

4/25
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TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (508) 264-9612
Fax (508) 264-9630

Don P. Johnson
Town Manager

March 21, 2005

The Acton Beacon:
Atten: Paula

Please place the following Legal **Notice** in the Thursday, March 24, Beacon in the Legal Section. *Please send bill to:*

Ms. Regina Rotolante
25 Centercrest Drive
Tyngsboro, MA
978-479-9741

Very truly yours,

Christine M. Joyce
Town Manager's Office

Please confirm receipt of this Fax to: Christine @ 508-264-9612
FAX 508-264-9630

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 April 25, 2005 at 7:10 P.M. on the application of Regina Rotolante, President, Manager, and Clerk, West Acton Market, Inc. d/b/a West Acton Market, for the Transfer of a Beer and Wine Retail Package Store license from Ralph A. Rotolante, President, d/b/a Wine Cask Cellars, Inc, at 100 Powdermill Road, Acton, MA 01720

ACTON BOARD OF SELECTMEN

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (508) 264-9612
Fax (508) 264-9630

Don P. Johnson
Town Manager

March 21, 2005

Ms. Regina Rotolante
25 Centercrest Drive
Tyngsboro, MA

Dear Ms. Rotolante:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, March 24, 2005, at your expense.

The ABCC requires the time and date of such hearing for a Transfer of a liquor license be placed in the local newspaper. Your hearing is scheduled for April 25, 2005 at 7:10 P.M. in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 264-9612.

Please remember to have your liquor service policy submitted to my office prior to the hearing for inclusion in the Board's package of materials for this meeting.

Very truly yours,

Christine M. Joyce
Town Manager's Office

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

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

Date: March 21, 2005

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

Subject: Transfer of Beer and Wine Package Store to Regina Rotolante, d/b/a West Acton Market, 586 Mass Ave.

Enclosed please find a copy of the application for a Transfer of a Beer and Wine Package Store license for your comment and review. April 25, 2005

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Acton Police Department

InterDepartmental Memo

From: Frank J. Widmayer, Chief of Police

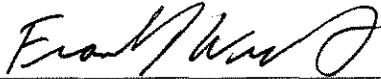
Date: April 11, 2005

To: Don Johnson, Town Manager

Subj: Transfer of Beer and Wine Package Store to Regina Rotolante

I have reviewed the transfer request to West Acton Market, 586 Mass. Ave.

I have no objection to the transfer of this license.



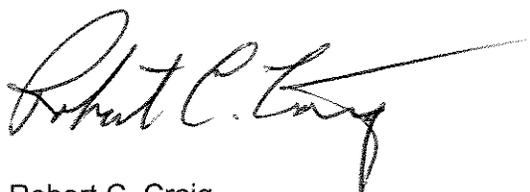
Frank J. Widmayer
Chief of Police

INTEROFFICE MEMORANDUM

TO: CHRISTINE JOYCE, TOWN MANAGER'S OFFICE
FROM: ROBERT C. CRAIG, FIRE CHIEF
SUBJECT: TRANSFER OF BEER AND WINE PACKAGE STORE LICENSE – 586 MASS AV –D/B/A
WEST ACTON MARKET
DATE: 3/29/05
CC:

Christine:

I have reviewed the above application and have no comments or objections to this transfer.



Robert C. Craig

Fire Chief



TOWN OF ACTON
Health Department
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9634
Fax (978) 264-9630

March 25, 2005

To: Christine Joyce, Town Manager's Office

From: Heather Marceau, CEHT, Health Agent

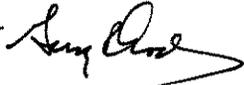
Re: Transfer of Beer and Wine License, West Acton Market.

The Health Department has reviewed the application submitted by Regina Rotolante for a beer and wine license transfer request at West Acton Market. The Health Department has forwarded all of the required documentation to Ms. Rotolante in order for the food licenses to be transferred as well. At this time, the Health Department has no concerns with this request.

TOWN OF ACTON

Building Department

INTERDEPARTMENTAL COMMUNICATION

To: Don P. Johnson, Town Manager **Date:** March 30, 2005
From: Garry A. Rhodes, Building Commissioner 
Subject: Transfer of Beer and Wine Package Store to Regina Rotolante, d/b/a West Acton
Market, 586 Mass Ave.

I do not have any comments.



Policy to Prevent Underage Sales

This store has a license issued by the state which allows you, as our representative, to sell alcohol to customers who are legally permitted to buy these products. This store could, however, easily lose its license to sell if even one employee does not comply with the laws described in this handout. In addition, failure to uphold the laws which govern these sales could result in your being charged with a criminal misdemeanor by enforcement officers. You could also be suspended or terminated from your job in accordance with our company policy.

As retailers of alcohol, we have an obligation to responsibly uphold the laws of this state. After you have reviewed the material contained in this handout and discussed it with your Store Manager, you will be asked to acknowledge that you have read and understand its contents. Any questions that you have about this material should be directed to your Store Manager who will discuss them with you.

Verifying a Customer's Age

The legal age to purchase alcoholic beverages is twenty-one (21). Any customer attempting to purchase alcohol that appears to be under the age of 50 must show proof of age. Under no circumstances may you sell to someone who is underage.

Acceptable Forms of Identification

To have a defense to the charge of delivering or selling alcoholic beverages to an underage person, a licensee must reasonably rely on one of four types of identification:

- (1) Massachusetts driver's license,
- (2) Massachusetts Registry of Motor Vehicles liquor identification card,
- (3) Passport issued by the United States or a country recognized by the United States,
- (4) Valid military identification card (interpreted by the ABCC to be the green, active service card).

Identification must be checked on the day of service, even if the licensee has checked an individual's identification on previous occasions.

Hours for Sales

The Town of Acton determines the hours for sale of alcohol. These hours are listed on the license for the store. If the store is open more hours than are listed on the license, you MAY NOT sell alcohol during those extra hours.

No Drinking on Premises

State laws prohibit the consumption of alcoholic beverages on the premises where the license is only for the sale of the product.

West Action Market Inc.

Second Party Sales

You are not allowed to sell knowingly to a legal age adult who in turn is going to give or resell to someone under the legal age.

Sales to Intoxicated Individuals

You must not make an alcoholic beverage sale to an obviously intoxicated individual.

If the Customer gets Upset

If the customer argues with you when you ask for an ID or deny a sale, explain that it is our company policy to ask for ID when anyone is purchasing alcohol. If the customer remains upset or becomes uncooperative, offer to let them talk to the Store Manager.

Remain calm and polite. However, do not let yourself be forced into making a sale if you are not completely satisfied that the customer meets the minimum age requirements.

Remember that your company, your store's liquor license and your job are at risk.

If a customer cannot or will not provide proper proof of age once you have asked for it, DO NOT MAKE THE SALE under any circumstances.

Remember

As a clerk you have nothing to gain and everything to lose, if you sell to a minor.

Each clerk may be fined in accordance with the laws of the Commonwealth of Massachusetts for each offense.

In the event there is one person in a group buying alcoholic beverages, and anyone else in the group looks underage – then card the ENTIRE group prior to making the sale.

Employee Acknowledgment

The undersigned employee hereby acknowledges that he/she has read this Policy in its entirety and agrees to abide by the procedures contained herein for selling alcohol. EMPLOYEES WHO KNOWINGLY VIOLATE ANY OF THE PROCEDURES CONTAINED IN THIS MANUAL SHALL BE SUBJECT TO IMMEDIATE TERMINATION OF EMPLOYMENT.

Employee Signature: _____

Print Name

Store Manager Signature _____

Date: _____

PETITION FOR LICENSE TRANSACTION

THE COMMONWEALTH OF MASSACHUSETTS

March. 8 ~~19~~ 2005

CHANGE OF LOCATION

PLEDGE OF STOCK

PLEDGE OF LICENSE

CHANGE OF CORPORATE NAME

CHANGE OF D/B/A

CHANGE OF MANAGER

CHANGE OF LICENSE TYPE

CORDIALS AND LIQUEURS PERMIT

CORPORATION-TO-CORPORATION
TRANSFER

To the

Licensing Board for the

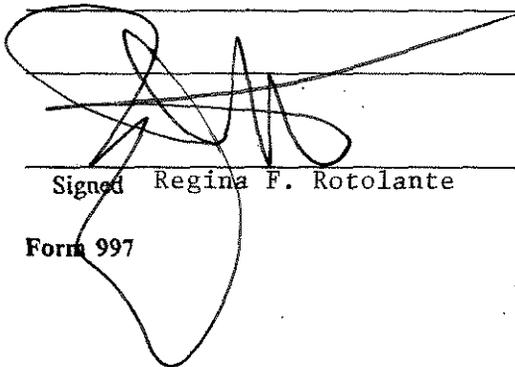
The undersigned respectfully petition for

A transfer of Wine and Malt Package Store License currently
exercised at 100 Powdermill Road, Acton, MA 01719

FROM: Wine-Cask Cellars, Inc.

TO: West Acton Market, Inc.

to be exercised at 586 Massachusetts Avenue, Acton, MA 01720


Signed Regina F. Rotolante

3/16/05
Title President

Form 997

APPLICATION FOR TRANSFER OF LIQUOR LICENSE

THE COMMONWEALTH OF MASSACHUSETTS

Town OF Acton

..March.8....., 19 2001

TO THE LICENSING BOARD

The undersigned licensee, Wine-Cask Cellars, Inc.
respectfully petitions for the transfer of the Wine and Malt Package Store License
(Class of license)
all alcoholic beverages license now exercised by the said licensee on the premises located at.....
100 Powdermill Road, Acton, MA 01719
to.....West Acton Market, Inc.
whose address is.....586 Massachusetts Avenue, 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.) | |
| <u>Ralph A. Rotolante</u> | <u>4 Seneca Court, Acton, MA 01720</u> | <u>100</u> |
| <i>President</i> | | |
| <u>Ralph A. Rotolante</u> | <u>4 Seneca Court, Acton, MA 01720</u> | |
| <i>Treasurer</i> | | |
| <u>Ralph A. Rotolante</u> | <u>4 Seneca Court, Acton, MA 01720</u> | |
| <i>Clerk</i> | | |

(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 a usual place of business in said Tyngsboro, MA, 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>*Regina F. Rotolante</u> | <u>25 Centercrest Drive, Tyngsboro, MA 01879</u> | <u>100</u> |
| <i>President</i> | | |
| <u>*Regina F. Rotolante</u> | <u>25 Centercrest Drive, Tyngsboro, MA 01879</u> | |
| <i>Treasurer</i> | | |
| <u>*Regina F. Rotolante</u> | <u>25 Centercrest Drive, Tyngsboro, MA 01879</u> | |
| <i>Secretary</i> | | |

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.....
(If a corporation, by its authorized representative) Ralph A. Rotolante, President

Signature of Proposed Transferee.....
(If a corporation, by its authorized representative) Regina F. Rotolante, President

The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR RETAIL SALE

City/Town: Town of Acton

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

| | |
|--|------------------|
| Name to appear on the License: <u>West Acton Market, Inc.</u> | |
| Business Name (d/b/a), if different: <u>West Acton Market</u> | |
| Manager of Record: <u>Regina F. Rotolante</u> | FID of Licensee: |
| Address of Premises; Street: <u>586 Massachusetts Avenue, Acton, MA</u> Zip Code: <u>01720</u> | |
| Phone Number of Premises: () | |

2. 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) |

3. License Category:

| | |
|---|---|
| <input type="checkbox"/> All Alcoholic | <input checked="" type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt only | <input type="checkbox"/> Wine only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

4. License Class: Annual Seasonal

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

| |
|---|
| Name: <u>Stephen V. Miller, Esq., or Karen D. Simao, Esq., McDermott, Quilty & Miller LLP</u> |
| Address: <u>21 Custom House Street, Suite 300, Boston, Massachusetts 02110</u> |
| Phone Number: <u>(617) 946-4600</u> |

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:
1645 Square feet of retail space on the ground floor at 586 Massachusetts Avenue
Acton, MA 01720. One entrance in the front and one in back.

6a.

| | |
|------------------------------|------------------------------|
| Seating Capacity: <u>N/A</u> | Occupancy Number: <u>N/A</u> |
|------------------------------|------------------------------|

7. 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>Massachusetts</u> | Date of Incorporation: <u>2/14/2005</u> |
| Fiscal Year Ends: <u>12/31</u> | Date qualified to do business in MA: <u>2/14/2005</u> |

9a. How many Shares of Stock are authorized? 20,000 How many Shares of Stock are issued? 100

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 | Regina F. Rotolante | 25 Center Crest Dr., Tyngsboro, MA 01879 | 11/12/1963 | 019-50-2672 | 100% |
| * Treasurer | Regina F. Rotolante | 25 Center Crest Dr., Tyngsboro, MA 01879 | 11/12/1963 | 019-50-2672 | |
| * Secretary | Regina F. Rotolante | 25 Center Crest Dr., Tyngsboro, MA 01879 | 11/12/1963 | 019-50-2672 | |
| Manager | Regina F. Rotolante | 25 Center Crest Dr., Tyngsboro, MA 01879 | 11/12/1963 | 019-50-2672 | |

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)

- Give an exact description of the construction, remodeling, redecorating or building on the premises: _____
- What are the estimated costs? _____
- What is the construction schedule? _____
- 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 do not own the premises to be licensed, provide the following information about the Owner.)

| | |
|--|--------------------------------------|
| Name: <u>FFD Trust</u> | Phone Number: <u>(978) 263-6712</u> |
| Address: <u>P.O. Box 1544, Arlington, MA 02474</u> | |

12a. If a lease or rental, provide the following information: \$ 2,193.33 per month
(month, year, etc.)

Beginning Date of Lease June 2005 Ending Date of Lease July 2020
(provide a copy of the lease.)

FINANCIAL

13. What Assets were purchased and cost?

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

13a.

| |
|---------------------------------|
| Total Purchase Price: \$ 10,000 |
|---------------------------------|

Identify in the box below all sources of financing:

13b.

| | |
|--------------|---|
| Mortgage: \$ | Seller: \$ |
| Cash: \$ | Other (specify): \$ 10,000 Note to Seller |

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

13c.

| |
|---------------------------------------|
| 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? _____

13e. Will the Inventory be pledged? Yes No

If yes, specify to whom _____

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 |
|---------------------|--|------------|-------------|--------------|
| Regina F. Rotolante | 25 Center Crest Drive, Tyngsboro, MA 01879 | 11/12/1963 | 019-50-2672 | 978-479-9741 |
| | | | | |
| | | | | |

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 |
|---------------------|---|
| Regina F. Rotolante | President, Treasurer, Director and Sole Shareholder |
| | |
| | |

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 |
|------|---------|---------------------------------------|
| | | |
| | | |
| | | |

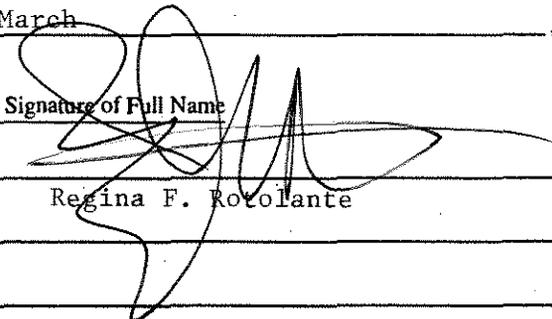
14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? Yes No (If yes, provide the following information):

| 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.)

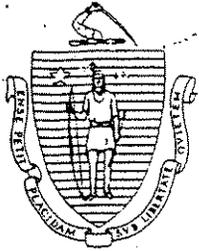
15. a. Each Individual Applicant must sign.
 b. Applications by a Partnership must be signed by a majority of the partners.
 c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
 e. 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 8th day of March, ~~19~~ 2005.

By: 

 Regina F. Rovolante

Title
President



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 West Acton Market, Inc.
 (NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Regina F. Rotolante
3. SOCIAL SECURITY NUMBER 019-50-2672
4. HOME (STREET) ADDRESS 25 Center Crest Drive, Tyngsboro, MA 01879
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 # 978-479-9741 HOME# 978-479-9741
6. PLACE OF BIRTH: El Paso, Texas 7. DATE OF BIRTH: 11-12-1963
8. REGISTERED VOTER: YES NO 8A. WHERE ? : Tyngsboro
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: Ralph A. Rotolante 12. MOTHER'S MAIDEN NAME: Bombach

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 X NO (MUST CHECK EITHER YES OR NO)

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

NONE

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

7.5 years in the liquor industry

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

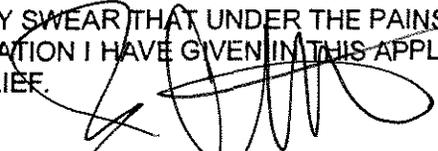
IF YES, PLEASE DESCRIBE: Owner in this license, manager for Wine-Cask Cellars and Wine-Cask Imports

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

100 Powdermill Road, Acton, MA 01720
11/97 - present, General Manager Wine-Cask Cellars & Wine-Cask Imports,
702 Carmony Avenue, Albuquerque, NM
11/93 - 11/97, National Electric Supply, Office Manager,

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

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: 
PROPOSED MANAGER SIGNATURE
Regina F. Rotolante

3/16/05
DATE

WEST ACTON MARKET, INC.

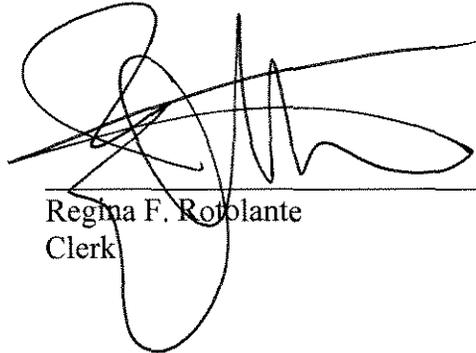
March 8, 2005

At a meeting of the Board of Directors of West Acton Market, Inc., held on March 8, 2005, it was duly voted that the Corporation apply to the Licensing Board for the Town of Acton for a Beer and Wine Retail Package Store License for the year 2005, to be exercised on the premises located at 586 Massachusetts Avenue, Acton, Massachusetts 01720.

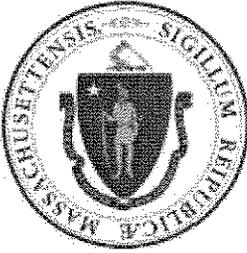
"VOTED: To authorize Regina F. Rotolante to sign the application for the license in the name of West Acton Market, Inc., and to execute on its behalf any necessary papers, and to do all things required relative to the granting of the license."

"VOTED: To appoint Regina F. Rotolante of Tyngsboro, Massachusetts as its manager, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G. L."

A TRUE COPY ATTEST



Regina F. Rotolante
Clerk



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512
 Telephone: (617) 727-9640

Articles of Organization

(General Laws, Chapter 156D)

Federal Employer Identification Number: 000888386 (must be 9 digits)

ARTICLE I

The exact name of the corporation is:

WEST ACTON MARKET, INC.

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. If you wish to specify more limited purposes, state them below:

ARTICLE III

State the total number of shares and par value, if any, of each class of stock which the business entity is authorized to issue:

| 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 | |
| CNP | \$0.00000 | 20,000 | \$0.00 | 100 |

ARTICLE IV

Prior to the issuance of shares of any class or series, the articles of organization must set forth the preferences, limitations and relative rights of that class or series. The articles may also limit the type or specify the minimum amount of consideration for which shares of any class or series may be issued. Please set forth the preferences, limitations and relative rights of each class or series and, if desired, the required type and minimum amount of consideration to be received.

N/A

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of any class or series of stock are:

N/A

ARTICLE VI

Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the business entity, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the business entity, or of its directors or stockholders, or of any class of stockholders:

N/A

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

ARTICLE VII

Unless otherwise provided in the articles of organization, the effective date of organization of the corporation is the date 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 and the name of the registered agent at the registered office:

Name: REGINA F. ROTOLANTE
No. and Street: 25 CENTERCREST DR.
City or Town: TYNGSBORO State: MA Zip: 01879 Country: USA

c. The names and addresses of the individuals who will serve as the directors, president, treasurer and secretary of the corporation:

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code |
|--------------|---|--|
| PRESIDENT | REGINA F. ROTOLANTE | 25 CENTERCREST DR. TYNGSBORO, MA 01879 USA |
| TREASURER | REGINA F. ROTOLANTE | 25 CENTERCREST DR. TYNGSBORO, MA 01879 USA |
| SECRETARY | REGINA F. ROTOLANTE | 25 CENTERCREST DR. TYNGSBORO, MA 01879 USA |
| DIRECTOR | REGINA F. ROTOLANTE | 25 CENTERCREST DR. TYNGSBORO, MA 01879 USA |

d. The fiscal year (i.e., tax year) of the business entity shall end on the last day of the month of:
December

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

RETAIL CONVENIENCE STORE WITH BEER AND WINE

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

No. and Street: 25 CENTERCREST DR.
City or Town: TYNGSBORO State: MA Zip: 01879 Country: USA

g. The records of the corporation required to be kept in the commonwealth will be kept at (*post office*)

boxes are not acceptable):

No. and Street: 25 CENTERCREST DR.

City or Town: TYNGSBORO

State: MA

Zip: 01879

Country: USA

which is

its principal office

an office of its transfer agent

its secretary/assistant secretary

its registered agent

IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address(es) are beneath each signature do hereby associate with the intention of forming this business entity under the provisions of General Law, Chapter 156D and do hereby sign these Articles of Organization as incorporator(s) this 14 Day of February, 2005 at 6:40:31 PM. (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.)

REGINA F. ROTOLANTE

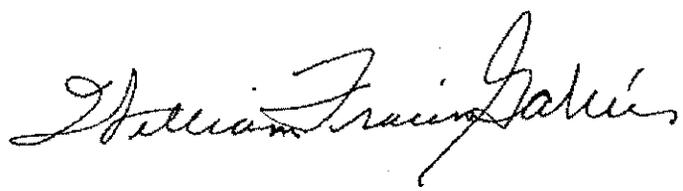
25 CENTERCREST DR.

TYNGSBORO, MA 01879

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:
February 15, 2005 11:24 AM



WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

