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## Contact Information

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## Reported Compensation:

Date	Type	Value	Paid By
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:

**Behavioral Healthcare,Committees,Developmentally Disabled,Hospitals**

**TINA LOUISE SPEARS** on behalf of COMMUNITY PROVIDER NETWORK OF RI

## Reported Bills:

No bills reported.

## Reported Public Bodies:

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**Behavioral Healthcare, Developmental Disabilities & Hospitals, Department of**

**TINA LOUISE SPEARS** on behalf of COMMUNITY PROVIDER NETWORK OF RI

## Reported Executive Officials:

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**Executive Office of Health and Human Services**

**TINA LOUISE SPEARS** on behalf of COMMUNITY PROVIDER NETWORK OF RI