



Filed Date: Jul 07, 2025 02:14 PM

Contact Information

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Smithfield, RI
02917

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

Health & Safety

Shannon Martley Picozzi on behalf of NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

Reported Bills

No bills reported.

Reported Public Bodies

No public bodies reported.

Reported Executive Officials

No executive officials reported.