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### Contact Information

Name: EAST SIDE CLINICAL LABORATORY  
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Phone: (401) 455-8449  
Address: 10 Risho Ave  
East Providence, RI  
02914

### Reported Compensation

Date	Type	Value	Paid To
Oct 20, 2025	Fee	\$3,000.00	MAYFORTH GROUP
Nov 20, 2025	Fee	\$3,000.00	MAYFORTH GROUP
Dec 22, 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**

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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**

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No executive officials reported.