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 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 10/21/2022

Application Number: NONE-22091314-CL

**Applicant Information**

Applicant Name: Royal Wayland Nursing Home LLC

Contact Person: Scott Plumb

Title: Consultant

Phone: 6174480429

E-mail: [splumb5583@aol.com](mailto:splumb5583@aol.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,SR | James | 42 Winter Street, Unit 1 | Pembroke | MA | Owner | Owner | Partnership | 50% | No |  | Yes |
| +/- | Mamary | Jonathan | 42 Winter Street, Unit 1 | Pembroke | MA | Owner | Owner | Partnership | 25% | No |  | Yes |
| +/- | Mamary,JR | James | 42 Winter Street, Unit 1 | Pembroke | MA | Owner | Owner | Partnership | 25% | No |  | Yes |
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