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Contact Information

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06105

Reported Compensation

| Date | Type | Value | Paid By |
|---------------------------|------|-------|---------|
| No Compensation reported. | | | |

Reported Expenditures

| Date | Amount | Beneficiary | Paid To | Reason | On Behalf Of |
|---------------------------|--------|-------------|---------|--------|--------------|
| No Expenditures reported. | | | | | |

Reported Contributions

| Date | Amount | Paid To | Beneficiary | Office | Contribution Type |
|----------------------------|--------|---------|-------------|--------|-------------------|
| No Contributions reported. | | | | | |

Reported Anything of Value

| Date | Type | Value | Paid To | Beneficiary | Office | Location |
|--------------------------------|------|-------|---------|-------------|--------|----------|
| No Anything Of Value reported. | | | | | | |

Reported Subjects

Children and Families

John Cattelan on behalf of STATE ALLIANCE OF RHODE ISLAND YMCA'S

Reported Bills

No bills reported.

Reported Public Bodies

Health and Human Services, Rhode Island Executive Office of

John Cattelan on behalf of STATE ALLIANCE OF RHODE ISLAND YMCA'S

Reported Executive Officials

No executive officials reported.