



Filed date: Jul 11, 2022 11:25 AM

Contact Information

Name:	SOUTH COUNTY HOSPITAL	Phone:	4017828000
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Reported Compensation:

Date	Type	Value	Paid To
Jun 30, 2022	N/A	\$3,000.00	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 **SOUTH COUNTY HOSPITAL**

WALLACE B. GERNT via THE BRADFORD GROUP on behalf of **SOUTH COUNTY HOSPITAL**

Hospitals

CHRIS REILLY via THE BRADFORD GROUP on behalf of **SOUTH COUNTY HOSPITAL**

Reported Bills:

No bills reported.

Reported Public Bodies:

No public_bodies reported.

Reported Executive Officials:

No executive_officials reported.