

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1900009423

**Entity Name:** COLUMBIA CARE LLC

**Current Principal Place of Business:**

321 BILLERICA RD, STE 204  
CHELMSFORD, MA 01824

**Current Mailing Address:**

321 BILLERICA RD, STE 204  
CHELMSFORD, MA 01824 US

**FEI Number:** 46-4091856

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**6437504223CC**

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VC, CEO  
Name VITA, NICHOLAS  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

Title CHAIRMAN  
Name ABBOTT, MICHAEL  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

Title CHIEF SCIENTIFIC OFFICER  
Name MAZANET, ROSEMARY  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

Title COO  
Name HART, DAVID  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

Title CHIEF PEOPLE & ADMINISTRATIVE OFFICER  
Name OLSON, BRYAN  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

Title CFO  
Name WATSON, DEREK  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

Title CHIEF DATA OFFICER  
Name HUSSUSSIAN, GUY  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

Title CHIEF GROWTH OFFICER  
Name CHANNON, JESSE  
Address 321 BILLERICA RD, STE 204  
City-State-Zip: CHELMSFORD MA 01824

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS VITA

**CHIEF EXECUTIVE OFFICER**

**04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date