



Massachusetts Department of Public Health Determination of Need Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: 01/28/2020 Application Number:

Applicant Information

Applicant Name: Harrington Health Care System Inc.
Contact Person: Harry Lemieux Title: VP, Support Services & CIO
Phone: 5087653184 Ext: E-mail: hlemieux@harringtonhospital.org

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="button" value="+"/> <input type="button" value="-"/>	None				MA							

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