



Filed Date: Jul 02, 2025 11:00 AM

### Contact Information

Name: EAST SIDE CLINICAL LABORATORY Phone: (401) 455-8449  
Email: rmcauliffe@mayforthgroup.com Address: 10 Risho Ave  
East Providence, RI  
02914

### Reported Compensation

Date	Type	Value	Paid To
Jun 23, 2025	Fee	\$3,000.00	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

No subjects reported.						
-----------------------	--	--	--	--	--	--

### Reported Bills

No bills reported.						
--------------------	--	--	--	--	--	--

### Reported Public Bodies

---

Health, Department of

RICHARD M MCAULIFFE via MAYFORTH GROUP on behalf of EAST SIDE CLINICAL LABORATORY

JEFFREY M TAYLOR via MAYFORTH GROUP on behalf of EAST SIDE CLINICAL LABORATORY

### **Reported Executive Officials**

No executive officials reported.