**  
**Variable Annuity Contract** [REDACTED]  
 Status: **ACTIVE**

All data is as of 06/25/15 or the date shown.

#### Contract Info

<b>ONcore Lite</b>	
<b>Plan Type</b>	Qualified Simplified Employee Pension Plan
<b>Contract Issue Date</b>	10/27/2008
<b>Total Purchase Payment</b>	\$347,663.17
<b>Minimum Death Benefit (as of 06/19/2015)</b>	\$347,663.17 (If applicable, see additional Death Benefit Riders below.)
<b>Surrender Value</b>	\$539,378.70 (Rider, contract charges and taxes not deducted, if applicable.)
<b>Asset Allocation Model</b>	None Selected

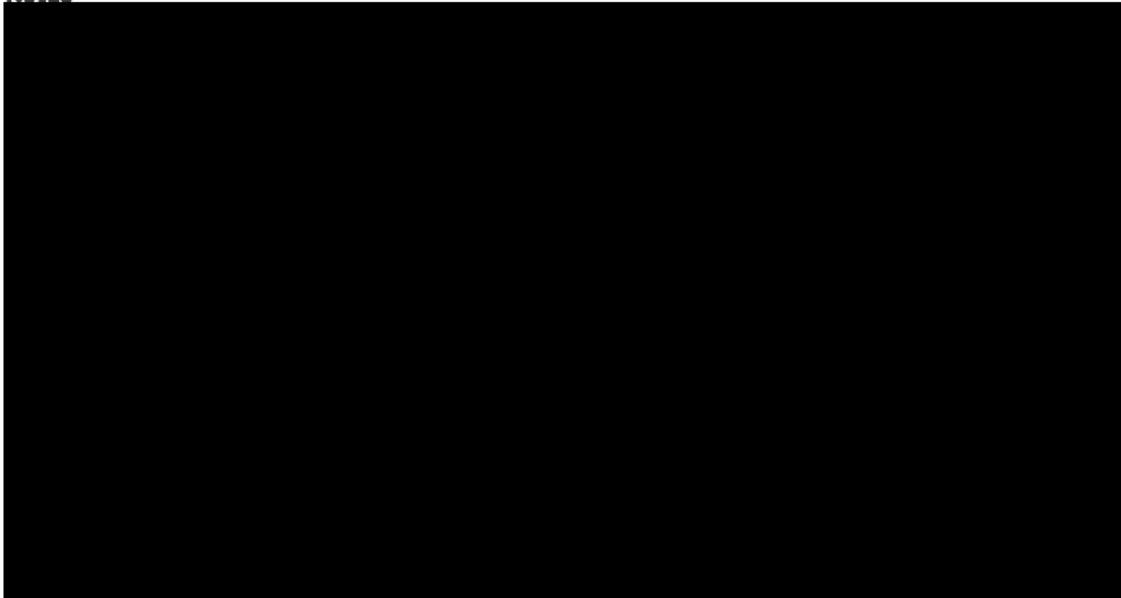
#### Riders

All rider values are as of 06/19/2015

These amounts are calculated each Sunday based on the values as of the last close of business the previous week. Actual amounts payable will vary according to contract terms and future market values.

<b>Guaranteed Minimum Income Benefit Plus with Annual Reset</b>	
<b>Guaranteed Earnings Income Base (GEIB)</b>	\$574,189.58
<b>Annual Step-Up Amount</b>	\$523,902.34
<b>Annual Rider Withdrawal Amount</b>	\$33,182.85
<b>Remaining Annual Rider Withdrawal Amount</b>	\$33,182.85
<b>Automatic Reset</b>	Yes
<b>Reset Date</b>	10/27/2013
<b>Earliest Election Date</b>	10/27/2023
<b>Standard Earnings Rate</b>	6.00%
<b>Fixed Account Indicator</b>	NO
<b>Anniversary Rollup Base Amount</b>	\$553,047.57

#### Notes







# Morgan Stanley

**CLIENT STATEMENT** | For the Period May 1-31, 2015

**STATEMENT FOR:**  
MSB FBO JENNIFER L NAPOLITANO TTEE  
JENNIFER L NAPOLITANO TRUST U/A

**TOTAL VALUE OF YOUR ACCOUNT** (as of 5/31/15)  
*Includes Accrued Interest*

**5774,655.98**

*Morgan Stanley Smith Barney LLC, Member SIPC.*

**Your Financial Advisor**  
Mounir Benbatoul  
Vice President  
Mounir.Benbatoul@morganstanley.com  
703 456-6011

**Your Branch**  
11951 FREEDOM DR SUITE 1200  
RESTON, VA 20190  
Telephone: 703-456-6000; Alt. Phone: 888-386-6295; Fax: 703-456-6098

#BWNJGWM

MSB FBO JENNIFER L NAPOLITANO TTEE  
JENNIFER L NAPOLITANO TRUST U/A  
DTD [REDACTED]

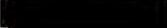
**Client Service Center** (24 Hours a Day, 7 Days a Week): 800-869-3326

**Access Your Account Online:** [www.morganstanley.com/online](http://www.morganstanley.com/online)

689 - 018723 - 040 - 4 - 1

DJIA 17,388.69 +18.20 | NASDAQ 6,094.12 +18.07 | S&P 2,034.62 +2.31

Morgan Stanley

Select View Standard 

040 

Account Summary

Filter: Choice Select AAA - 8723

**Choice Select**   
 MSB FBO JENNIFER L NAPOLITANO TTEE  
 JENNIFER L NAPOLITANO TRUST U/A

Balances

Account	Acct. Value	Cash/MMF/BDP	Priced Assets	Accr. Int.	Today's Change	Today's Change %
	\$790,744.45	\$21,851.56	\$768,892.75	\$0.14	+228.42	+0.03
<b>Total</b>	<b>\$790,744.45</b>	<b>\$21,851.56</b>	<b>\$768,892.75</b>	<b>\$0.14</b>	<b>+228.42</b>	<b>+0.03</b>

Asset Summary\*

By Product Type By Broad Asset Class



Contact your Financial Advisor for a detailed asset allocation report.

\*Asset Summary charts and percentages do not reflect Accrued Interest amounts.

Portfolio Loan Account\*

Facility Account Number	Current Maximum Availability	Total Outstanding Balance	Current Available Credit
	\$519,648.30	\$474,021.88	\$45,626.42

All information displayed is as of the previous business day's close. Outstanding Balance does not take into consideration daily accrual of interest. For current payoff quotes, please call our Client Service Center at 1-800-355-3086.

Portfolio Loan Account Maintenance

Calls*	Information*
	Eligible Equity 0.40%
	Eligible Equity \$316,494.01
	Collateral Account Excess \$84,787.13

\*Maintenance calls and information are as of previous business day's close.