

BASK

Bask, Inc.
2 Pequod Road
Fairhaven, MA 02719
Telephone (774) 305-4749
E-mail info@cometobask.com
www.cometobask.com

2016 Annual Report – Bask, Inc. Special Permit

Director of Planning & Economic Development
Fairhaven, Massachusetts
Town Hall, 40 Center Street

Pursuant to the Special Permit issued on March 11, 2015 to Bask, Inc. (fka Coastal Compassion, Inc.), please accept this Annual Report for 2016.

Licenses

Bask, Inc. has maintained in good standing, all applicable licenses and approvals with the Department of Public Health and the Cannabis Control Commission. Attached to the Annual Report is a copy of our Notice of Provisional Registration from DPH.

Construction

Received approval of financing structure (non-profit compliance review) by the Department of Public Health in Spring, commenced construction in Fall of 2016.

Host Community Agreement

As part of the Host Community Agreement, Bask, Inc. will make quarterly payments to the Town of Fairhaven which are equal to 3% of gross sales from the Fairhaven location. No sales in 2016.

Staffing

As of December 31st, 2016, there were no employees.



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, 11th Floor Boston, MA 02111

DEVAL L. PATRICK
GOVERNOR

JOHN W. POLANOWICZ
SECRETARY

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

November 7, 2014

BY U.S. MAIL AND E-MAIL

Coastal Compassion, Inc.
Mr. Timothy Keogh
36 N. Water Street, Unit #2
New Bedford, MA 02740
tim@coastalcompassion.org

Re: Provisional Certificate of Registration to Operate a Registered Marijuana Dispensary

Dear Mr. Keogh:

Please be advised that you have been selected to receive a Registered Marijuana Dispensary ("RMD") Provisional Certificate of Registration at your proposed Fairhaven location and to move forward to the Inspectional Phase. In the Inspectional Phase, the Department of Public Health ("Department") will continue to verify, among other things, that you will operate in compliance with the RMD operational requirements, see 105 CMR 725.105 (A)-(Q), and security requirements, see 105 CMR 725.110(A)-(F). Furthermore, the Department may impose other conditions that the Department determines necessary to ensure the RMD will operate in accordance with applicable Massachusetts laws and regulations.

In addition to the general Inspectional Phase conditions noted above, the issuance of this RMD Provisional Certificate of Registration is subject to the following ongoing conditions:

1. All dispensary agents and investors shall be subject to a background check in the manner approved by the Department prior to commencing work as a dispensary agent or investing funds in the RMD.
2. The RMD shall be subject to inspection and audit to ensure that its facilities are compliant with all applicable state and local codes, bylaws, ordinances and regulations.
3. The RMD shall comply with the Humanitarian Medical Use of Marijuana Act, Ch. 369 of the Acts of 2012 (the "Act") as implemented by Department Regulations, 105 CMR 725.000, et seq., during the period of its provisional registration, except as expressly waived in writing by the Department pursuant to 105 CMR 725.700.

4. The RMD shall be subject to inspection and audit to ensure compliance with any applicable law or regulation, including laws and regulations of the Commonwealth relating to taxes, child support, workers compensation, and professional and commercial insurance coverage.
5. The RMD shall be subject to inspection and audit to ensure the RMD shall at all times operate in a manner not detrimental to the public safety, health, or welfare.
6. The RMD shall be subject to inspection and audit to ensure that it has sufficient financial resources to meet the requirements of the Act or 105 CMR 725.000, et seq.
7. The RMD shall cooperate with and provide information to Department inspectors, agents and employees upon request.
8. The RMD shall, as necessary, amend its bylaws to expressly require compliance with 725.100(A)(1), by expressly stating that the RMD shall “at all times operate on a non-profit basis for the benefit of registered qualifying patients” and shall “ensure that revenue of the RMD is used solely in furtherance of its nonprofit purpose.” If the bylaws do not expressly include such requirement, they shall be amended within thirty days of the date of this letter and the amended bylaws shall be filed with the Department by mail at the above address and by email at RMDapplication@state.ma.us.

Please mail the enclosed remittance form with a bank/cashier’s check in the amount of \$50,000 payable to the Commonwealth of Massachusetts within thirty (30) days of the date of this letter to:

Accounts Payable – MMJ Phase 2
MDPH: Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor
Boston MA 02111

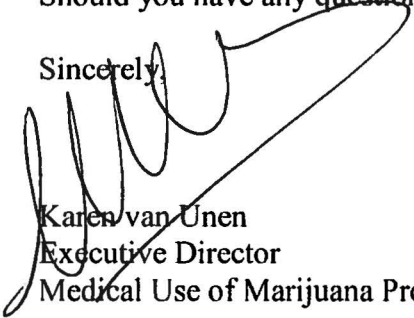
After the registration fee is processed, the Medical Use of Marijuana program staff will contact you to schedule your initial Inspectional Phase meeting.

In addition, after the registration fee is processed, this letter shall serve as your Provisional Certificate of Registration, with conditions. The Department will continue to verify all information provided by you, and that you are compliant with applicable Massachusetts law and DPH regulations. It is within DPH’s discretion to revoke this Provisional Certificate of Registration at any time.

Please note the Department reserves the right to set additional regulatory fees to defray the administrative costs of the Medical Marijuana Program pursuant to section 13 of the Act. Please also note that you must keep current all information required by 105 CMR 725.000, et seq., or as otherwise required by the Department pursuant to 725.100(F)(4), that you may not make certain changes without prior approval from the Department pursuant to 725.100(F)(1)-(3). Please be advised, pursuant to 105 CMR 725.100(C)(1), the Department may issue a Final Certificate of Registration only after an applicant has successfully completed the Inspection Phase and the Department has issued final approval.

Should you have any questions, please contact the Department at RMDapplication@state.ma.us.

Sincerely,



Karen van Unen
Executive Director
Medical Use of Marijuana Program

MMJ RMD Remittance Identification Form

*Please remit this form with your bank/cashier's check
for proper posting of your payment*

Date _____

Applicant Details

Name of Applicant Non-Profit Corporation _____
(as listed in your Open County application)

Proposed Location _____
(as indicated in enclosed letter)

Name of Contact Person

First Name: _____ Last Name: _____

Address of Contact Person

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address of Contact Person

Phone Number of Contact Person

bank/cashier's check for \$50,000 enclosed