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 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

**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 |  |

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