

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003123

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

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

Title            DIRECTOR  
Name            BARLOW, DAVID S.  
Address        115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title            DIRECTOR  
Name            BLAKE, JEANNE E.  
Address        115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title            DIRECTOR  
Name            BRENNAN, JOHN F. JR.  
Address        115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title            DIRECTOR  
Name            GLYNN, THOMAS P.  
Address        115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title            DIRECTOR  
Name            KELLEHER, RICHARD M.  
Address        115 MILL STREET  
City-State-Zip: BELMONT MA 02478

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

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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****ASST. SECRETARY****04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MARKELL, PETER K.  
Address 115 MILL STREET  
City-State-Zip: BELMONT MA 02478

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

Title DIRECTOR  
Name SNYDER, W. LLOYD III  
Address 115 MILL STREET  
City-State-Zip: BELMONT MA 02478

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

Title DIRECTOR  
Name FELDSTEIN, KATHLEEN F.  
Address 115 MILL STREET  
City-State-Zip: BELMONT MA 02478

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

Title DIRECTOR  
Name PIERCE, ROBERT W. JR.  
Address 115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title DIRECTOR  
Name RIMPEL, AUGUSTE E. JR.  
Address 115 MILL STREET  
City-State-Zip: BELMONT MA 02478

Title DIRECTOR  
Name VALLONE, CAROL A.  
Address 115 MILL STREET  
City-State-Zip: BELMONT MA 02478

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

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