

**TOWN OF NORTHBRIDGE  
BOARD OF SELECTMEN'S MEETING  
NORTHBRIDGE TOWN HALL  
7 MAIN STREET - WHITINSVILLE, MA 01588  
January 8, 2024 at 6:30 PM**

RECEIVED  
24 JAN --4 PM 3:35  
NORTHBRIDGE TOWN CLERK  
EMMA E. SYMIER

**EXECUTIVE SESSION 6:30 PM**

**PLEDGE OF ALLEGIANCE**

**I. APPROVAL OF MINUTES**

**II. PUBLIC HEARING**

**III. APPOINTMENTS:**

A. Nancy Hill, Council on Aging / Present: Kelly Bol, COA Director and Jean Mistretta, COA Chair

**IV. CITIZENS' COMMENTS/INPUT**

**V. DECISIONS**

B. Whitinsville Golf Club, 179 Fletcher Street, Whitinsville, MA/ Application for a Change of Officers  
**Present:** Kimberly Martin, General Manager

**VI. DISCUSSIONS**

**VII. TOWN MANAGER'S REPORT**

**VIII. SELECTMEN'S CONCERNS**

**IX. ITEMS FOR FUTURE AGENDA**

**X. CORRESPONDENCE**

**XI. EXECUTIVE SESSION: 6:30 PM**

Executive Session under MGL Chapter 30A, section 21(a)(3) for the following purpose: To discuss strategy with respect to litigation, Whitinsville Water Company rate increase petition to the Department of Public Utilities, DPU no. 23-64.

Town Clerk: 2 Hard copies

Web: Post time-stamped copy

THIS AGENDA IS SUBJECT TO CHANGE

A.

TOWN OF NORTHBRIDGE

20 Highland Street  
Whitinsville, MA 01588



Phone: 508.234.2002  
Fax: 508.234.0804

WWW.NORTHBRIDGEMASS.ORG/COUNCIL-ON-AGING

December 19, 2023

Northbridge Board of Selectmen  
C/o Adam Gaudette, Town Manager  
7 Main Street  
Whitinsville, MA 01588

Dear Mr. Gaudette and Board of Selectmen:

The Northbridge Council on Aging met for their regular meeting on December 12, 2023, to recommend the following:

- 1) The COA Board recommends appointment of Nancy Hill to fill one of the two vacant openings.

We appreciate your consideration and will be available to attend a Board of Selectmen Meeting at your request.

Sincerely,

*Kelly Bol*

Kelly Bol, Director

*Jean Mistretta*

Jean Mistretta, COA Chairman



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission

For Reconsideration

B.

LICENSING AUTHORITY CERTIFICATION

Northbridge

City /Town

00003-CL-0904

ABCC License Number

TRANSACTION TYPE (Please check all relevant transactions):

The license applicant petitions the Licensing Authorities to approve the following transactions:

- New License
- Change of Location
- Change of Class (i.e. Annual / Seasonal)
- Change Corporate Structure (i.e. Corp / LLC)
- Transfer of License
- Alteration of Licensed Premises
- Change of License Type (i.e. club / restaurant)
- Pledge of Collateral (i.e. License/Stock)
- Change of Manager
- Change Corporate Name
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Management/Operating Agreement
- Change of Officers/Directors/LLC Managers
- Change of Ownership Interest (LLC Members/ LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Change of Hours
- Other
- Change of DBA

APPLICANT INFORMATION

Name of Licensee  DBA

Street Address  Zip Code

Manager

Granted under Special Legislation? Yes  No

If Yes, Chapter

of the Acts of (year)

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

DESCRIPTION OF PREMISES Complete description of the licensed premises

CLUBHOUSE: One floor with four rooms, cellar for lockers. One front, two side, one rear, and one basement entrance. GROUNDS: Premises to include the area containing holes 1-7 on the north side of Fletcher St. and holes 8-9 on the south side of Fletcher St. as shown on the plan attached hereto as Exhibit #1 to be sold from one beverage cart. Premises does not include the maintenance barn and parking area.

LOCAL LICENSING AUTHORITY INFORMATION

Application filed with the LLA: Date  Time

Advertised Yes  No  Date Published  Publication

Abutters Notified: Yes  No  Date of Notice

Date APPROVED by LLA  Decision of the LLA

Additional remarks or conditions (E.g. Days and hours)

For Transfers ONLY:  
Seller License Number:  Seller Name:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission  
Ralph Sacramone  
Executive Director

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment Confirmation

### YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email and via text message.



Transaction Processed Successfully.

INVOICE #: 386a499d-63b1-4eb4-8b1c-838f7319f083

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00003-CL-0904	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: \$4.70

Date Paid: 12/29/2023 10:25:21 AM EDT

Total Amount Paid: \$204.70

#### Payment On Behalf Of

License Number or Business Name:  
00003-CL-0904

Fee Type:  
FILING FEES-RETAIL

#### Billing Information

First Name:  
Kimberly

Last Name:  
Martin

Address:  
179 Fletcher St

City:  
Whitinsville

State:  
MA

Zip Code:  
01588

Email Address:  
kim@whitinsvillegolf.com



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM**

**APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> New License  | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                                      | <input type="checkbox"/> Alteration of Licensed Premises  | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input type="checkbox"/> Change of Manager  | <input type="checkbox"/> Change Corporate Name  | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input checked="" type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|   | <input type="checkbox"/> Other <input type="text"/>   |   | <input type="checkbox"/> Change of DBA                                |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

**Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3  
 Chelsea, MA 02150-2358**



Commonwealth of Massachusetts  
Department of Revenue  
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L1544443680  
Notice Date: November 16, 2023  
Case ID: 0-002-247-008



## CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



WHITINSVILLE GOLF CLUB THE  
PO BOX 128  
WHITINSVILLE MA 01588-0128



### *Why did I receive this notice?*

The Commissioner of Revenue certifies that, as of the date of this certificate, WHITINSVILLE GOLF CLUB THE is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

**This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.**

### *What if I have questions?*

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

### *Visit us online!*

Visit [mass.gov/dor](http://mass.gov/dor) to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief  
Collections Bureau



**Certificate of Compliance**

WHITINSVILLE GOLF CLUB  
PO BOX 128  
WHITINSVILLE MA 01588-0128

Date: January 3, 2024  
Letter ID: L0001319909  
Employer ID (FEIN): XX-XXX9540

Certificate ID: L0001319909

The Department of Unemployment Assistance certifies that as of 02-Jan-2024, WHITINSVILLE GOLF CLUB is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.

Sincerely,

Katie Dishnica, Director  
Department of Unemployment Assistance

**Questions?**  
Revenue Enforcement Unit  
Department of Unemployment Assistance  
Email us: [Revenue.Enforcement@detma.org](mailto:Revenue.Enforcement@detma.org)  
Call us: (617) 626-5750



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**APPLICATION FOR AMENDMENT**  
**-Change of Officers, Stock or Ownership Interest**

**Change of Officers/ Directors/LLC Managers**     **Change of Stock Interest**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

(e.g. New Stockholders or Transfer or Issuance of Stock)

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Business Structure Documents
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

**Change of Ownership Interest**

(e.g. LLC Members, LLP Partners, Trustees etc.)

- Payment Receipt
- Monetary Transmittal
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

**Non-Profit Club Change of Officers/ Directors**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Business Structure Documents -**Articles of Organization** from the Secretary of the Commonwealth

**Management Agreement**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Vote of Entity
- Management Agreement

*\*If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Whitinsville Golf Club	Town of Northbridge	00003-CL-0904

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Non-Profit Club: Change of Officers/Directors

**APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Kimberly Martin	General Manager	kim@whitinsvillegolf.com	508-234-6210 x4



# APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

## 2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises(Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	
<b>Edward Zywien</b>	Goldwaite Rd Whitinsville Ma 01588	
Title and or Position	Percentage of Ownership	Director/ LLC Manage
President	n/a	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	
<b>Peter Castellanos</b>	Rolloing Meadow Dr Holliston Ma 01746	
Title and or Position	Percentage of Ownership	Director/ LLC Manage
Vice President	n/a	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	
<b>Andrew Harris</b>	Country Rd Holliston Ma 01746	
Title and or Position	Percentage of Ownership	Director/ LLC Manage
Treasurer	n/a	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	
<b>Richard Ceruti</b>	Rose Ave Northbridge Ma 01588	
Title and or Position	Percentage of Ownership	Director/ LLC Manage
Clerk	n/a	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	
<b>Thomas Hoffer</b>	Primo Dr Riverside RI	
Title and or Position	Percentage of Ownership	Director/ LLC Manage
Director	n/a	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	
<b>John Polucha</b>	Maple St Manchaug Ma 01526	
Title and or Position	Percentage of Ownership	Director/ LLC Manage
Director	n/a	<input checked="" type="radio"/> Yes <input type="radio"/> No

Additional pages attached?  Yes  No

### CRIMINAL HISTORY

Has any individual listed in question 2, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

### MANAGEMENT AGREEMENT

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

Yes  No

## 2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST(Continued...)

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)
<b>Whitinsville Golf Club</b>	NA

Name of Principal	Residential Address
<b>Chad Bristol</b>	Wilson Rd Millbury Ma 01527

Title and or Position	Percentage of Ownership	Director
Director	n/a	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address
<b>Maureen Hughes</b>	Kelly Rd Northbridge Ma 01588

Title and or Position	Percentage of Ownership	Director
Director	n/a	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address
<b>William Himebaugh</b>	Colicum Dr Charlton Ma 01507

Title and or Position	Percentage of Ownership	Director
Director	n/a	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address

Title and or Position	Percentage of Ownership	Director
		<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address

Title and or Position	Percentage of Ownership	Director
		<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?  
If yes, attach an affidavit providing the details of any and all convictions.

<input type="radio"/> Yes <input checked="" type="radio"/> No
---

## APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

### **3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST**

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Edward Zywiec	President	n/a
Name of Principal	Title/Position	Percentage of Ownership
Peter Castellanos	Vice President	n/a
Name of Principal	Title/Position	Percentage of Ownership
Andrew Harris	Treasurer	n/a
Name of Principal	Title/Position	Percentage of Ownership
Richard Ceruti	Clerk	n/a
Name of Principal	Title/Position	Percentage of Ownership
Thomas Hoffer	Director	n/a
Name of Principal	Title/Position	Percentage of Ownership
John Polucha	Director	n/a

### **4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Does any individual or entity identified in question 2, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

### **5. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified identified in question 2, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

### **6. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question 4 or 5 ever been suspended, revoked or cancelled?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

**3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST (Con't)**

<i>Name of Principal</i>	<i>Title/Position</i>	<i>Percentage of Ownership</i>
Chad Bristol	Director	n/a
Maureen Hughes	Director	n/a
William Himebaugh	Director	n/a

**7. FINANCIAL DISCLOSURE**

Associated Cost(s): (E.g. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):”

Associated Cost(s):

**SOURCE OF CASH CONTRIBUTION**

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
<b>Total</b>	

**SOURCE OF FINANCING**

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

**FINANCIAL INFORMATION**

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

## **ADDITIONAL INFORMATION**

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

## APPLICANT'S STATEMENT

I, Edward Zywiec the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

of Whitinsville Golf Club  
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: 

Date: 11/27/2023

Title: President

**ENTITY VOTE**

The Board of Directors or LLC Managers of   
Entity Name

duly voted to apply to the Licensing Authority of  and the  
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on   
Date of Meeting

For the following transactions (Check all that apply):

- Change of Officers/Directors/LLC Manager
- Change of Ownership Interest (LLC Members, LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Management/Operating Agreement
- Other

“VOTED: To authorize   
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted.”

A true copy attest,

  
\_\_\_\_\_  
Corporate Officer / LLC Manager Signature

Edward Zywiec  
(Print Name)

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporation Clerk's Signature

\_\_\_\_\_  
(Print Name)



**The Commonwealth of Massachusetts, William Francis Galvin  
Corporations Division**

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

**Certificate of Change of Directors or Officers**

(General Laws, Chapter 180, Section 6D)

No Fee

Identification Number: 041969540

I,  
RICHARD CERUTI, Clerk

of WHITINSVILLE GOLF CLUB, THE

certify that pursuant to General Laws, Chapter 180, Section 6D, a change in the directors and/or the president, treasurer and/or clerk of said corporation has been made and that the name, residential street address, and expiration of term of the president, treasurer, clerk and each director are as follows:

Title	Individual Name	Address	Term expires
PRESIDENT	EDWARD ZYWIEN	GOLDWAITE RD WHITINSVILLE, MA 01588 USA	12-30-2024
TREASURER	ANDREW HARRIS	COUNTRY RD HOLLISTON, MA 01746 USA COUNTRY RD HOLLISTON, MA 01746 USA	12-01-2025
CLERK	RICHARD CERUTI	ROSE AVE NORTHBRIDGE, MA 01534 USA ROSE AVE NORTHBRIDGE, MA 01534 USA	12-01-2025
VICE PRESIDENT	PETER CASTELLANOS	ROLLING MEADOW DR. HOLLISTON, MA 01746 USA	12-30-2024
DIRECTOR	MAUREEN HUGHES	KELLY RD NORTHBRIDGE, MA 01534 USA KELLY RD NORTHBRIDGE, MA 01534 USA	12-01-2024
DIRECTOR	WILLIAM HIMEBAUGH	COLCIUM DRIVE CHARLTON, MA 01507 USA COLCIUM DRIVE CHARLTON, MA 01507 USA	12-01-2024
DIRECTOR	CHAD BRISTOL	WILSON RD MILLBURY, MA 01527 USA WILSON RD MILLBURY, MA 01527 USA	12-01-2024
DIRECTOR	JOHN POLUCHA	PO BOX 460 MANCHAUG, MA 01526 USA MAPLE ST MANCHAUG, MA 01526 USA	12-01-2024
DIRECTOR	THOMAS HOFFER	PRIMROSE DR RIVERSIDE, RI 02915 USA	12-30-2025

SIGNED UNDER THE PENALTIES OF PERJURY, this 28 Day of November, 2023,

RICHARD CERUTI

, Signature of Clerk/Assistant Clerk

The Commonwealth of Massachusetts

DEPARTMENT OF CORPORATIONS AND TAXATION.

We, **Ralph E. Lincoln** President, **Edward S. Alden, Jr.** Treasurer,  
**Robert G. McKaig** Secretary, and  
**William O. Aldrich**  
**William H. Koch**

being a majority of the ~~directors~~ Board of Governors (having the powers of directors), of

THE WHITINSVILLE GOLF CLUB,

in compliance with the requirements of section seven of chapter one hundred and eighty of the General Laws, do hereby certify that the following is a true copy of the agreement of association to form said Corporation, with the names of the subscribers thereto:—

We, whose names are hereunto subscribed, do, by this agreement, associate ourselves with the intention to form a corporation according to the provisions of chapter one hundred and eighty of the General Laws, and the Acts in amendment thereof and in addition thereto.

The name by which the Corporation shall be known is

THE WHITINSVILLE GOLF CLUB.

The Corporation is formed for the purpose of encouraging athletic exercise and outdoor sports, and maintaining places for reading-rooms and social meetings.

The place within which the Corporation is established or located is the in that part of the  
Town of Northbridge, Worcester County, called Whitinsville,  
within said Commonwealth.

The amount of its capital stock, if any, is: None. dollars.  
The par value of its shares is: None. dollars.  
The number of its shares is: None.

(If seven days' notice is waived, use the following form.)

We hereby waive all requirements of the general laws of Massachusetts of the first meeting  
for organization, and appoint the first day of April, 1925,  
at 8.00 o'clock P. M., at Whitinsville, Mass. as the  
time and place of holding said first meeting.

In WITNESS WHEREOF, we have hereunto set our hands this first day of  
April in the year nineteen hundred and twenty-five.

NAME	RESIDENCE	AMOUNT OF STOCK SUBSCRIBED FOR
<i>John A. Russell</i>	<i>Whitinsville, Mass.</i>	<i>None</i>
<i>Frank J. Johnson</i>	<i>" "</i>	
<i>Ralph E. Lincoln</i>	<i>" "</i>	
<i>William O. Aldrich</i>	<i>Worcester</i>	
<i>Charles W. Linn</i>	<i>Whitinsville</i>	
<i>Sydney R. Mason</i>	<i>" "</i>	
<i>W. H. Koch</i>	<i>" "</i>	

Proper First Name should be Written in Full  
Initials and abbreviations are not sufficient.

{Whitinsville Golf Club)  
{4-17-25}

That the first meeting of the subscribers to said agreement was held on the first day of April in the year nineteen hundred and twenty-five.

(If the corporation has a capital stock fill in the following:)

That the amount of capital stock now to be issued is None.

shares of preferred stock,

shares of common stock,

to be paid for as follows: —

AMOUNT AND CLASS OF STOCK ISSUED.

	SHARES PREFERRED	SHARES COMMON
<b>IN CASH:</b>		
In full .....	None	None
By instalments .....		
Amount of instalments to be paid before commencing business .....		
<b>IN PROPERTY:</b>		
Real estate: .....		
Location: .....		
Area: .....		
<b>Personal Property:</b>		
Machinery .....		
Merchandise .....		
Accounts receivable .....		
Bonds and securities .....		
Patent rights .....		
Trade marks .....		
Copyrights .....		
Goodwill .....		
Services .....		
Other .....		

Leave This Space For Binding

[State clearly the nature of such services or expenses and the amount of stock to be issued therefor.]

The name, residence and post-office address of each of the officers are as follows:—

NAME OF OFFICE.	NAME.	RESIDENCE.	POST-OFFICE ADDRESS.
President,	Ralph E. Lincoln,	121 Hill St.,	Whitinsville, Mass.
Treasurer,	Edward S. Alden, Jr.,	16 Linden St.,	Whitinsville, Mass.
Clk. (or secretary),	Robert G. McKaig,	103 Hill St.,	Whitinsville, Mass.
Directors (or officers having the powers of directors),			
	Ralph E. Lincoln		
	Edward S. Alden, Jr.		
	Robert G. McKaig		
	William O. Aldrich		
	William H. Hoch		

IN WITNESS WHEREOF, we have hereunto signed our names, this first day of April in the year nineteen hundred and twenty-five.

*Ralph E. Lincoln*  
*Edward S. Alden Jr*  
*Robert G. McKaig*  
*William O. Aldrich*  
*William H. Hoch*

THE COMMONWEALTH OF MASSACHUSETTS.

Worcester Co., ss. Whitinsville, Mass., April 1, 1925.

Then personally appeared the above-named Ralph E. Lincoln, Edward S. Alden, Jr., Robert G. McKaig, William O. Aldrich, William H. Hoch

and severally made oath that the foregoing certificate, by them subscribed, is true to the best of their knowledge and belief.

before me,

*Arthur Hayes*

Notary Public.  
~~Justice of the Peace.~~

My Commission expires *March 19 1926*

(Whitinsville Golf Club)  
(4-17-25)

RECEIVED

1925

INTERNATIONAL LAWSON  
SECRETARY'S OFFICE

ORGANIZATION FOR GRADUATES AND GENERALS  
OF THE ARMY

WHITINSVILLE GOLF CLUB, TENN

Five \$5.00 p.s.

Certificate of Organization

[FULL FORM]

General Laws, Chap. 180, Sect. 1

Filed in the office of the Secretary of the Com-  
monwealth, Apr. 17, 1925.

I hereby certify that it appears, upon an examination  
of the within written certificate and the records of the  
corporation duly submitted to my inspection, that the re-  
quirements of sections one, two and three of chapter one  
hundred and eighty, section nine of one hundred eighty-  
one and sections six, eight, nine, ten, eleven, and twelve  
of chapter one hundred eighty-six of General Laws have  
been complied with, and I hereby approve and re-  
cognize, this 8th day of  
April, 1925.

SPRINGFIELD, MASS.

APR 8 1925

GENERAL

Charter to be sent to P. Quinn

Richard H. Bates

RECORDED  
APR 15 1925  
WITH F