



Massachusetts Department of Public Health

Determination of Need

Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

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 Ext: E-mail: 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
<input type="checkbox"/> <input type="checkbox"/>	Mamary, SR	James	42 Winter Street, Unit 1	Pembroke	MA	Owner	Owner	Partnership	50%	No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Mamary	Jonathan	42 Winter Street, Unit 1	Pembroke	MA	Owner	Owner	Partnership	25%	No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Mamary, JR	James	42 Winter Street, Unit 1	Pembroke	MA	Owner	Owner	Partnership	25%	No		Yes

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