

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213526291
------------------	---	-----------

1.) CORPORATION NAME: <b>Partners HealthCare System, Inc.</b>	DUE DATE: <b>6/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1829540</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>MA</b>	

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: PRES/CEO			
ADDRESS: 800 BOYLSTON STREET			
CITY/ST/ZIP/CO: BOSTON, MA 02199			

NAME: PETER K MARKELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 800 BOYLSTON STREET SUITE 1150			
CITY/ST/ZIP/CO: BOSTON, MA 02199			

NAME: MAUREEN GOGGIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: SECRETARY			
ADDRESS: 800 BOYLSTON STREET			
CITY/ST/ZIP/CO: BOSTON, MA 02199			

NAME: ALBERT A. HOLMAN, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: CHESTNUT PARTNERS, INC. ONE FINANCIAL CENTER 24TH FLOOR			
CITY/ST/ZIP/CO: BOSTON, MA 02111			

NAME: Joan Stoddard	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: Other Officer			
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/ Joan Stoddard	Joan Stoddard, Other Officer	6/4/2013
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.