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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 06, 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:

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.