Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building

Washington, DC 20515

A 100

Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. E.	ffective Date of Registration 7/1/2002			
2. House Identification Number Sena	Identification Number			
REGISTRANT 3. Registrant name The Mayforth Group, LLC.				
Address 408 Broadway				
City Providence	State RI Zip 02909			
4. Principal place of business (if different from line 3) City	State/Zip (or Country)			
5. Telephone number and contact name (401) 331-1300 Contact Rick Mo				
6. General description of registrant's business or activities Government Relations Firm				
CLIENT A Lobbying firm is required to file a separate registration for ach labeled "Self" and pro eed to line 10. Self 7. Client name Saint Elizabeth's Community	client. Organizations employing in-house lobbyists should chec			
Address 37 Fales Avenue				
City Barrington	State RI Zip 02806-4709			
8. Principal place of business (if different from line 7) City	State/Zip (or Country)			
General description of client's business or activitiesNon-profit organization that provides health care and housi	ng to elderly			
LOBBYISTS 10. Name of each individual who has acted or is expected to act as a this section has served as a "covered executive branch official" acting as a lobbyist for the client, state the executive and/or legi-	or "covered legislative branch official" within two ye			
Name	Covered Official Position (if applicabl			
Richard M. McAuliffe, Jr.	Not Applicable			

Filing #5701305f-a1ce-4a7a-9e90-799295739340 - Page 1 of 4

Registrant Name	The Mayforth Group, LLC.	Client Name	Saint E	lizabeth's Community
LOBBYING IS: 11. General lobbying is: BUD	SUES ssue areas. Select all applic	able codes listed in instruct	tions and on the re	everse side of Form LD-1
•	ssues (current and anticipat beth's with a Federal app			
13. Is there an entity of	ORGANIZATIONS other than the client that of od and in whole or in ma	contributes more than \$1		
2 No ⇒ Go	to line 14.	•		section for each entity proceed to line 14.
Nam	e	Address		Principal Place of Busi (city and state or cou
FOREIGN ENT 14. Is there any foreign				
b) directly activitie c) is an aff	least 20% equitable own or indirectly, in whole or es of the client or any orgulate of the client or any obbying activity?	r in major part, plans, su anization identified on l	pervises, control ine 13; or	s, directs, finances or
No ⇒ Sign a	nd date the registration.	I	-	et of this section for eacteria above, then sign a
Name	Address	Princij bu	pal place of asiness tate or country)	Amount of contribution for lobbying activities
Signature // Control of the Printed Name and To	Title Richard M. McAul	iffe, Jr., Chairman	Date_	7/9/02