

1.) CORPORATION NAME:

Partners HealthCare System, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1829540**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 BOYLSTON STREET

CITY/ST/ZIP: BOSTON, MA 02199-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GARY L. GOTTLIEB
TITLE: PRES/CEO
ADDRESS: 800 BOYLSTON STREET
CITY/ST/ZIP/CO: BOSTON, MA 02199-

OFFICER

DIRECTOR

NAME: MAUREEN GOGGIN
TITLE: SECRETARY
ADDRESS: 800 BOYLSTON STREET
CITY/ST/ZIP/CO: BOSTON, MA 02199-

OFFICER

DIRECTOR

NAME: JACK CONNORS, JR.
TITLE: DIRECTOR
ADDRESS: 800 BOYLSTON STREET
CITY/ST/ZIP/CO: BOSTON, MA 02199-

OFFICER

DIRECTOR

NAME: ALBERT A. HOLMAN, III
TITLE: DIRECTOR
ADDRESS: 800 BOYLSTON STREET
CITY/ST/ZIP/CO: BOSTON, MA 02199-

OFFICER

DIRECTOR

NAME: ANNE M. FINUCANE
TITLE: DIRECTOR
ADDRESS: 800 BOYLSTON STREET
CITY/ST/ZIP/CO: BOSTON, MA 02199-

OFFICER

DIRECTOR

NAME:	PETER K. MARKELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	800 BOYLSTON STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02199-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MAUREEN GOGGIN _____	MAUREEN GOGGIN, SECRETARY _____	6/22/2011 _____
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.