

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



OF PUBL																
Application Date:	Date: 09/11/2018 Application Number: PHS-18090711-HS															
<b>Applicant In</b>	formatior	h														
Applicant Name:	Partners HealthCare System, Inc.															
Contact Person:	Andrew Levine									torney	,					
Phone:	6175986700 Ext:				E-mail: alevine@barrettsingal.com											
<b>Affiliated Pa</b>	rties															
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 Name Rows (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
+ - Britton	Kathryn	15 Cleveland Road		Brooklir	Brookline		MA	Partners HealthCare System, Inc.		m, D	Director		0%	No		No
+ - Collier, Jr.	Earl	45 Province Street Apartment# 2602	Boston	Boston		MA	Partners HealthCare System Inc.		m, D	Director		0%	No		No	
+ - Cowan	William	3 Stonegate Drive	Westwo	Westwood		MA	Partners HealthCare Syst Inc.		m, D	Director		0%	No		No	
+ - Finucane	Anne Marie	20 Trapelo Road	Lincoln	Lincoln			Partners HealthCare System, Inc.		m, D	Director		0%	No	CVS (MinuteClinic) in Rhode Island (Director)	Yes	
+ - Goggin	Maureen	730 Adams Street Apartment #1	Dorches	Dorchester			Partners HealthCare System, Inc.		m, C	Officer		0%	No		No	
+ - Hockfield	Susan	4 Berkeley Place	Cambrid	Cambridge		MA	Partners HealthCare Syst Inc.		m, D	Director		0%	No		No	
+ - Holbrook	Richard	43 Vine Brook Road			Medfield		MA	Partners Health Inc.	Care Syste	m, D	Director		0%	No		No
+ - Lawrence	Edward	282 Newton Street			Brookline		MA	Partners HealthCare S Inc.		m, D	Director		0%	No		No
+ - Markell	Peter	73 Churchills Lane			Milton		MA	Partners Health Inc.	Care Syste	m, C	Officer		0%	No		No
+ - Martignetti	Carl	164 Chestnut Hill Road			Chestnut Hill			Partners HealthCare Syst Inc.		m, D	Director		0%	No		No
+ - Minehan	Cathy	128 Beacon Street		Boston	Boston		MA	Partners Health Inc.	Care Syste	m, D	Director		0%	No		No

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
+ -	Patrick	Diane	472 Beacon Street, Apartment 2	Boston	MA	Partners HealthCare System, Inc.	Director		0%	No		No
+ -	Reeve	Pamela	35 Swan Road	Winchester	MA	Partners HealthCare System, Inc.	Director		0%	No		No
+ -	Rosenbaum	Jerrold	120 Woodland Road	Newton	MA	Partners HealthCare System, Inc.	Director		0%	No		No
+ -	Schoen	Scott	51 Essex Road	Chestnut Hill		Partners HealthCare System, Inc.	Director		0%	No		No
+ -	Sperling	Scott	4 Moore Road	Wayland	MA	Partners HealthCare System, Inc.	Director/Officer		0%	No		Yes
+ -	Thorndike	Alexander	215 Warren Street	Brookline	MA	Partners HealthCare System, Inc.	Director		0%	No		No
+ -	Torchiana	David	790 Boylston Street Apartment #21H	Boston	MA	Partners HealthCare System, Inc.	Director/Officer		0%	No		No
+ -	York	Gwill	16 Fayerweather Street	Cambridge	MA	Partners HealthCare System, Inc.	Director		0%	No		No
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							
+ -					MA							

## **Document Ready for Filing**

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:

Date/time Stamp: 09/11/2018 1:37 pm

Affiliated Parties Partners HealthCare System, Inc.

09/11/2018 1:37 pm

Page 2 of 3

E-mail submission to Determination of Need