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## Contact Information

<b>Name:</b>	UNIVERSITY EMERGENCY MEDICINE FOUNDATION	<b>Phone:</b>	4015190330
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## Reported Compensation:

Date	Type	Value	Paid To
No Compensation reported.			

## 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:

### Health Care Plans/Services

FRANCIS X. MCMAHON via ADVOCACY SOLUTIONS on behalf of **UNIVERSITY EMERGENCY MEDICINE FOUNDATION**

STEVE NARDELLI via ADVOCACY SOLUTIONS on behalf of **UNIVERSITY EMERGENCY MEDICINE FOUNDATION**

### Health Insurance

FRANCIS X. MCMAHON via ADVOCACY SOLUTIONS on behalf of **UNIVERSITY EMERGENCY MEDICINE FOUNDATION**

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## Hospitals

FRANCIS X. MCMAHON via ADVOCACY SOLUTIONS on behalf of **UNIVERSITY EMERGENCY MEDICINE FOUNDATION**

## Reported Bills:

No bills reported.

## Reported Public Bodies:

No public\_bodies reported.

## Reported Executive Officials:

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### Governor

FRANCIS X. MCMAHON via ADVOCACY SOLUTIONS on behalf of **UNIVERSITY EMERGENCY MEDICINE FOUNDATION**