

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549
 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL	
OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

1. Issuer's Identity

<p>CIK (Filer ID Number) 0001776738</p> <p>Name of Issuer Columbia Care Inc.</p> <p>Jurisdiction of Incorporation/Organization BRITISH COLUMBIA, CANADA</p> <p>Year of Incorporation/Organization Over Five Years Ago <input checked="" type="checkbox"/> Within Last Five Years (Specify Year) 2018 <input type="checkbox"/> Yet to Be Formed</p>	<p>Previous Names None Cannacord Genuity Growth Corp.</p>	<p>Entity Type</p> <p><input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust <input type="checkbox"/> Other (Specify)</p>
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2. Principal Place of Business and Contact Information

Name of Issuer			
Columbia Care Inc.			
Street Address 1		Street Address 2	
680 FIFTH AVENUE		24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
NEW YORK	NEW YORK	10019	212-634-7100

3. Related Persons

Last Name	First Name	Middle Name
VITA	NICHOLAS	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
ABBOTT	MICHAEL	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
CLARKE	JEFF	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship:	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
HILL	JULIE	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship:	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
KENNEDY	JAMES	A.C.
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship:	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
MAY	JONATHAN	P.
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship:	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
SAVAGE	FRANK	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship:	Executive Officer X Director	Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
WORTHINGTON	ALISON	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
HART	DAVID	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: X Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
BOESGAARD	LARS	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: X Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
MAZANET	ROSEMARY	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: X Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
OLSON	BRYAN	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: X Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
HUSSUSSIAN	GUY	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: X Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
CHANNON	JESSE	

Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
SIROLLY	DAVID	
Street Address 1	Street Address 2	
680 FIFTH AVE.	24TH FLOOR	
City	State/Province/Country	ZIP/PostalCode
NEW YORK	NEW YORK	10019
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

4. Industry Group

Agriculture	Health Care	Retailing
Banking & Financial Services	Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing	Pharmaceuticals	Telecommunications
Investment Banking	X Other Health Care	Other Technology
Pooled Investment Fund	Manufacturing	Travel
Is the issuer registered as an investment company under the Investment Company Act of 1940?	Real Estate	Airlines & Airports
Yes No	Commercial	Lodging & Conventions
Other Banking & Financial Services	Construction	Tourism & Travel Services
Business Services	REITS & Finance	Other Travel
Energy	Residential	Other
Coal Mining	Other Real Estate	
Electric Utilities		
Energy Conservation		
Environmental Services		
Oil & Gas		
Other Energy		

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)
X Rule 506(b)	Section 3(c)(5)	Section 3(c)(13)
Rule 506(c)	Section 3(c)(6)	Section 3(c)(14)
Securities Act Section 4(a)(5)	Section 3(c)(7)	

7. Type of Filing

X New Notice Date of First Sale 2021-06-11 First Sale Yet to Occur
Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? X Yes No

Clarification of Response (if Necessary):

SHARES ISSUED AS CONSIDERATION IN CONNECTION WITH A MERGER WITH GREEN LEAF MEDICAL, LLC.

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient	Recipient CRD Number X None
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None

Street Address 1

Street Address 2

City	State/Province/Country	ZIP/Postal Code
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State(s) of Solicitation (select all that apply)
Check "All States" or check individual States

All States	Foreign/non-US
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13. Offering and Sales Amounts

Total Offering Amount	\$190,979,073 USD or Indefinite
Total Amount Sold	\$190,979,073 USD
Total Remaining to be Sold	\$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

DOES NOT REFLECT FINANCIAL ADVISORY FEES PAID BY GREEN LEAF MEDICAL, LLC TO INFOR FINANCIAL INC. IN CONNECTION WITH THE ISSUER'S ACQUISITION OF GREEN LEAF MEDICAL, LLC.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Columbia Care Inc.	/s/ Nicholas Vita	Nicholas Vita	Chief Executive Officer	2021-06-25

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.
