



Filed date: May 02, 2019 12:11 PM
Amended date: May 02, 2019 12:13 PM

Contact Information

Name: EAST SIDE CLINICAL LABORATORY
Phone: 4014558449
Email: gsammarco@esclab.com
Address: 10 Risho Ave
East Providence, RI
02914

Reported Compensation:

Date	Type	Value	Paid To
Apr 16, 2019	Fee	\$3,000.00	MAYFORTH GROUP

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

JEFFREY M TAYLOR via MAYFORTH GROUP on behalf of EAST SIDE CLINICAL LABORATORY

RICHARD M MCAULIFFE via MAYFORTH GROUP on behalf of EAST SIDE CLINICAL LABORATORY

Reported Bills:

No bills reported.

Reported Public Bodies:

No public_bodies reported.

Reported Executive Officials:

Governor

RICHARD M MCAULIFFE via MAYFORTH GROUP on behalf of **EAST SIDE CLINICAL LABORATORY**