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## Contact Information

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

## Reported Compensation:

Date	Type	Value	Paid To
Feb 21, 2020	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

BENJAMIN G SHUMATE via MAYFORTH GROUP on behalf of **EAST SIDE CLINICAL LABORATORY**

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:

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### Health, Department of

BENJAMIN G SHUMATE via MAYFORTH GROUP on behalf of **EAST SIDE CLINICAL LABORATORY**

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 Executive Officials:

No executive\_officials reported.