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Contact Information

Name:	RHODE ISLAND PARTNERSHIP FOR HOME CARE	Phone:	4013511010
Email:	director@riphc.org	Address:	24 Corliss Street Providence, RI 02904

Reported Compensation:

Date	Type	Value	Paid To
Feb 01, 2019	Fee	\$3,500.00	ROBERT GOLDBERG

Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expenditures reported.					

Reported Anything of Value:

Date	Type	Value	Paid To	Beneficiary	Title	Office	Location
No Anything Of Value reported.							

Reported Contributions:

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contributions reported.					

Reported Subjects:

Behavioral Healthcare

NICHOLAS OLIVER on behalf of RHODE ISLAND PARTNERSHIP FOR HOME CARE

Business & Professions

NICHOLAS OLIVER on behalf of RHODE ISLAND PARTNERSHIP FOR HOME CARE

Education

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Health & Safety

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Health Care Affordability

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Health Care Plans/Services

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

ROBERT GOLDBERG on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Health Insurance

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Licenses

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Public Records

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Reported Bills:

H5151

H5151 Neutral NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

H5151 Neutral ROBERT GOLDBERG on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Reported Public Bodies:

Administration, Department of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Behavioral Healthcare, Developmental Disabilities & Hospitals, Department of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Business Regulation, Department of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Children Youth and Families, Department of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Disabilities, Governor's Commission on

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Education, Rhode Island Board of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Elderly Affairs, Division of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Health Insurance Commissioner, Office of the

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Health and Human Services, Rhode Island Executive Office of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Health, Department of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Human Services, Department of

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Reported Executive Officials:

Attorney General

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

General Treasurer

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Governor

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Lieutenant Governor

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**

Secretary of State

NICHOLAS OLIVER on behalf of **RHODE ISLAND PARTNERSHIP FOR HOME CARE**