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Contact Information

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Reported Compensation:

Date	Type	Value	Paid To
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**

Developmentally Disabled

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**

Reported Bills:

No bills reported.

Reported Public Bodies:

Attorney General, Office of the

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**

Behavioral Healthcare, Developmental Disabilities & Hospitals, Department of

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**

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

Governor, Office of

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**

Lieutenant Governor. Office of

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**

Reported Executive Officials:

Attorney General

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**

Executive Office of Health and Human Services

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

Governor

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**

Lt Governor

CHRISTOPHER BOYLE on behalf of **COMMUNITY PROVIDER NETWORK OF RI**