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Contact Information

Name: EAST SIDE CLINICAL LABORATORY
Email: rmcauliffe@mayforthgroup.com

Phone: (401) 455-8449
Address: 10 Risho Ave
East Providence, RI
02914

Reported Compensation

Date	Type	Value	Paid To
Jul 17, 2025	Fee	\$3,000.00	MAYFORTH GROUP
Aug 15, 2025	Fee	\$3,000.00	MAYFORTH GROUP
Sep 19, 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.						
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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.