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Contact Information

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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 Care Plans/Services,Health Insurance,Insurance,Medical

PETER MARINO 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.