 draft version 3-15-2017

**Massachusetts Department of Public Health Determination of Need**

**Affiliated Parties**

Application Date: 3/31/2022

Application Number: 22031614-CL

**Applicant Information**

Applicant Name: Royal Nursing Center, LLC

Contact Person: Karen Koprowski

Title: Regulatory Advisor

Phone: 7742395885

E-mail: [kkoprowski@strategiccares.com](mailto:kkoprowski@strategiccares.com)

**Affiliated Parties**

1.9 Affiliated Parties: List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

| **Add/ Del Rows** | **Name (Last)** | **Name (First)** | **Mailing Address** | **City** | **State** | **Affiliation** | **Position with affiliated entity (or with Applicant)** | **Stock, shares, or partnership** | **Percent Equity (numbers only)** | **Convictions or violations** | **List other health care facilities affiliated with** | **Business relationship with Applicant** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Mamary | James | 42 Winter Street, Unit 1 | Pembroke | MA | Owner | Owner | Partnership | 50% | No | [blank] | Yes |
| +/- | Mamary | Mary Catherine | 42 Winter Street, Unit 1 | Pembroke | MA | Owner | Onr | Partnership | 50% | No | [blank] | Yes |

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