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 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 6/24/2024

Application Number: WE-24062414-AS

**Applicant Information**

Applicant Name: WEYMOUTH ENDOSCOPY LLC

Contact Person: Jennifer Gallop, Esquire

Title: Attorney

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**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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | BOLDUC | GREGORY | 1085 MAIN STREET | SOUTH WEYMOUTH | MA | OFFICER | MEDICAL DIRECTOR; MEMBER  OF BOARD OF DIRECTORS | Partnership | 16.67% | No | SOUTH SHORE HOSPITAL | Yes |
| +/- | GILL | BRIAN | 1085 MAIN STREET | SOUTH WEYMOUTH | MA | OFFICER | MEMEBER BOARD OF  DIRECTORS | Partnership | 16.67% | No | SOUTH SHORE HOSPITAL | Yes |
| +/- | KENNEY | CHRISTOPHER | 1085 MAIN STREEY | SOUTH WEYMOUTH | MA | OFFICER | MEMBER BOARD OF  DIRECTORS | Partnership | 16.67% | No | SOUTH SHORE HOSPITAL | Yes |
| +/- | KENNEY | THOMAS | 1085 MAIN STREET | SOUTH WEYMOUTH | MA | OFFICER | MEMBER BOARD OF  DIRECTORS | Partnership | 16.67% | No | SOUTH SHORE HOSPITAL | Yes |
| +/- | NASS | JONATHAN | 1085 MAIN STREET | SOUTH WEYMOUTH | MA | OFFICER | MEMBER BOARD OF  DIRECTORS | Partnership | 16.67% | No | SOUTH SHORE HOSPITAL | Yes |
| +/- | SAMPSON | BRADFORD | 1085 MAIN STREET | SOUTH WEYMOUTH | MA | OFFICER | MEMBER OF BOARD OF  DIRECTORS | Partnership | 16.67% | No | SOUTH SHORE HOSPITAL | Yes |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |

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