



License Transactions:

Applicant: La Cantina Winery, 357 Union Street

The applicant is seeking a new Farmer Series Winery Pouring license to be located at 357 Union Street. The License Manager will be Robert Vozzella.

MOTION to approve the request by La Cantina Winery for a new Farmer Winery Series Pouring License and approve the Manager, Robert Vozzella.

DATED: _____, 2017

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

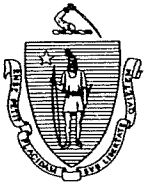
ABSTAIN _____

ABSENT _____

A True Record Attest:

Teresa M. Burr
Town Clerk

Judith Pond Pfeffer, Clerk
Franklin Town Council



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

For Reconsideration

LOCAL LICENSING AUTHORITY REVIEW RECORD

ABCC License Number

Franklin
City/Town

07/10/2017
Date Filed with LLA

TRANSACTION TYPE (Please check all relevant transactions):

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

APPLICANT INFORMATION

Name of Licensee: La Cantina Winery Company D/B/A

ADDRESS: 355 Union Street CITY/TOWN: Franklin STATE: MA ZIP CODE: 02038

Manager: Robert A. Vozzella

Granted under Special Legislation? Yes No

If Yes, Chapter of the Acts of (year)

\$19 Farmer Series Pouring Permit Annual Wines

Type (i.e. restaurant, package store) Class (Annual or Seasonal) Category (i.e. Wines and Malts / All Alcohol)

LOCAL LICENSING AUTHORITY DECISION

Please indicate the decision of the Local Licensing Authority: Approves this Application

Please indicate what days and hours the licensee will sell alcohol: Sun - Sat: 1:00pm to 8:00pm

If **Approving With Modifications**, please indicate below what changes the LLA is making:

Please indicate if the LLA is downgrading the License Category (approving only Wines and Malts if applicant applied for All Alcohol):

Changes to the Premises Description	Indoor Area Total Square Footage		Floor Number	Square Footage	Number of Rooms
Patio/Deck/Outdoor Area Total Square Footage	Number of Entrances	1	1	600	2
Seating Capacity	Number of Exits	1			

Abutters Notified: Yes No Date of Abutter Notification: Date of Advertisement: 07/14/2017

Please add any additional remarks or conditions here:

Check here if you are attaching additional documentation

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

08/09/2017
Date APPROVED by LLA



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

RECEIVED

JUL 10 2017

TOWN ADMINISTRATOR
 TOWN OF FRANKLIN

APPLICATION FOR A RETAIL ALCOHOLIC BEVERAGES LICENSE

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. **NAME OF PROPOSED LICENSEE** (Business Contact)

This is the corporation or LLC which will hold the license, not the individual submitting this application. If you are applying for this license as a sole proprietor, not an LLC, corporation or other legal entity, you may enter your personal name here.

2. **RETAIL APPLICATION INFORMATION**

There are two ways to obtain an alcoholic beverages license in the Commonwealth of Massachusetts, either by obtaining an existing license through a transfer or by applying for a new license.

Are you applying for a new license New Transfer or the transfer of an existing license?

If transferring, please indicate the current ABCC license number you are seeking to obtain:

If applying for a new license, are you applying for this license pursuant to special legislation?

If transferring, by what method is the license being transferred?

Yes No Chapter Acts of

3. **LICENSE INFORMATION / QUOTA CHECK**

City/Town

On/Off-Premises

TYPE

CATEGORY

CLASS

4. **APPLICATION CONTACT**

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name:

Middle:

Last Name:

Title:

Primary Phone:

Email:

5. **OWNERSHIP** Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the licensee's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.

A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.

B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.

C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form.

Name	Title / Position	% Owned	Other Beneficial Interest
Robert Vozzella	Director	100	

For additional space, please use next page

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

5. OWNERSHIP (continued)

Name	Title / Position	% Owned	Other Beneficial Interest

6. PREMISES INFORMATION

Please enter the address where the alcoholic beverages are sold.

Premises Address

Street Number: Street Name: Unit:

City/Town: State: Zip Code:

Country:

Description of Premises

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

Floor Number	Square Footage	Number of Rooms
1	600	2

Patio/Deck/Outdoor Area Total Square Footage

Indoor Area Total Square Footage

Number of Entrances

Number of Exits

Proposed Seating Capacity

Proposed Occupancy

Occupancy of Premises

Please complete all fields in this section. Documentation showing proof of legal occupancy of the premises is required.

Please indicate by what right the applicant has to occupy the premises Landlord Name

Lease Beginning Term Landlord Phone

Lease Ending Term

Rent per Month Landlord Address

Rent per Year

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.

Please indicate if the terms of the lease include payments based on the sale of alcohol: Yes No

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

7. BUSINESS CONTACT

The Business Contact is the proposed licensee. If you are applying as a Sole Proprietor (the license will be held by an individual, not a business), you should use your own name as the entity name.

* Please see last page of application for required documents based on Legal Structure *

Entity Name: FEIN:

DBA: Fax Number:

Primary Phone: Email:

Alternative Phone: Legal Structure of Entity:

Business Address (Corporate Headquarters) Check here if your Business Address is the same as your Premises Address

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

Mailing Address Check here if your Mailing Address is the same as your Premises Address

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

Is the Entity a Massachusetts Corporation? Yes No

If no, Is the Entity registered to do business in Massachusetts? Yes No

If no, state of incorporation

Other Beneficial Interest

Does the proposed licensee have a beneficial interest in any other Massachusetts Alcoholic Beverages Licenses? Yes No *If yes, please complete the following table.*

Name of License	Type of License	License Number	Premises Address
Farmer Winery	§19B Farmer-Winery	FW-110	355/357 Union St Franklin MA 02038

Prior Disciplinary Action:

Has any alcoholic beverages license owned by the proposed licensee ever been disciplined for an alcohol related violation?

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

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

B. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation First Name Middle Name Last Name Suffix

Social Security Number Date of Birth

Primary Phone: Email:

Mobile Phone: Place of Employment

Alternative Phone: Fax Number

Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen? Yes No

Have you ever been convicted of a state, federal, or military crime? Yes No
If yes, attach an affidavit that lists your convictions with an explanation for each

Have you ever been Manager of Record of a license to sell alcoholic beverages? Yes No

If yes, please list the licenses for which you are the current or proposed manager:

Farmer Winery Licenses FW-110

Do you have direct, indirect, or financial interest in this license? Yes No

If yes, percentage of interest

If yes, please indicate type of interest (check all that apply):

<input type="checkbox"/> Officer	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Stockholder	<input type="checkbox"/> LLC Manager
<input type="checkbox"/> LLC Member	<input checked="" type="checkbox"/> Director
<input type="checkbox"/> Partner	<input type="checkbox"/> Landlord
<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing
<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Other

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

Employment Information of Proposed Manager

Please provide your employment history for the past 10 years

Date(s)	Position	Employer	Address	Phone
1999-2010	Engineer	Cole Hersee Company	20 Old Colony Ave Boston MA	617-268-2100
2010-2016	Manager	TE Connectivity	63 Nahatan St Norwood MA	781-278-5274
2016-Current	Manager	Globe Composite Solutions	200 Shuman Ave Stoughton MA	781-681-6843
1999-Current	Professor	Wentworth Institute of Technolc	550 Huntington Ave Boston MA	617-989-4309

Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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

Robert A. Vozzella

Certificates STOP Certification expires May 15, 2019

ETIPS Certification no expiration

Education 1994 – 1998 Wentworth Institute of Technology Boston, MA
Bachelor of Science in Manufacturing Engineering Technology

2013 - 2015 UC Davis Of California Davis, CA
Degree in Enology: Winemaking Certificate Program

Professional Experience May 2015 – Present La Cantina Winery Company Franklin, MA
• Owner of La Cantina Winery Company

July 2016 – Present Globe Composite Solutions Stoughton, MA
VP of Operations

- Member of executive team that developed the five-year strategic plan and presented plan to Board.
- Created annual operating and capital expenditure budgets and managed performance to budget.
- Led the implementation of a quality improvement initiative to track and improve first pass yield from 50% to consistently ranging between 80% and 95%, across all operations.
- Led the implementation of visual management, including team boards and day-by-hour boards to drive improvements in throughput between 15% and 35%.
- Manage lean improvement efforts and cross functional teams that directly eliminate waste and improve safety, quality, delivery and cost.

May 2010 – July 2016 TE Connectivity Norwood, MA
Manufacturing Manager

- Manage operations and personnel that support a global machining operation with 140 pieces of equipment and 120 associates.
- Led teams that focus on Safety, Quality, Delivery, and Cost.
- Manage lean improvement efforts and cross functional teams that directly eliminate waste and improve the process throughout the facility.
- Review budgetary earning numbers and meet quarterly demands.
- Led migration efforts that involved a transfer of 35 machines, at a rate of 4 machines a month.
- Key member of a Manufacturing Caucus at the state level.

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

9. FINANCIAL INFORMATION

Please provide information about associated costs of this license.

Associated Costs

A. Purchase Price for Building/Land	
B. Purchase Price for any Business Assets	500
C. Costs of Renovations/Construction	2000
D. Purchase Price of Inventory	2500
E. Initial Start-Up Costs	2000
F. Other (Please specify)	
G. Total Cost (Add lines A-F)	7000

Please note, the total amount of Cash Investment (top right table) plus the total amount of Financing (bottom right table) must be equal to or greater than the Total Cost (line G above).

Please provide information about the sources of cash and/or financing for this transaction

Source of Cash Investment

Name of Contributor	Amount of Contribution
personal funds	7000
Total	7000

Source of Financing

Name of Lender	Amount	Does the lender hold an interest in any MA alcoholic beverages licenses?	If yes, please provide ABCC license number of lender
na	na	no	
Total:			

10. PLEDGE INFORMATION

Are you seeking approval for a pledge? Yes No

Please indicate what you are seeking to pledge (check all that apply)

License Stock / Beneficial Interest Inventory

To whom is the pledge is being made:

Does the lender have a beneficial interest in this license? Yes No

Does the lease require a pledge of this license? Yes No

ADDITIONAL SPACE

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

A large, empty rectangular box with a thin black border, occupying the lower two-thirds of the page. It is intended for the applicant to provide additional information or clarify answers as instructed in the text above.

APPLICANT'S STATEMENT

I, Robert Vozzella the: sole proprietor; partner; corporate principal; LLC/LLP member
Authorized Signatory

of La Cantina Winery Company, hereby submit this application for Farmer Series Pouring Permit
Name of the Entity/Corporation Transaction(s) you are applying for

(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 statement 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 does not violate any requirement of the ABCC or other state law or local ordinances;
- (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 Application information 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.

Signature: Robert Vozzella

Date: 6/29/17

Title: Owner

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a [CORI Authorization Form](#).

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Robert	Middle Name	A	Last Name	Vozzella	Suffix	
Title:	Owner		Social Security Number			Date of Birth			
Primary Phone:			Email:	bob@lacantinawinery.com					
Mobile Phone:			Fax Number	na					
Alternative Phone:	na								

Business Address

Street Number:	355	Street Name:	Union st		
City/Town:	Franklin	State:	MA		
Zip Code:	02038	Country:	USA		

Mailing Address

Check here if your Mailing Address is the same as your Business Address

Street Number:		Street Name:			
City/Town:		State:			
Zip Code:		Country:			

Types of Interest (select all that apply)

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Contractual | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Landlord | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> LLC Member | <input type="checkbox"/> Management Agreement | <input type="checkbox"/> Officer | |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Revenue Sharing | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Stockholder |
| | | | <input type="checkbox"/> Other |

Citizenship / Residency Information

Are you a U.S. Citizen? Yes No Are you a Massachusetts Resident? Yes No

Criminal History

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

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct Direct Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

100

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
NA	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
NA			

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
NA	NA	NA	NA

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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

We Be People

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common Defense,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE / FIRMA DEL TITULAR

3

PASSPORT
PASSPORT
PASAPORTE



UNITED STATES OF AMERICA



Surname / Apellido
VOZZELLA

Given Names / Prename / Nombre
ROBERT ANTHONY

Nationality / Nacionalidad
UNITED STATES OF AMERICA

Date of Birth / Date de nacimiento / Fecha de nacimiento

Place of Birth / Lieu de naissance / Lugar de nacimiento
MASSACHUSETTS, U.S.A.

Date of Issue / Date de délivrance / Fecha de expedición

20 NOV 2005

Authority / Autorité / Autoridad
UNITED STATES

Department / Département / División
SEE PAGE 21

USA



June 7, 2017

A vote was taken by the Board of Directors of the La Cantina Winery Company for all in favor to move forward with the application of a Retail Alcoholic Beverage License to obtain a 19H Pouring Permit.

A corporate vote to apply for a new / transfer of license and a corporate vote to appointing the manager of record, signed by an authorized signatory for the proposed licensed entity

Robert Vozzella

Owner



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$250.00

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

Articles of Organization

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

Federal Employer Identification Number: 001151382 (must be 9 digits)

ARTICLE I

The exact name of the corporation is:

LA CANTINA WINERY COMPANY

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. Please 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.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
STK	\$0.00000	1	\$0.00	0

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

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 Business Entity 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 of any class are:

ARTICLE VI

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

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization 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 the 90th day after the articles are received for filing.

Later Effective Date: Time:

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:

Name: ROBERT A. VOZZELLA
No. and Street: 355 UNION ST
City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

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 First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	ROBERT A VOZZELLA	355 UNION ST FRANKLIN, MA 02038 USA
TREASURER	ROBERT A VOZZELLA	355 UNION ST FRANKLIN, MA 02038 USA
SECRETARY	ROBERT A VOZZELLA	355 UNION ST FRANKLIN, MA 02038 USA
CEO	ROBERT A VOZZELLA	355 UNION ST FRANKLIN, MA 02038 USA
DIRECTOR	ROBERT A VOZZELLA	355 UNION ST FRANKLIN, MA 02038 USA

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

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

WINE PRODUCTION

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

No. and Street: 355 UNION ST.
City or Town: FRANKLIN State: MA Zip: 02038 Country: USA

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

No. and Street:

355 UNION ST.

City or Town:

FRANKLIN

State: MA

Zip: 02038

Country: USA

which is

its principal office

an office of its secretary/assistant secretary

an office of its transfer agent

its registered office

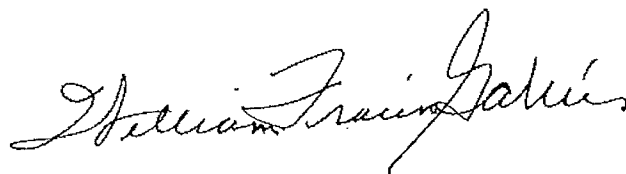
Signed this 5 Day of November, 2014 at 2:42:45 PM by the incorporator(s). *(If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)*

ROBERT A. VOZZELLA

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:

November 05, 2014 02:40 PM

A handwritten signature in cursive script, reading "William Francis Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

1

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3

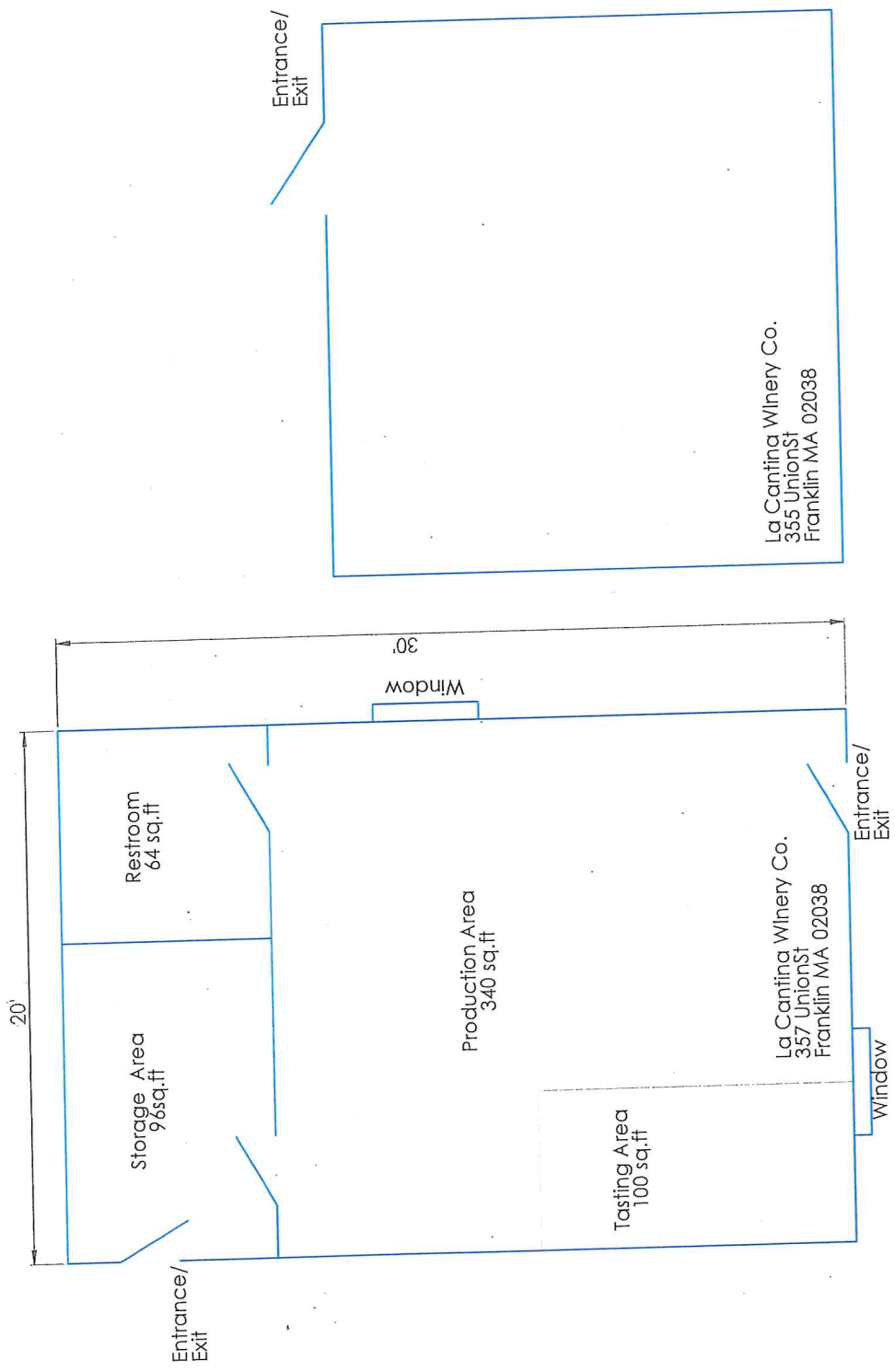
4

B

B

A

A



La Cantina Winery Co.
 TITLE: 355/357 Union St
 Franklin MA. 02038
 SIZE DWG. NO. REV A
B Layout
 SCALE: 1/50 WEIGHT: SHEET 1 OF 1

La Cantina Winery Co.
 355 Union St
 Franklin MA 02038

La Cantina Winery Co.
 357 Union St
 Franklin MA 02038

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2

3

4

February 22, 2017

Robert A. Vozzella
La Cantina Winery Company
355 Union Street
Franklin, MA 02038

Re: 357 Union Street, Franklin, MA 02038

Dear Mr. Vozzella,

This letter will evidence the Sublease agreement by and between Music Street Realty, LLC (Sublessor) and La Cantina Winery Company (Sublessee). The Sublessor is the holder of a leasehold interest ("Lease") from Gino D. Carlucci, Jr., Trustee of the Carlucci Family Revocable Trust, owner of the premises located at the above-referenced address ("Premises"). Pursuant to the terms of the Lease, Music Street Realty, LLC is authorized to sublet, and has indeed subletted, its interest in the Premises, to La Cantina Winery Company under the mutually agreed upon terms contained in a certain separately executed sublease agreement by and between the Sublessor and the Sublessee.

If I can be of further assistance, please feel free to contact me by phone or email at a time that is convenient for you.

Sincerely,



Nathan Carlucci
Manager
Music Street Realty, LLC

