

LICENSE TRANSACTION



New Section 12 Restaurant All Alcoholic Beverages

S&J Restaurant, LLC d/b/a Sierra's Brick Oven Pizza & Pub
648 Old West Central Street
Franklin, MA 02038

S&J Restaurant, LLC d/b/a Sierra's Brick Oven Pizza & Pub is seeking approval for a New Section 12 Restaurant All Alcoholic Beverages License and to approve the manager, Mabel Stefanidis.

All Departments have signed off on this application.

MOTION to approve the request by S&J Restaurant, LLC d/b/a Sierra's Brick Oven Pizza & Pub for a New Section 12 Restaurant All Alcoholic Beverages License and to approve Mabel Stefanidis as the manager.

DATED: _____, 2021

VOTED:

UNANIMOUS: _____

A True Record Attest:

YES: _____ **NO:** _____

ABSTAIN: _____

ABSENT: _____

RECUSED: _____

Nancy Danello, CMC
Temporary Town Clerk

Glenn Jones, Clerk
Franklin Town Council



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

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="§12 Restaurant"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="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.

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 FEIN

DBA Manager of Record

Street Address

Phone Email

Alternative Phon Websit

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.

Total Square Footage: Number of Entrances: Seating Capacity:

Number of Floors: Number of Exits: Occupancy Number:

4. APPLICATION CONTACT

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

Name: Phone:

Title: Email:

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="Jan 22, 2019"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> 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			
<input type="text" value="Mabel D. Stefanidis"/>	<input type="text"/>			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text" value="Manager and Member"/>	<input type="text" value="100%"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

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

Yes No

MANAGEMENT AGREEMENT

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

Yes No

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 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

Landlord Phone

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	N/A
B. Purchase Price for Business Assets	N/A
C. Other * (Please specify below)	\$169,478.13
D. Total Cost	\$169,478.13

*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
Mabel D. Stefanidis	\$169,478.13
Total:	\$169,478.13

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.
Eastern Bank	\$112,000.00	SBA Loan	<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

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

*OTHER: TOOK OVER LEASE FOR SPACE, COSTS FOR BUILD OUT, EQUIPMENT, SUPPLIES AND TO START BUSINESS. SEE ATTACHED PROMISSORY NOTE, TOGETHER WITH SCHEDULE OF EXPENSES AND EASTERN BANK AND AMERICAN EXPRESS RECORDS PROVIDING BACKUP INFORMATION FOR PROMISSORY NOTE TO MABEL STEFANIDIS.

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?

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name

Residential Address

Email

Please indicate how many hours per week you intend to be on the licensed premises

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 ATTACHED SCHEDULE		

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

Date

ABCC APPLICATION FOR
NEW LIQUOR LICENSE
S J RESTAURANT, LLC

10(C) EMPLOYMENT INFORMATION

Start Date	End Date	Position	Employer	Supervisor Name
2020	Present	Owner/Manager	Sierra's Brick Oven Pizza & Pub Franklin, MA	N/A - Self
2013	2016	Cashier/Food & Alcohol Server	Ken's NY Deli & Pizzeria Bedford, MA (Blackbeard Enterprises LLC)	James Garabedain John Cronin
1989	1990	Cashier	Brother's Deli Peabody, MA	Kiriako & Teddy
1988	1989	Cashier	Maria's Restaurant Burlington, MA	James Garabedain
2019	2019	Manager - Real Estate Business	Nashua, NH; Derry, NH; Andover, MA	N/A - Self
2011	2012	Apartment Rental Realtor	North Shore Realty Advisors Marblehead, MA	Dan Pouladian
1998	2000	Daycare owner/manager	Happy Tots Day Care Lynn, MA	N/A - Self
2004	2007	Sales - Partylite candles at home shows	Partylite Burlington, MA	
1988	1997	Administrative Assistant	Massachusetts Financial Services Boston, MA	Pat Houston
1983	1988	Quality Control Inspector	Sertech Salem, MA	Brian

APPLICANT'S STATEMENT

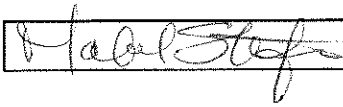
I, Mabel D. Stefanidis the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of S & J Restaurant, LLC
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: May 21, 2021

Title: Manager

CORPORATE VOTE

The ~~Board of Directors or~~ LLC Managers of Entity Name

duly voted to apply to the Licensing Authority of City/Town and the Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 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 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 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,

For Corporations ONLY

A true copy attest,


Corporate Officer /LLC Manager Signature

Corporation Clerk's Signature

Mabel Stefanidis
(Print Name)

(Print Name)



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: S & J Restaurant, LLC	CITY/TOWN: Franklin
---	--------------------------------------	---------------------

APPLICANT INFORMATION

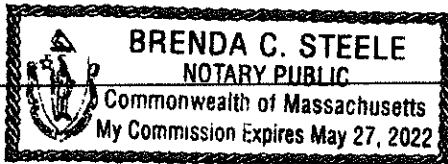
LAST NAME: Stefanidis	FIRST NAME: Mabel	MIDDLE NAME: D.
MAIDEN NAME OR ALIAS (IF APPLICABLE): Garabedian	PLACE OF BIRTH: Salem, Massachusetts	
DATE OF BIRTH:	CABLE:	
MOTHER'S MAID	ISSUED: Massachusetts	
GENDER		
CURREN		
CITY/TO'		
FORMER		
CITY/TO'		

PRINT AND SIGN

PRINTED NAME: Mabel D. Stefanidis	APPLICANT/EMPLOYEE SIGNATURE: <i>Mabel Stefanidis</i>
-----------------------------------	---

NOTARY INFORMATION

On this 21st day of May 2022 before me, the undersigned notary public, personally appeared Mabel D. Stefanidis
(name of document signer), proved to me through satisfactory evidence of identification, which were U.S. Passport
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.

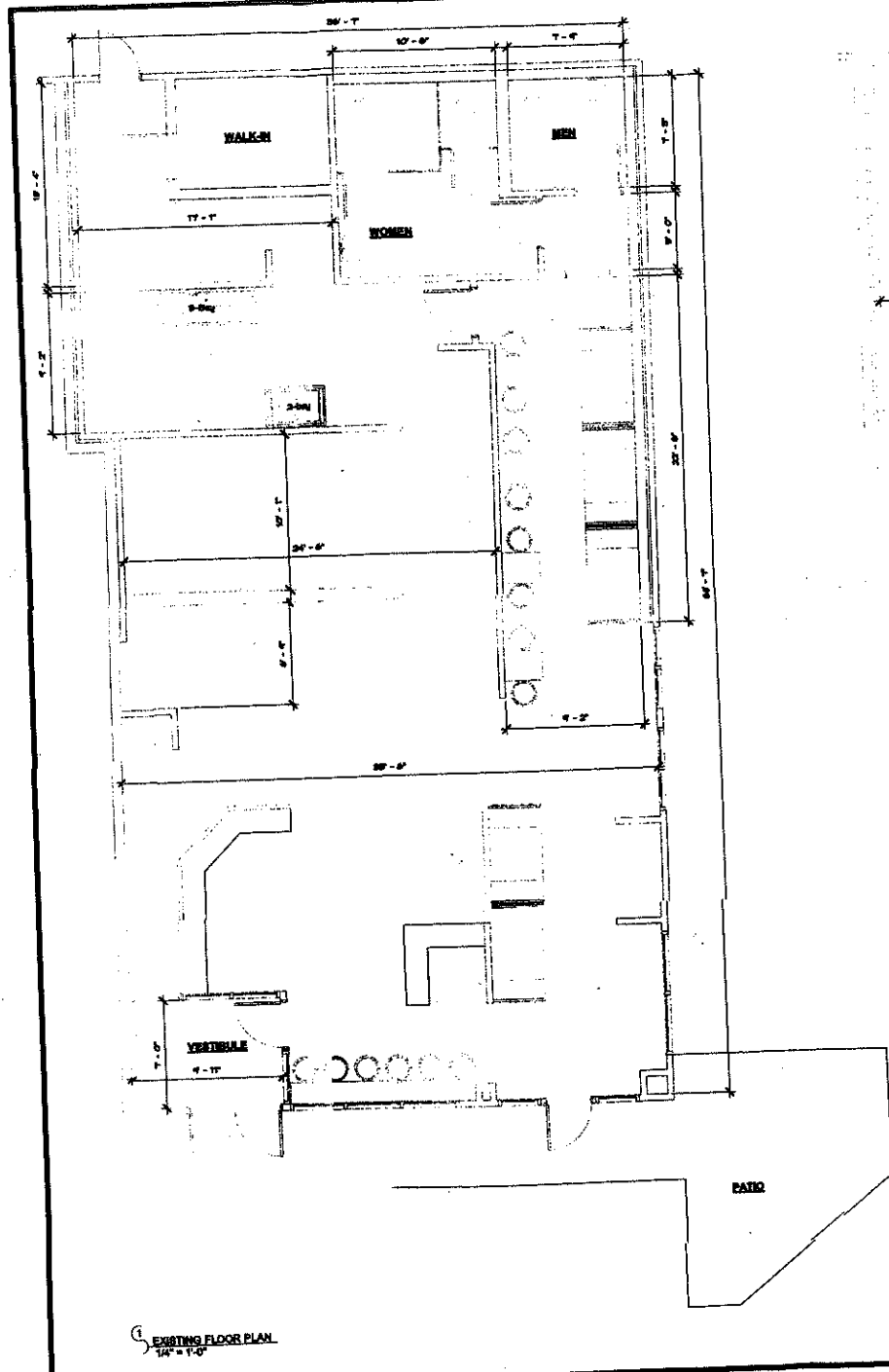


Brenda C. Steele
NOTARY

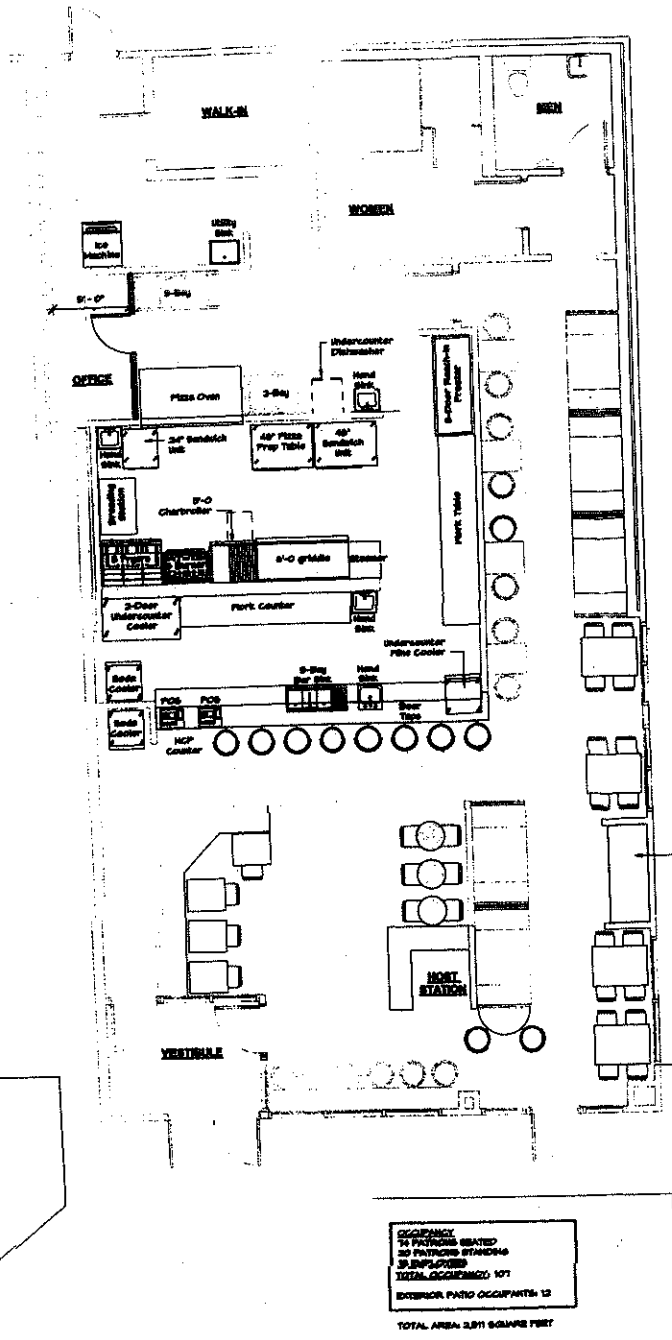
DIVISION USE ONLY

REQUESTED BY:	<i>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</i>
---------------	--

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



EXISTING FLOOR PLAN
1/4" = 1'-0"

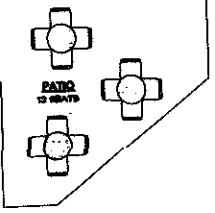


PROPOSED FLOOR PLAN
1/4" = 1'-0"

OCCUPANCY
76 PATRONS SEATED
25 PATRONS STANDING
3 EMPLOYEES
TOTAL OCCUPANCY 107
EXTERIOR PATIO OCCUPANTS 12
TOTAL AREA 3,871 SQUARE FEET

EXISTING FALLS TO REMAIN
EXISTING FALLS TO BE REMOVED
NEW FALLS

Ceilings in kitchen / food handling areas shall be removed/reparable as selected by owner.
Customer service counters handicap counter (height shall be set at 3'-0" maximum)



PATIO
12 SEATS

- NOTE #1:**
ALL WORK SHALL COMPLY WITH THE COMMONWEALTH OF MASSACHUSETTS STATE BUILDING CODE, THE REQUIREMENTS OF THE TOWN OF FRANKLIN, THE OCCUPATIONAL AND HEALTH STANDARDS AND ALL OTHER APPLICABLE REGULATIONS, LAWS, ORDINANCES ETC. COVERING THE WORK.
- NOTE #2:**
ALL PLAN AND DETAIL DIMENSIONS SHOULD BE VERIFIED IN THE FIELD PRIOR TO COMMENCING THE WORK. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ALL DEVIATIONS IN THE DIMENSIONS AND LOCATIONS ETC. BEFORE PROCEEDING WITH AFFECTED PART OF THE WORK.
- NOTE #3:**
DO NOT SCALE THESE DRAWINGS FOR QUANTITIES, LENGTHS, SIZES, AREAS, CLEARANCES ETC.
- NOTE #4:**
IT IS NOT INTENDED THAT THESE DRAWINGS SHOW EVERY CUT, CONDITION ETC. OF THIS SYSTEM.
- NOTE #5:**
SITE SHALL BE LEFT CLEAN AT THE END OF EACH WORKING DAY. ALL DEBRIS SHALL BE PICKED UP AND PLACED IN CONTAINERS, CONSTRUCTION QUALITY BAGS, DUMPSTER OR OTHER ACCEPTABLE MEANS.
- NOTE #6:**
ALL CONSTRUCTION DEBRIS SHALL BE PROPERLY DISPOSED OF DURING THE EXTENT OF THE WORK, AND THE SITE SHALL BE LEFT COMPLETELY CLEAN AND FREE OF DEBRIS AT THE END OF THE CONTRACT, ALL DEBRIS SHALL BE PROPERLY DISPOSED OF.
- NOTE #7:**
THE CONTRACTOR SHALL TEMPORARILY DISCONNECT AND REMOVE ALL EXISTING SERVICES THAT INTERFERE WITH THE PROPER INSTALLATION OF THE NEW CONSTRUCTION. CONTRACTOR IS RESPONSIBLE TO NOTIFY THE ARCHITECT/OWNER OF THESE SERVICES BEFORE DISCONNECTION, REINSTALL AND RECONNECT ALL TEMPORARILY DISCONNECTED AND REMOVED ITEMS TO THE SATISFACTION OF THE OWNER.
- NOTE #8:**
ALL AREAS DISTURBED OR DAMAGED AS A RESULT OF WORK BEING PERFORMED ARE TO BE PATCHED OR REPLACED TO MATCH ADJACENT SURFACES.



DATE	7-24-2014
SCALE	AS NOTED
DATE	7-24-2014
SCALE	AS NOTED
DATE	7-24-2014
SCALE	AS NOTED

KRITIKOS ARCHITECTS
14 Olson Road Feabody, MA 01960 (978) 831-4164
E-Mail: ph1@kritikosarchitects.com
www.kritikosarchitects.com



A-1

MABEL D. STEFANIDIS

CERTIFICATES

CERTIFIED PROFESSIONAL FOOD MANAGER

CERTIFIED ALCOHOL HANDLER

ALLERGY AWARENESS

RESTAURANT EXPERIENCE

OWNER/MANAGER, SIERRA'S BRICK OVEN PIZZA & PUB; FRANKLIN, MA – 2020-CURRENT

Own & operate a busy pizza/sandwich restaurant; hire, manage & schedule staff; take care of all bookkeeping; work as a cashier taking & expediting food orders during busy times

CASHIER/FOOD & ALCOHOL SERVER, KEN'S NY DELI & PIZZERIA; BEDFORD, MA – 2013-2016

Worked as a cashier taking food orders during busy lunch times & also waited at the bar taking food orders & serving alcohol.

CASHIER, BROTHER'S DELI; PEABODY, MA - 1989-1990

Worked as a cashier taking food orders & serving food during busy lunch times.

CASHIER, MARIA'S RESTAURANT; BURLINGTON, MA – 1988-1989

Worked as a cashier taking food orders & serving food during busy lunch times.

REAL ESTATE BUSINESS

NASHUA, NH - 2016 | DERRY, NH - 2017 | ANDOVER, MA - 2019

Purchased, fixed & sold three homes for profit. Oversaw the whole project, managed contractors & controlled all finances.

APARTMENT RENTAL REALTOR, NORTH SHORE REALTY ADVISORS; MARBLEHEAD, MA - 2011-2012

Rented apartments.

OTHER BUSINESSES

HAPPY TOTS DAY CARE, LYNN, MA - 1998-2000

Owned and ran a home day care for infants and young children.

PARTYLITE, BURLINGTON, MA - 2004-2007

Sold PartyLite Candles at home shows.

PROFESSIONAL EMPLOYMENT

ADMINISTRATIVE ASSISTANT, MASSACHUSETTS FINANCIAL SERVICES; BOSTON, MA - 1988-1997

QUALITY CONTROL INSPECTOR, SERTECH; SALEM, MA - 1983-1988

EDUCATION

SALEM STATE COLLEGE – BUSINESS PROGRAM

NORTHEASTERN UNIVERSITY – FINANCE PROGRAM



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

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

Certificate of Organization

(General Laws, Chapter)

Identification Number:

1. The exact name of the limited liability company is: S & J RESTAURANT, LLC

2a. Location of its principal office:

No. and Street: 648 OLD WEST CENTRAL STREET
 City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

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

No. and Street: 648 OLD WEST CENTRAL STREET
 City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

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

TO OWN AND OPERATE A RESTAURANT; TO PREPARE AND SERVE MEALS, NON-ALCOHOLIC BEVERAGES AND ALCOHOLIC BEVERAGES; AND TO OTHERWISE ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER CHAPTER 156C OF THE MASSACHUSETTS GENERAL LAWS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: SIERRA F. SILVIA
 No. and Street: 648 OLD WEST CENTRAL STREET
 City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

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

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

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	SIERRA F. SILVIA	648 OLD WEST CENTRAL STREET FRANKLIN, MA 02038 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name	Address (no PO Box)
-------	-----------------	---------------------

First, Middle, Last, Suffix

Address, City or Town, State, Zip Code

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

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	SIERRA F. SILVIA	648 OLD WEST CENTRAL STREET FRANKLIN, MA 02038 USA

9. Additional matters:

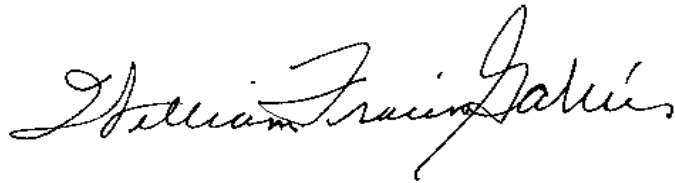
SIGNED UNDER THE PENALTIES OF PERJURY, this 22 Day of January, 2019,
SIERRA F. SILVIA

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

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 22, 2019 03:06 PM

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

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth