

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2016
Secretary of State
CC3430296862

Entity Name: THE MCLEAN HOSPITAL CORPORATION

Current Principal Place of Business:

115 MILL STREET
BELMONT, MA 02478

Current Mailing Address:

115 MILL STREET
BELMONT, MA 02478 US

FEI Number: 04-2697981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RAUCH, SCOTT L.
Address MCLEAN HOSPITAL
 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title SECRETARY
Name GOUGEON, MICHELE L.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title TREASURER
Name LAGASSE, DAVID A.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name BARLOW, DAVID S.
Address 640 LEWIS WHARF
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name BLAKE, JEANNE E.
Address BLAKE WORKS, INC.
 3 BREWSTER'S LANE
City-State-Zip: GLOUCESTER MA 01930

Title DIRECTOR
Name BRENNAN, JOHN F. JR.
Address SIRIOS CAPITAL MANAGEMENT, LP
 ONE INTERNATIONAL PLACE 30TH
 FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name GLYNN, THOMAS P.
Address JFK SCHOOL OF GOVERNMENT
 79 JFK STREET MAILBOX 103
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR
Name KELLEHER, RICHARD M.
Address PYRAMID HOTEL GROUP, LLC
 ONE POST OFFICE SQUARE SUITE
 3100
City-State-Zip: BOSTON MA 02109

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA M. LUKEN

ASSISTANT SECRETARY 04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LUCCHINO, STACEY
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name PIERCE, ROBERT W. JR.
Address PIERCE ALUMINUM CO.
34 FORGE PARK
City-State-Zip: FRANKLIN MA 02038

Title DIRECTOR
Name RAUCH, SCOTT L.
Address MCLEAN HOSPITAL
115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name SNYDER, W. LLOYD III
Address SNYDER & COMPANY
147 ROSE LANE
City-State-Zip: HAVERFORD PA 19041

Title ASSISTANT SECRETARY
Name LUKEN, DONNA M.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name MARKELL, PETER K.
Address 800 BOYLSTON STREET
SUITE 1150
City-State-Zip: BOSTON MA 02199

Title DIRECTOR
Name PORTER, JENNIFER L.
Address 115 MILL STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name RIMPEL, AUGUSTE E. JR.
Address 30 BORDER ROAD
City-State-Zip: CONCORD MA 01742

Title DIRECTOR
Name VALLONE, CAROL A.
Address 490 SUMMER STREET
City-State-Zip: MANCHESTER MA 01944