

## APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date 8/18/14

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: ATO Associates, Inc Phone: 617-951-781

Applicant's Federal Employer Identification Number: 046188591

Applicant's Legal Name: Christopher J Valente

Applicant's Address (with Zip Code): 134 Professors Row

Mailing Name (where we should send correspondence to): K&L Gates LLP, ATO Associates, Inc c/o Christopher Valente

Mailing Address (with Zip Code): K&L Gates LLP, One Lincoln Street, Boston, MA 02111

Emergency Contact: Christopher Valente Phone: 617-951-9071

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: \_\_\_\_\_

☐ **Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ **Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ **Corporation:** Name of Corporation: ATO Associates, Inc

Name of President: Miriam Cauley

Name of Secretary: Christopher J Valente Name of Treasurer: Christopher Pellegrino

☐ **LLC:** Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: ATO Associates, Inc

Number of residents at this lodging house: 19

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: Stanley Normile Date: 8/18/14

Print Name: Stanley Normile - House Manager Phone: 781-540-9521  
ATO of Mass

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-20-14</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/19/14</u> <u>Capt. Silva</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/18/14</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/18/14</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/19/14</u> <u>[Signature]</u> Health Inspector or Designee	



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: ATO Associates, Inc

Address of taxpayer/applicant's business in Somerville: 134 Professor's Row

Address of taxpayer/applicant's home in Somerville: 134 Professor's Row

Taxpayer/applicant's phone: day: 781-367-9663 evening: same

I, (print name) Stanley Normile - House Manager ATO of Mass the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this 18 day of August, 20 14. Stanley Normile  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☒ Real Estate ☒ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 12784 # 334029001 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** Q

**ORIGINAL STAMP:**



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: ATO Associates, Inc  
Address: PO Box 2876, Sarasota, FL 34230  
City: Sarasota State: FL Zip: 34230 Phone #: 617-951-9071

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input checked="" type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.               | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Stanley Normile Date: 8/18/14  
Print Name: Stanley Normile - House Manager, ATO of Mass

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____





**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts



## Corporations Division

### Business Entity Summary

[Request certificate](#) [New search](#)

**Summary for: ALPHA TAU OMEGA ASSOCIATES, INC.**

**The exact name of the Nonprofit Corporation:** ALPHA TAU OMEGA ASSOCIATES, INC.

**Entity type:** Nonprofit Corporation

**Identification Number:** 046188591

**Old ID Number:** 000010781

**Date of Organization in Massachusetts:** 02-26-1937 **Date of Revival:** 05-24-2000

**Date of Involuntary Revocation:** 06-10-1984

**Last date certain:**

**Current Fiscal Month/Day:** /

**Previous Fiscal Month/Day:** 01/0

**The location of the Principal Office in Massachusetts:**

Address: ONE LINCOLN ST. CHRISTOPHER VALENTE, K&L GATES LLP STATE STREET FINANCIAL  
City or town, State, Zip code, BOSTON, MA 02111 USA  
Country:

**The name and address of the Resident Agent:**

Name:

Address:

City or town, State, Zip code,  
Country:

**The Officers and Directors of the Corporation:**

Title	Individual Name	Address	Term expires
PRESIDENT	MIRIAM H. GORDON	217 HOPE ST. #7 BRISTOL, RI 02809 USA	Until next annual meeting
TREASURER	CRISTOPHER PELLEGRINO	1350 MAIN ST. #1600 SARASOTA, FL 34236 USA	Until next annual meeting
CLERK	CHRISTOPHER VALENTE	25 BARRINGTON ROAD DORCHESTER, MA 02124 USA	Until next annual meeting
DIRECTOR	SARAH AFFEL	7 ARLINGTON ST. APT. 47 CAMBRIDGE, MA 02140 USA	Until next annual meeting
DIRECTOR	RAYMOND D. RADOVICH JR.	618 S POTOMAC STREET BALTIMORE, MD 21224 USA	

			Until next annual meeting
DIRECTOR	BENJAMIN MOSKOWITZ	72 BRIAR BRAE ROAD STAMFORD, CT 06903 USA	Until next annual meeting
DIRECTOR	CALVIN DEVRIES	277 GOLD ST., APT 4F BROOKLYN, NY 11201 USA	Until next annual meeting
DIRECTOR	ELLIOT BODOIN	55 GABB RD. BLOOMFIELD, CT 06002 USA	Until next annual meeting
DIRECTOR	SEAN M. GREELEY, CFA	575 SOUTH CHARLES ST., SUITE 506 BALTIMORE, MD 21201 USA	Until next annual meeting
DIRECTOR	RYAN RICHARDS	14 FRANKLIN ST. #4 CHARLESTOWN, MA 02129 USA	Until next annual meeting
DIRECTOR	REID VAN GORDER	3 TANNERY BROOK ROW, UNIT 2 SOMERVILLE, MA 02144 USA	Until next annual meeting

☐ Consent ☐ Confidential Data ☐ Merger Allowed ☐ Manufacturing

**Note: Additional information that is not available on this system is located in the Card File.**

**View filings for this business entity:**

**ALL FILINGS**

Annual Report  
Application For Revival  
Articles of Amendment  
Articles of Consolidation - Foreign and Domestic  
Articles of Consolidation - Domestic and Domestic  
Articles of Merger - Domestic and Domestic  
Articles of Merger - Foreign and Domestic  
Articles of Non-profit Conversion

[View filings](#)

**Documents or notes associated with this business entity:**

Certificate of Appointment of Resident Agent  
Certificate of Change of Address of Resident Agent  
Certificate of Change of Directors or Officers  
Certificate of Change of Fiscal Year End  
Certificate of Change of Principal Office  
Certificate of Correction  
Certificate of Resignation of Resident Agent  
Certificate of Revocation of Appointment of Resident Agent  
Dissolution by Court Order or by the SOC  
Restated Articles of Organization  
Revocation by SOC

[New search](#)