

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212529057
1.) CORPORATION NAME: <b>The Brigham and Women's Hospital, Inc.</b>		DUE DATE: <b>8/31/2012</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b>		SCC ID NO: <b>F1834508</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: 75 FRANCIS STREET CITY/ST/ZIP: BOSTON, MA 02115		
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: DONNA LUKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: OFFICER		
ADDRESS: 75 FRANCIS STREET		
CITY/ST/ZIP/CO: BOSTON, MA 02115		
NAME: JOAN C. STODDARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: ASST SECRETARY		
ADDRESS: Partners Healthcare System, Inc.		
CITY/ST/ZIP/CO: 50 Staniford Street Suite 1000 BOSTON, MA 02114		
NAME: STEVEN R. HALEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: Russell Management		
CITY/ST/ZIP/CO: 148 Linden Street Suite 303 Wellesley, MA 02482		
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/ DONNA LUKEN	DONNA LUKEN, OFFICER	7/30/2012
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.		