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Contact Information

Name: PROVIDENCE COMMUNITY HEALTH CENTERS
Phone: 4014440400
Email: info@providencechc.org
Address: 375 Allens Avenue
Providence,RI
02905

Reported Compensation:

Date	Type	Value	Paid To
May 31, 2021	N/A	\$2,000.00	THE BRADFORD 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:

Budget

CHRIS REILLY via THE BRADFORD GROUP on behalf of **PROVIDENCE COMMUNITY HEALTH CENTERS**

WALLACE B. GERNT via THE BRADFORD GROUP on behalf of **PROVIDENCE COMMUNITY HEALTH CENTERS**

Health Care Affordability

CHRIS REILLY via THE BRADFORD GROUP on behalf of **PROVIDENCE COMMUNITY HEALTH CENTERS**

Reported Bills:

No bills reported.

Reported Public Bodies:

No public_bodies reported.

Reported Executive Officials:

No executive_officials reported.