r

 draft version 3-15-2017

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

**Affiliated Parties**

Application Date: 3/30/2022

Application Number: 22032813-CL

**Applicant Information**

Applicant Name: Long Term Centers of Lexington, Inc.

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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Woods | Thomas | 30 Watertown Street | Lexington | MA | President | [blank] | Partnership | 70% | No | Long Term Centers Group | Yes |
| +/- | Sweeney | Matthew | 30 Watertown Street | Lexington | MA | COO | [blank] | Partnership | 15% | No | Long Term Centers Group | Yes |
| +/- | Harrington | John | 30 Watertown Street | Lexington | MA | CFO | [blank] | Partnership | 15% | No | Long Term Centers Group |  |

**Document Ready for Filing**

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.

Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page. To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file? unchecked

Date/time Stamp: [blank]

E-mail submission to Determination of Need