

## Massachusetts Department of Public Health Determination of Need Affiliated Parties

rsion: DRAFT 3-15-17

DRAFT

Application Date	6/24/202	24	Application N	lumber: WE	-24062414-AS	S									
Applicant Information															
Applicant Name	WEYMOUTH ENDOSCOPY LLC														
Contact Person:	Jennifer Gallop, Esquire Title: Attorney														
Phone:	6174827211 Ext:		E-ma	E-mail: jgallop@kb-law.com											
<b>Affiliated P</b>	Affiliated Parties														
1.9 <b>Affiliated Pa</b> List all officer		the board of directors,	, trustees, stockh	nolders, partners	, and other Pe	ersons	who h	ave an equity or	otherwise controlling intere	st in the appli	cation.				
Add/ Del Rows Name (Last)	Name (First)	Mailing Address		Ci	City			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 WEYMO	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 WEYMO	SOUTH WEYMOUTH		MA OFFICER		MEMEBER BOARD OF DIRECTORS	Partnership	16.67%	No	SOUTH SHORE HOSPITAL	Yes	
+ - KENNEY	CHRISTOPHER	R 1085 MAIN STREEY		SOUTH WEYMO	SOUTH WEYMOUTH		MA OFFICER		MEMBER BOARD OF DIRECTORS	Partnership	16.67%	No	SOUTH SHORE HOSPITAL	Yes	
+ - KENNEY	THOMAS	1085 MAIN STREET		SOUTH WEYMO	SOUTH WEYMOUTH		MA OFFICER		MEMBER BOARD OF DIRECTORS	Partnership	16.67%	No	SOUTH SHORE HOSPITAL	Yes	
+ - NASS	JONATHAN	1085 MAIN STREET		SOUTH WEYMO	SOUTH WEYMOUTH		OFFICE	R	MEMBER BOARD OF DIRECTORS	Partnership	16.67%	No	SOUTH SHORE HOSPITAL	Yes	
+ - SAMPSON	BRADFORD	RADFORD 1085 MAIN STREET		SOUTH WEYMO	SOUTH WEYMOUTH		OFFICE	R	MEMBER OF BOARD OF DIRECTORS	Partnership	16.67%	No	SOUTH SHORE HOSPITAL	Yes	
Document	Ready for I	Filing													

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Date/time Stamp: 6/24/2024 8:00 AM

E-mail submission to Determination of Need

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