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Contact Information

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02886

Reported Compensation

| Date | Type | Value | Paid To |
|--------------|------|------------|----------------|
| May 13, 2025 | Fee | \$2,500.00 | MAYFORTH GROUP |

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

Health & Safety,Hospitals,Licenses,Medical

JEFFREY M TAYLOR via MAYFORTH GROUP on behalf of THUNDERMIST

Reported Bills

No bills reported.

Reported Public Bodies

Health and Human Services, Rhode Island Executive Office of

RICHARD M MCAULIFFE via MAYFORTH GROUP on behalf of THUNDERMIST

JEFFREY M TAYLOR via MAYFORTH GROUP on behalf of THUNDERMIST

Reported Executive Officials

No executive officials reported.