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Contact Information

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Reported Compensation:

Date	Type	Value	Paid To
Apr 01, 2019	Fee	\$1,337.50	GEORGE CARUOLO

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:

Developmentally Disabled

GEORGE CARUOLO on behalf of UNITED CEREBRAL PALSY OF RI

Reported Bills:

No bills reported.

Reported Public Bodies:

Behavioral Healthcare, Developmental Disabilities & Hospitals, Department of

GEORGE CARUOLO on behalf of **UNITED CEREBRAL PALSY OF RI**

Health and Human Services, Rhode Island Executive Office of

GEORGE CARUOLO on behalf of **UNITED CEREBRAL PALSY OF RI**

Reported Executive Officials:

House of Representatives

GEORGE CARUOLO on behalf of **UNITED CEREBRAL PALSY OF RI**

Office of Governor

GEORGE CARUOLO on behalf of **UNITED CEREBRAL PALSY OF RI**

State Senate

GEORGE CARUOLO on behalf of **UNITED CEREBRAL PALSY OF RI**