



# Massachusetts Department of Public Health

## Determination of Need

### Affiliated Parties

Version: DRAFT  
3-15-17

**DRAFT**

Application Date: 03/25/2019

Application Number: SHC-19032512-AS

#### Applicant Information

Applicant Name: Signature Healthcare Corporation (SHC)

Contact Person: Dennis Renaud

Title: Business Development Officer

Phone: 5089417808

Ext:

E-mail: drenaud@signature-healthcare.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="checkbox"/> <input type="checkbox"/>	Cruz	Timothy	166 Main Street	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Dern	Michael	43 Spring Street	West Bridgewater	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Drier	Joseph	7 Oakdale Farm Road	Whitman	MA	SHC	Trustee/Officer		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Drinkwater	David	110 Liberty Street	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Engelkemeyer	David	2 Bluff Road	Hull	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Frenette	David	130 Liberty Street	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Greenberg	Robert	110 Liberty Street	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Harris	Cheryl	14 Greenwich Street	Attleboro	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Hollon	Kim	680 Centre Street	Brockton	MA	SHC	Trustee/Officer		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Lane	Steven	680 Centre Street	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Leary	James	15 Eugene Circle	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Marrow	Eugene	128 Healey Terrace	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Niccoli	Fred	568 Montello Street	Brockton	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Offut	David	110 Cobblestone Lane	Bridgewater	MA	SHC	Trustee		0%	No	none	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
<input type="checkbox"/> <input type="checkbox"/>	Roland	Patti	194 Forest Street	Raynham	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Sullivan	Michael	79 Walker Lane	Abington	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Tortorella	Patricia	14 Marlborough Street	Boston	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>	Wolohojian	David	165 Union Street	Bridgewater	MA	SHC	Trustee		0%	No	none	No
<input type="checkbox"/> <input type="checkbox"/>					MA							

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Date/time Stamp: 03/25/2019 1:10 pm

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Determination of Need