

Accelerated Sales Tax Exemption Program (A-STEP) Application

Applicant Name: Chelsea Pediatric Dentistry LLC PLLC

Name of operating company (if different from Applicant):

Phone Number: 212-243-5437

Address: 45-45 21st St LIC NY 11101

Borough/Block/Lot: Queens/76/1 Website Address: www.ChelseaPediatricDentistry.com

EIN #: [REDACTED] NAICS Code: 621210

State and date of incorporation or formation: NY 9/25/15 Qualified to conduct business in NY? Yes No

Nature of the business: Industrial/Manufacturing Advanced Manufacturing Retail Office/Professional Services
 Other, please explain:

Company (including affiliated companies) has received NYCIDA benefits within the past 5 years? No Yes, please provide affiliate name:

Applicant is (check one of the following, as applicable):

General Partnership Limited Partnership C Corporation Other: _____

Limited Liability Company Natural Person S Corporation

Principals of Applicant (Note: Please include all "Principals" as such term is defined in the Certifications Section below)

| Name of Principal | Title or State of Formation | Address | Voting Interest in Applicant | Ownership Interest in Applicant | Date of Birth or Formation | SS# or EIN# |
|------------------------|-----------------------------|--|------------------------------|---------------------------------|----------------------------|-------------|
| <u>Loren Buonocore</u> | <u>Copresident</u> | <u>205 3rd Ave 17A New York NY 10003</u> | <u>50%</u> | <u>50%</u> | | [REDACTED] |
| <u>Natasha Larson</u> | <u>Co-president</u> | <u>216 50th Ave LIC NY NY 11101</u> | <u>50%</u> | <u>50%</u> | | [REDACTED] |
| | | | <u>%</u> | <u>%</u> | | |

Project Location Detail

Borough/Block/Lot: Queens/76/1 Street address and zip code: 45-45 21st Street LIC, NY 11101

Square footage of existing building: 6,739 Square footage of land: 2,250 sf

Applicant or a Principal is the fee simple owner of the Project Location

Applicant or a Principal leases the Project Location

Intended use(s) of site (check all that apply):

Retail Grocery Retail Manufacturing/Industrial Commercial/Other (please explain)

Is there any improved space which is currently occupied by existing subtenant(s) (whether a Principal or otherwise)? Yes No

Will any improved space be occupied by subtenant(s) (whether a Principal or otherwise)? Yes No

If yes to either, please attach a separate page and provide details such as (1) name of subtenant business(es) (whether Principals or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.

Applicant Contact Information

| | Name/Title | Company | Address | Email | Phone |
|-------------------|--|-------------------------------|--|----------------------------------|-----------------------|
| Applicant Contact | <u>Loren Buonocore</u> <i>Co-pres</i> | <u>Chelsea Pediatric Dent</u> | <u>200 West 26th St New York 10001</u> | <u>lorloren@nashua@gmail.com</u> | <u>212-243-5437</u> |
| Attorney | <u>Eric Roumis</u> | | <u>453 2nd Ave, NY NY</u> | <u>Eric.Roumis@aol.com</u> | <u>(347) 221-1081</u> |
| Accountant | <u>Howard Kaplan</u> | <u>Neuman</u> | <u>275 Madison Ave 10017 NY NY 10017</u> | <u>howard@knsjtaxprep.com</u> | <u>(212) 327-0103</u> |
| Consultant/Other | | | | | |

Project Description

1. Please describe your equipment purchase, renovation or construction project. If needed, attach a separate sheet of paper.

New pediatric dentist office - 4 dental chairs - gut renovation *see attached*

2. Using the table below, please provide an estimated budget in connection with your equipment purchase, construction or renovation project.

| Type of Expense | Estimated Cost (\$) | Financing Sources and Amount/Source |
|---|---------------------|-------------------------------------|
| New construction or improvements | | |
| Rehabilitation or repair <i>internet, phone, alarm low voltage wiring</i> | | |
| Machinery, Furnishings and/or Equipment | | |
| Fees (explain): <i>Legal</i> | | |
| Other (explain) <i>computerst software</i> | | |
| Total Costs | | |

Contractor Information (if applicable)

Do you anticipate using a contractor to make purchases of material or equipment for your project rather than you making those purchases directly? If so, please provide the following information.

| | |
|--|--|
| Contractor: <i>Vino Construction Inc</i> | |
| Contractor Office Address: <i>199 Highlawn Ave Brooklyn NY 11223</i> | |
| Contractor EIN #: <i>262311753</i> | |
| Contractor Contact Person: <i>Eddie</i> | Contractor Contact Phone Number: <i>(718) 336-8008</i> |

Financial History

- Has Applicant, or any Principal, or any existing or proposed occupant at the Project Location(s), obtained within the last five (5) years, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the New York City Industrial Development Agency (the "Agency") and/or other Public Entities?
 - Yes No If Yes, please provide details on an attached sheet.
- Has Applicant, or any Principal, ever defaulted on a loan or other obligation to a Public Entity?
 - Yes No If Yes, please provide details on an attached sheet.
- Has Applicant, or any Principal, failed to file any required tax returns as and when required with appropriate governmental authorities?
 - Yes No If Yes, please provide details on an attached sheet.

Employment Information

For all responses below, please note that part-time employees work an average of between 17.5 and 35 hours per week, and full-time employees work 35 hours or more per week. Hourly wages should represent the pay rate and are exclusive of overtime. For any salaried employees, please divide the annual salary by 1,820 (working hours per year) to produce an hourly wage. Wage information should exclude principals

- Number of Employees Applicant employed throughout New York City as of the last pay period:
Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week):
- If Applicant currently occupies and operates at the Project Location, how many Full- and Part-time Employees are employed at Project Location? Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week): *n/a*
- How many Full- and Part-time Employees will be employed at Project Location upon project completion?
Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week):

Wage Information

The questions in this section apply only to **Permanent Employees** employed or to be employed at the Project Location. Please note this information is required to be provided to the Agency on an annual basis.

1. Regarding employment if Applicant currently occupies and operates at the Project Location *n/a*

Average hourly wage per part-time employee:

Average hourly wage per full-time employee:

Hourly wage of highest compensated part-time employee:

Hourly wage of highest compensated full-time employee:

Hourly wage of lowest compensated part-time employee:

Hourly wage of lowest compensated full-time employee:

2. Regarding employment at the Project Location upon completion of the proposed project

Average hourly wage per part-time employee: *\$28.00/hour*

Average hourly wage per full-time employee: *\$20.00/hour*

Hourly wage of highest compensated part-time employee: *\$42.00/hour*

Hourly wage of highest compensated full-time employee: *\$25.00/hour*

Hourly wage of lowest compensated part-time employee: *\$11.00/hour*

Hourly wage of lowest compensated full-time employee: *\$15.00/hour*

3. Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer-contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc. *All permanent employees will receive on-the-job training, paid CE courses and associated meds + travel. After one year of full-time employment, they will also receive monthly metro card, gym membership and opportunity to participate in group healthcare + IRA funding.*

Labor

If none of the following questions apply to the Applicant or any Principal which is an entity, answer "NO"; but, for any question that does apply, be sure to specify to which of the Applicant or Principal(s) the answer is relevant.

1. Has the Applicant or any of its Principals during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, or received federal and/or state unfair labor practices complaints, or any other complaints alleging discrimination in the general treatment of employees?

Yes No

If Yes, please explain on an attached sheet

2. Are all employees of the Applicant and each of its Principals permitted to work in the United States?

Yes No

If No, please provide details on an attached sheet.

3. Has any local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of the Applicant or any of its Principals or audited the payroll records of the Applicant or any of its Principals during the current or preceding three year calendar years?

Yes No

If "Yes," please use an attached sheet to briefly elaborate upon such inspection or audit.

Environmental Issues

An essential component of this Application is the Environmental Assessment Form, the form of which has been provided to you. Please complete the appropriate sections of the Environmental Assessment Form and return to the Agency along with the rest of your application materials.

Certifications

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant, hereby request, represent, certify, understand, acknowledge and agree as follows:

The Applicant and the Principals of the Applicant ("Principals" as such term is used in this Application is defined as the most senior three officers of Applicant, any person or entity with a ten percent (10%) or greater ownership interest in the Applicant, and any person or entity as shall have the power to control, whether through ownership, voting control or otherwise, the Applicant, or any person or entity that directly or indirectly controls, is controlled by, or is under common control with the Applicant):

1. are not in default or in breach, beyond any applicable grace period, of its obligations under any written agreement with the Agency, New York City Economic Development Corporation ("NYCEDC") or the City, unless such default or breach has been waived in writing by the Agency, NYCEDC or the City, as the case may be;
2. have not been convicted of a misdemeanor related to truthfulness and/or business conduct in the past five (5) years;
3. have not been convicted of a felony in the past ten (10) years;
4. have not received formal written notice from a federal, state or local governmental agency or body that such Person is currently under investigation for a felony criminal offense; or
5. have not received written notice of default in the payment to the City of any taxes, sewer rents or water charges, which have not been paid, unless such default is currently being contested with due diligence in proceedings in court or other appropriate forum.

I request that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the Agency, in order to obtain from the Agency an approval to provide the benefits requested herein for the Project. I represent that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant.

I certify to the best of my knowledge and belief, after due investigation, the information contained in these Application Materials is accurate, true and correct and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Agency to reject the request made in the Application Materials. I understand and consent to the following: that Applicant and Principals will be subject to a background check (including an Experian credit check) and actual or proposed subtenants may be subject to a background check, and if such background check performed by the Agency with respect to Applicant or any Principals reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that under the New York State Freedom of Information Law ("FOIL"), the Agency may be required to disclose the Application Materials and the information contained therein.

I further understand and agree as follows:

That notwithstanding submission of this Application, the Agency shall be under no obligation to approve the requested benefits.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense.

That the Applicant hereby releases the Agency, NYCEDC, and the directors, officers, employees and agents of each (collectively, the "Indemnitees") from all claims that Applicant has or could assert and which arise out of this Application or out of any actions taken in connection with this Application or out of any other actions taken in connection with the proposed Project (collectively, the "Actions"). Applicant hereby indemnifies and holds harmless each of the Indemnitees against any claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include but not be limited to Principals.

That the Applicant DOES HEREBY CERTIFY to the Agency that the proposed project will not involve moving business operations from elsewhere in New York State (outside of New York City) to New York City.

That in the event the Agency or NYCEDC discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency and NYCEDC to make such disclosure and hereby releases the Agency and NYCEDC from any claim or action that Applicant may have or might bring against the Agency or NYCEDC, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys fees) against claims arising out of such disclosure as such claims may be made by any party including the Applicant, or any Principal, or by the officers, directors, employees and agents thereof.

I acknowledge and agree that the Agency reserves its right in its sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

I certify that, using due care, I know of no misstatement of material fact in these Application Materials and know of no material fact required to be stated in these Application Materials to make the statements made therein not misleading.

Chelsea Pediatric Dentistry LIC, PLLC

This 25th day of February, 2016
Name of Applicant: Natasha Larson
Signatory: Natasha Larson
Title of Signatory: Co-president
Signature: Natasha Larson

Certified by Preparer,
This day of , 20 .
Name of Preparer: _____
Signatory: _____
Title of Signatory: _____
Signature: _____

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

| Part 1 - Project and Sponsor Information | | | | | | | |
|--|--------------------------|--|---|----|-----|-------------------------------------|--------------------------|
| Name of Action or Project: Chelsea Pediatric Dentistry LLC PLLC | | | | | | | |
| Project Location (describe, and attach a location map): 45-45 21st Street LIC, NY 11101 | | | | | | | |
| Brief Description of Proposed Action: Build-out of empty "white box" commercial space to a 4-chair, modern pediatric dentistry clinic with latest technology in dental equipment. (see attached for additional information) | | | | | | | |
| Name of Applicant or Sponsor: Loren Buonocore | | E-Mail: llorenedr.Natasha@gmail.com | | | | | |
| Address: 205 3rd Ave #17A | | | | | | | |
| City/PO: New York NY 10003 | | State: NY | Zip Code: 10003 | | | | |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NO | YES | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NO | YES | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NO | YES | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NO | YES | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 3.a. Total acreage of the site of the proposed action? | | 0 acres | | | | | |
| b. Total acreage to be physically disturbed? | | 0 acres | | | | | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | 0 acres | | | | | |
| 4. Check all land uses that occur on, adjoining and near the proposed action. | | | | | | | |
| <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland | | | | | | | |

| | | |
|---|-------------------------------------|--------------------------|
| 18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ | NO | YES |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ | NO | YES |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ | NO | YES |
| _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE | | |
| Applicant/sponsor name: <u>Loren Buonacore</u> | Date: <u>2/25/16</u> | |
| Signature: <u>[Signature]</u> | | |

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

| | No, or small impact may occur | Moderate to large impact may occur |
|--|-------------------------------------|------------------------------------|
| 1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the proposed action result in a change in the use or intensity of use of land? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Will the proposed action impair the character or quality of the existing community? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Will the proposed action impact existing: a. public / private water supplies? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. public / private wastewater treatment utilities? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | No, or small impact may occur | Moderate to large impact may occur |
|---|-------------------------------------|------------------------------------|
| 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Will the proposed action create a hazard to environmental resources or human health? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

| | |
|--|--|
| <input type="checkbox"/> | Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required. |
| <input type="checkbox"/> | Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts. |
| _____ | _____ |
| Name of Lead Agency | Date |
| _____ | _____ |
| Print or Type Name of Responsible Officer in Lead Agency | Title of Responsible Officer |
| _____ | _____ |
| Signature of Responsible Officer in Lead Agency | Signature of Preparer (if different from Responsible Officer) |

PRINT

Doing Business Data Form

To be completed by the City Agency prior to distribution

Agency: _____ Transaction ID: _____

| | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---|--|
| Check One: | Transaction Type (check one): | | | |
| <input type="checkbox"/> Proposal | <input type="checkbox"/> Concession | <input type="checkbox"/> Contract | <input type="checkbox"/> Economic Development Agreement | |
| <input type="checkbox"/> Award | <input type="checkbox"/> Franchise | <input type="checkbox"/> Grant | <input type="checkbox"/> Pension Investment Contract | |

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: Chelsea Pediatric Dentistry LLC, PLLC
 Entity EIN/TIN: [REDACTED]

Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: Yes No

Entity Type: Corporation (any type) Joint Venture LLC Partnership (any type)
 Sole Proprietor Other (specify): _____

Address: 45-45 21st Street
 City: Long Island City State: NY Zip: 11101
 Phone: 212-243-5437 Fax: 212-243-5435
 E-mail: drlorendrnatasha@gmail.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board. This position does not exist

First Name: _____ MI: _____ Last: _____
Office Title: _____
Employer (if not employed by entity): _____
Birth Date (mm/dd/yy): _____ Home Phone #: _____
Home Address: _____
 This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer

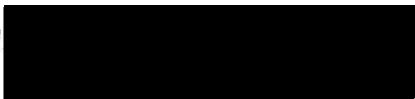
The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance. This position does not exist

First Name: _____ MI: _____ Last: _____
Office Title: _____
Employer (if not employed by entity): _____
Birth Date (mm/dd/yy): _____ Home Phone #: _____
Home Address: _____
 This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations. This position does not exist

First Name: _____ MI: _____ Last: _____
Office Title: _____
Employer (if not employed by entity): _____
Birth Date (mm/dd/yy): _____ Home Phone #: _____
Home Address: _____
 This person replaced former COO: _____ on date: _____



Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity

Principal Owners (who own or control 10% or more of the entity):

First Name: NATASHA MI: A Last: LARSON
 Office Title: CO-PRESIDENT
 Employer (if not employed by entity): Chelsea Pediatric Dentistry, PC
 Birth Date (mm/dd/yy): 06/01/82 Home Phone #: 617-913-8620
 Home Address: _____

First Name: LOREN MI: C Last: Buonocore
 Office Title: co-President
 Employer (if not employed by entity): Chelsea Pediatric Dentistry, PC
 Birth Date (mm/dd/yy): 04/06/1978 Home Phone #: 914-960-0486
 Home Address: 205 3rd Ave, Apt 17A 10003

~~First Name: _____ MI: _____ Last: _____
 Office Title: _____
 Employer (if not employed by entity): _____
 Birth Date (mm/dd/yy): _____ Home Phone #: _____
 Home Address: _____~~

Remove the following previously-reported Principal Owners:

name: _____ Removal Date: _____
 name: _____ Removal Date: _____
 name: _____ Removal Date: _____