



6/14/04 - (9)

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Don P. Johnson
Town Manager

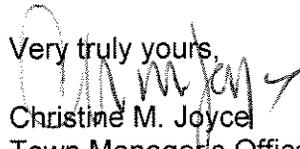
May 7, 2004

The Acton Beacon:
Atten: ACTON BEACON LEGAL REPRESENTATIVE

Please place the following Legal **Notice** in the Thursday, May 20, 2004 edition of the Acton Beacon. *Please send bill to:*

Leo Piro, Manager.
d/b/a The Chalet Wine and High Spirits
18 Powder Mill Road
Acton, MA 01720
978-897-5511

Very truly yours,


Christine M. Joyce
Town Manager's Office

Please confirm receipt of this Fax to: Christine @ 978-264-9612
FAX 978-264-9630

Town of Acton
Notice of Hearing

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on June 14, 2004 at 8:15 P.M. on the application of Role Corp. d/b/a Last National Wine Company, Leo P. Piro, Manager, for the Transfer of the a All Alcoholic Package Store License from Leo P. Piro, Manager, to Role Corp., d/b/a Last National Wine Company, 18 Powder Mill Road, Acton, MA, and that the license be pledged to Enterprise Bank.

ACTON BOARD OF SELECTMEN

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

To: Board of Health, Building Comm., Police & Fire Chiefs

Date: 5/10/04

From: *Christine Joyce, Town Manager's Office*

Subject: Liquor License Full Package Store – Role Corp.. 18 Powder Mill Road

Enclosed please find a copy of the application for a Full Liquor Package Store license Transfer from Leo Piro to Role Corp.

The public hearing is scheduled for **8:15, June 14, 2004..**

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**IMPORTANT INFORMATION FOR ALL PARTIES
IN A LIQUOR LICENSE TRANSACTION**

1. Grant of an application by the Local Board is only the first step in the license process. The second step is approval by the ABCC. If the ABCC approves, the final step is issuance of the license by the Local Board.
2. Until and unless a license is issued the new owner may not take part in the operation of the premises and the old owner, if any, is still liable for operation of the premises.
3. Before transferring a liquor license, the Department of Revenue (DOR) will research the tax history of both the buyer and the seller for all types of taxes, including sales, meals, withholding, corporate excise, room occupancy and personal income taxes, if applicable.

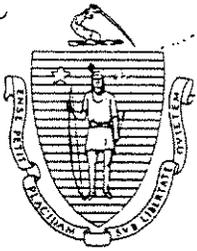
Please do not submit any documentation or information to DOR until you have applied to the ABCC and have been contacted by an employee of the Department of Revenue.

The ABCC will not approve the license until DOR signs off. It is up to the parties, not the ABCC, to resolve tax questions.

4. The ABCC will also have an investigator contact the applicant to ask certain information about the people involved and the financing. It is important that the parties respond promptly to investigators' inquiries. Failure to do so will result in denial of the application.
5. Operation by the applicant before final approval of the transfer can have serious ramifications for both the buyer and the seller. Operation without a license can be considered evidence of that applicant's unfitness for a license. It can also lead to revocation of the existing license. And, in certain circumstances, it opens both the buyer and seller to possible civil and criminal liability.

Leo P. Piro 4/21/04
Seller Date

Leo P. Piro, Pres. ROLE CORP.
Buyer Date 4/21/04



The Commonwealth of Massachusetts
 The Alcoholic Beverages Control Commission
 239 Causeway Street, Suite 200
 Boston, MA 02114

Telephone: 617-727-3040
 FAX: 617-727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- A. NEW LICENSE APPLICANT
- B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION
- C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME ROLE Corp.
 (NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Leo P. Piro
3. SOCIAL SECURITY NUMBER 021-40-4398
4. HOME (STREET) ADDRESS 45 Ryefield Rd. Fitchburg MA 01420
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
 DAY TIME # 978-897-5511 HOME# 978-342-4765
6. PLACE OF BIRTH: Fitchburg MA 7. DATE OF BIRTH: 12-14-49
8. REGISTERED VOTER: YES NO 8A. WHERE?: Fitchburg MA
9. ARE YOU A U. S. CITIZEN: YES NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
 (Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Paul S. Piro 12. MOTHER'S MAIDEN NAME: Blanchette

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
_____ YES NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: YES _____ NO
IF YES, PLEASE DESCRIBE:

I have owned this license since 12/02/03 under my own name. I would like to transfer it to my Corporate name.

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: YES _____ NO

IF YES, PLEASE DESCRIBE: Owner of this license

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

Imperial Distributors 9/02 - 10/03 Route Sales
Millbrook Distributors 6/02 - 9/02 Route Sales
Hallsmith Sysco 7/01 - 6/02 Route Sales

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40-50

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____ DATE _____
PROPOSED MANAGER SIGNATURE

16 cont. Home Depot 11/00 - 6/01 Sales
Kelly Staffing 12/00 - 4/01 Office
Role Corp 3/85 - 10/00 President

11. FATHER'S NAME: Paul S. Piro 12. MOTHER'S MAIDEN NAME: Blanchette

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
_____ YES NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: YES _____ NO
IF YES, PLEASE DESCRIBE:

I have owned this license since 12/02/03 under my own name. I would like to transfer it to my Corporate name.

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: YES _____ NO

IF YES, PLEASE DESCRIBE: Owner of this license

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Imperial Distributors 9/02 - 10/03 Route Sales
Millbrook Distributors 6/02 - 9/02 Route Sales
Hallsmith Sysco 7/01 - 6/02 Route Sales

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40-50

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____ DATE _____
PROPOSED MANAGER SIGNATURE

16 con't. Home Depot 11/00 - 6/01 Sales
Kelly Staffing 12/00 - 4/01 Office
Role Corp 3/85 - 10/00 President

THE COMMONWEALTH OF MASSACHUSETTS
ALCOHOLIC BEVERAGES CONTROL COMMISSION

Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- New License New Officer/Director
 Transfer of License Other _____
 Transfer of Stock (Specify)

| | |
|--------------------------------------|--|
| Name to appear on the license: | <u>ROLE Corp.</u> |
| Business name (d/b/a), if different: | <u>Last National Wine Company</u> |
| Manager of Record: | <u>Leo P. Piro</u> FID of Licensee: <u>42-1608741</u> |
| Address of Premises; Street: | <u>18 Powdermill Rd. Acton MA</u> Zip code: <u>01720</u> |
| Phone number of premises: | <u>(978) 897-5511</u> |

- Type of license: (check only one)
- | | | |
|---|---|--|
| <input type="checkbox"/> Club | <input checked="" type="checkbox"/> Package store | <input type="checkbox"/> Veterans club |
| <input type="checkbox"/> General on premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | (Specify) |
- License Category:
- | | |
|---|--|
| <input checked="" type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt only | <input type="checkbox"/> Wine only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |
- License Class:
- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|--|-----------------------------------|

Person (attorney if applicable) who can be contacted concerning this application:

| | |
|---------------|--|
| Name: | <u>Leo P. Piro</u> |
| Address: | <u>45 Rye Field Rd. Fitchburg MA 01420</u> |
| Phone number: | <u>978 342-4765</u> |

Give a full and complete description of the premises to be licensed, including location of all entrances and exits:
Stand alone wood frame building with 2 bathrooms and wet sprinkler system. 4700 sq. floor space. 4 means of egress from building.

a.

| | |
|-------------------|-------------------|
| Seating capacity: | Occupancy number: |
|-------------------|-------------------|

- Applicant is an: Association Corporation Individual
 Partnership Non-profit corporation

8. If applicant is an individual or partnership: List for individual or each partner.

| Full Name | Home Address | D.O.B. | SSN |
|-----------|--------------|--------|-----|
| | | | |
| | | | |
| | | | |

8a. Is individual or are all partners United States citizens? Yes No

If no, specify citizenship: _____

8b. Is individual or are all partners involved at least twenty-one years old? Yes No

9. If the applicant is a corporation, complete the following:

| | |
|-----------------------------------|--|
| State of Incorporation: <u>MA</u> | Date of Incorporation: <u>11/07/03</u> |
| Fiscal Year Ends: <u>12/31/04</u> | Date qualified to do business in MA: <u>11/07/03</u> |

9a. How many shares of stock are authorized? 200,000 How many shares of stock are issued? _____

Provide in the box below the names of all officers, directors, stockholders and manager.

Use * to indicate director

| Title | Full Name | Home Address | D.O.B. | SSN | Shares of stock owned or controlled |
|---------------|-------------------|--------------------------|----------|-------------|-------------------------------------|
| President * | Leo Paw Piro | 45 Ryefield Rd Fitchburg | 12-14-49 | 021-40-4398 | 50% |
| Treas/Clark * | Roselyn Jane Piro | Same | 9-30-52 | 012-44-5855 | 50% |
| | | | | | |
| | | | | | |

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the applicant is a corporation, answer the following questions:

- Are the majority of directors United States citizens? Yes No
- Are the majority of directors citizens of Massachusetts? Yes No
- Is the manager or principal representative a U.S. citizen? Yes No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

| Title | Full Name | Home Address | D.O.B. | SSN | Phone Number |
|-------|-----------|--------------|--------|-----|--------------|
| | | | | | |
| | | | | | |

8. If applicant is an individual or partnership: List for individual or each partner.

| Full Name | Home Address | D.O.B. | SSN |
|-----------|--------------|--------|-----|
| | | | |
| | | | |
| | | | |

8a. Is individual or are all partners United States citizens? Yes No

If no, specify citizenship: _____

8b. Is individual or are all partners involved at least twenty-one years old? Yes No

9. If the applicant is a corporation, complete the following:

| | |
|-----------------------------------|--|
| State of Incorporation: <u>MA</u> | Date of Incorporation: <u>11/07/03</u> |
| Fiscal Year Ends: <u>12/31/04</u> | Date qualified to do business in MA: <u>11/07/03</u> |

9a. How many shares of stock are authorized? 20,000 How many shares of stock are issued? _____

Provide in the box below the names of all officers, directors, stockholders and manager.
Use * to indicate director

| Title | Full Name | Home Address | D.O.B. | SSN | Shares of stock owned or controlled |
|---------------|-------------------|--------------------------|----------|-------------|-------------------------------------|
| President * | Leo Paul Piro | 45 Ryefield Rd Frichburg | 12-14-49 | 021-40-4398 | 50% |
| Treas/Clark * | Roselyn Jane Piro | Same | 9-30-52 | 012-44-5855 | 50% |
| | | | | | |
| | | | | | |

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the applicant is a corporation, answer the following questions:

- Are the majority of directors United States citizens? Yes No
- Are the majority of directors citizens of Massachusetts? Yes No
- Is the manager or principal representative a U.S. citizen? Yes No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

| Title | Full Name | Home Address | D.O.B. | SSN | Phone Number |
|-------|-----------|--------------|--------|-----|--------------|
| | | | | | |
| | | | | | |

11. Will there be any construction, remodeling, redecorating or building on the premises for this license?
 Yes No (If yes complete a,b,c, and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises : _____

b. What are the estimated costs? _____

c. What is the construction schedule? _____

d. State all sources of construction financing: _____

12. Do you own the premises? Yes No. If yes, please respond to the question below.

As an individual Jointly _____ Name of Realty Trust

_____ Name of Corporation

Other _____
 (specify)

(If you are do not own the premises to be licensed, provide the following information about the owner.)

| | |
|----------|-------------------|
| Name: | Phone number: () |
| Address: | |

12a. If a lease or rental, provide the following information: \$ _____ per _____
 (month, year, etc.)

Beginning date of lease _____ Ending date of lease _____
 (provide a copy of the lease.)

Financial

13. What assets were purchased and cost?

| | | |
|-----------------------|---------------|----------------------|
| Equipment: \$ 185,000 | Furniture: \$ | Goodwill: \$ 190,000 |
| Inventory: \$ 10,000 | License: \$ | Premise: \$ 650,000 |

13a.

| |
|------------------------------------|
| Total Purchase Price: \$ 1,125,000 |
|------------------------------------|

13b.

Identify in the box below all sources of financing?

| | |
|-------------------------|---------------------|
| Mortgage: \$ 752,500.00 | Seller: \$ |
| Cash: \$ 372,500.00 | Other (specify): \$ |

Document all sources e.g., -Loan papers, checking accounts, stock sales, etc.)

13c. All documentation was provided with original application

| |
|--|
| All other terms and conditions: (provide purchase and sale documents) |
|--|

13d. Are you seeking approval for license to be pledged? Yes No

If yes, to whom? Enterprise Bank

13e. Will the inventory be pledged?

Yes No

If yes, specify to whom Enterprise Bank

13f. If a corporation, are you seeking approval for any corporate stock to be pledged?

Yes No

If yes, identify to whom and identify the number of shares to be pledged. _____

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

| Full Name | Home address | D.O.B. | SSN | Phone Number |
|-------------------|----------------------------|----------|-------------|--------------|
| Lee Paul Piro | 45 Ryefield Rd Fitzburg MA | 12-14-49 | 021-40-4398 | 978-342-4765 |
| Rosalyn Jane Piro | " | 9-30-52 | 012-44-6855 | " |
| | | | | |

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

| Person or entity | Beneficial or financial interest |
|------------------|----------------------------------|
| Lee | 50% |
| Rosalyn | 50% |
| | |

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

Yes No (If yes, provide the following for each person or entity.)

| Name | Type of license | License name and address | Description of Interest |
|------|-----------------|--------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

13e. Will the inventory be pledged? Yes No

If yes, specify to whom Enterprise Bank

13f. If a corporation, are you seeking approval for any corporate stock to be pledged? Yes No

If yes, identify to whom and identify the number of shares to be pledged. _____

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

| Full Name | Home address | D.O.B. | SSN | Phone Number |
|-------------------|-----------------------------|----------|-------------|--------------|
| Lee Paul Piro | 45 Ryefield Rd Fitchburg MA | 12-14-49 | 021-40-4398 | 978-342-4765 |
| Rosalyn Jane Piro | " | 9-30-52 | 012-44-6855 | " |
| | | | | |

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

| Person or entity | Beneficial or financial interest |
|------------------|----------------------------------|
| Lee | 50% |
| Rosalyn | 50% |
| | |

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

Yes No (If yes, provide the following for each person or entity.)

| Name | Type of license | License name and address | Description of Interest |
|------|-----------------|--------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? Yes No (If yes, provide the following for each person or entity.)

| Name | Type of License | License name and address | Date ownership surrendered |
|------|-----------------|--------------------------|----------------------------|
| | | | |
| | | | |
| | | | |

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

| Date | License | Reason why the license was terminated |
|------|---------|---------------------------------------|
| | | |
| | | |
| | | |

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? No (If yes, provide the following information) Yes

| Date | License | Reason why the license was suspended, revoked, or cancelled |
|------|---------|---|
| | | |
| | | |

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? Yes No (If yes, attach a statement of details.)

- 15.
- Each individual applicant must sign.
 - Applications by a partnership must be signed by a majority of the partners.
 - Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 - Applications by an association must be signed by a majority of the members of the governing body. All signer must have answered question 10.
 - False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 21st day of April, 192004.

By: Signature of Full Name

Title

Leo P. Puro
Rosalyn J. Puro

President
Treasurer / Clerk

APPLICATION FOR TRANSFER OF LIQUOR LICENSE

THE COMMONWEALTH OF MASSACHUSETTS

21st OF April

2004, 19

TO THE LICENSING BOARD

The undersigned licensee, Leo P. Piro
respectfully petitions for the transfer of the All Alcohol
(Class of license)
all alcoholic beverages license now exercised by the said licensee on the premises located at
18 Powdermill Rd. Acton MA 01720
to ROLE Corporation
whose address is 18 Powdermill Rd. Acton MA 01720

(If present licensee is a corporation, fill in the following paragraph.)

The said licensee is a corporation duly organized under the laws of the Commonwealth of Massachusetts, and its officers, directors and stockholders, their residences, and shares owned by each are as follows:

| (NAME) | (ADDRESS) | (SHARES) |
|--------------------|--|----------|
| From: | (Place an * before the name of each director.) | |
| President | | |
| Treasurer | | |
| Clerk | | |
| | | |
| | | |
| | | |

(If proposed transferee is a corporation, fill in the following paragraph.)

The proposed transferee is a corporation duly organized under the laws of said Commonwealth and having its usual place of business in said Acton, and its officers, directors and stockholders, their residences and shares owned by each are as follows:

| (NAME) | (ADDRESS) | (SHARES) |
|--------------------------|--|------------|
| To: | (Place an * before the name of each director.) | |
| * <u>Leo P. Piro</u> | <u>45 Ryefield Rd. Framburg MA</u> | <u>50%</u> |
| President | | |
| * <u>Rosalyn J. Piro</u> | <u>Same</u> | <u>50%</u> |
| Treasurer | | |
| Clerk | | |
| | | |
| | | |
| | | |

The above named proposed transferee hereby joins in this petition for transfer of said license, and respectfully petitions the Board to grant such transfer.

Signature of Licensee Leo P. Piro
(If a corporation, by its authorized representative)
Signature of Proposed Transferee Leo P. Piro, Pres. ROLE CORP.
(If a corporation, by its authorized representative)

ROLE Corporation

18 Powdermill Rd.

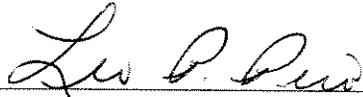
Acton, MA 01620

Tel. (978)897-5511

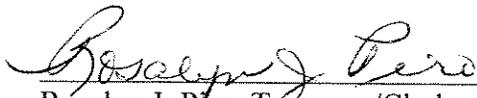
April 14, 2004

To whom it may concern;

The Board of Directors of Role Corp. duly appoint Leo P. Piro as manager and principal representative of Last National Wine Company.



Leo P. Piro, President



Rosalyn J. Piro, Treasurer/Clerk

The Chalet
Wine & High Spirits
18 Powdermill Rd.
Acton, MA 01720
Tel. (978)897-5511 Fax. (978)353-0083

April 1, 2004

To whom it may concern:

The ABCC granted an all alcohol liquor license to Leo P. Piro in November, 2003. We would like to transfer that license to ROLE CORP., which is owned by us. All financial information documented on our original application remains the same. As on the original, we would like the license and the inventory pledged to Enterprise Bank and Trust. This is indicated on the application.

We would also like to change the DBA of our business to Last National Wine Company. This was the original name of the store before we purchased it, and we own the rights to the name.

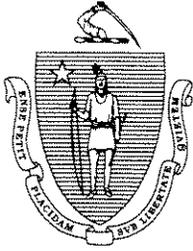
Thank you.



Leo P. Piro



Rosalyn J. Piro



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

William Francis Galvin
Secretary of the
Commonwealth

April 20, 2004

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

ROLE CORP.

is a domestic corporation organized on **November 7, 2003**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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

*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.