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#### **Contact Information**

Name: EAST SIDE CLINICAL LABORATORY Phone: 4014558449

Address: 10 Risho Ave

**Email:** gsammarco@esclab.com East Providence,RI

02914

## Reported Compensation:

Date	Туре	Value	Paid To
May 02, 2022	Fee	\$3,000.00	MAYFORTH GROUP

## Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expendit	ures reported.				

## Reported Anything of Value:

Date	Туре	Value	Paid To	Beneficiary	Title	Office	Location
No Anyth	ning Of Value rep	oorted.					

## **Reported Contributions:**

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contribu	itions reported.				

## **Reported Subjects:**

#### **Health Care Plans/Services**

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:

#### **Governor, Office of**

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:

#### **EOHHS**

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**