## JAN 25 7021 JAN 25 7021 West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Accountable Care Address: 200 State St 12th Fl Boston, MA
Transaction Inc dba Activate Care 02109
Name of Authorized Agent: Cindy Coakley  Address: 200 State St 12th F1 Boston MA 02109
Contract Number: CCT MCH 2160000001 Contract Description: QRT Care Coordination
Governmental agency awarding contract: WV DHHR
☐ Check here If this is a Supplemental Disclosure
List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):
<ol> <li>Subcontractors or other entities performing work or service under the Contract IX Check here if none, otherwise list entity/individual names below.</li> </ol>
2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities) LYCheck here if none, otherwise list entity/individual names below.
3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal EXCheck here if none, otherwise list entity/individual names below.
Signature:
State of MASQUANTETS County of PYWOUTH
entity listed above, being duly swom, acknowledge that the Disclosure herein is being made under oath and under the panalty of perjury.
Taken, sworn to and subscribed before me this 8th day of Decumber . 2020
To be completed by State Agency:  Date Received by State Agency:  Date Received by State Agency:  Date submitted to Ethics Commission:  BAT IAN 1 4 2021  Governmental agency submitting Disclosure:  DOA Turchasin  Revised June 8, 2018

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