



Filed Date: May 15, 2026 12:25 PM

Contact Information

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Reported Compensation

Date	Type	Value	Paid To
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

Business & Professions,Health & Safety,Medical,Physicians

CHRISTOPHER VITALE via CAPITOL CITY GROUP, LTD. on behalf of Rhode Island Podiatric Medical Association

JASON C. MARTIESIAN via CAPITOL CITY GROUP, LTD. on behalf of Rhode Island Podiatric Medical Association

Business & Professions,Health & Safety,Nurses

CHRISTOPHER VITALE via CAPITOL CITY GROUP, LTD. on behalf of Rhode Island Podiatric Medical Association

JASON C. MARTIESIAN via CAPITOL CITY GROUP, LTD. on behalf of Rhode Island Podiatric Medical Association

Business & Professions,Medical,Physicians

CHRISTOPHER VITALE via CAPITOL CITY GROUP, LTD. on behalf of Rhode Island Podiatric Medical Association

JASON C. MARTIESIAN via CAPITOL CITY GROUP, LTD. on behalf of Rhode Island Podiatric Medical Association

Reported Bills

No bills reported.

Reported Public Bodies

No public bodies reported.

Reported Executive Officials

No executive officials reported.