



Rhode Island Department of Health
 Three Capitol Hill
 Providence, RI 02908-5097

CITATION/ACCOUNT NUMBER:			
LOCATION			
THE UNDERSIGNED STATES THAT HE/SHE IS INFORMED THAT THE VIOLATION OF 216-RICR-50-15-7 AND/OR ONE OR MORE EXECUTIVE ORDERS, AS DEFINED IN 216-RICR-10-05-5			
OCURRED ON August 15, 2020	TIME ~6:00PM	IN between Narragansett, RI and New Shoreham, RI	
AT aboard 6:00PM Block Island Ferry from Point Judith, Narragansett, RI to New Shoreham, RI			
WITNESS Susan Borges, DBR, Task Force Inspector		BADGE NUMBER (IF APPLICABLE)	
WITNESS		BADGE NUMBER (IF APPLICABLE)	
RESPONDENT			
FIRST NAME Michael	MIDDLE INITIAL R.	LAST NAME McElroy	SUFFIX Esq.
DATE OF BIRTH	SEX M	LICENSE STATE	DRIVER'S LICENSE NUMBER
ADDRESS 21 Dryden Lane		BUSINESS NAME The Interstate Navigation Company (The Block Island Ferry)	
CITY Providence	STATE RI	ZIP CODE	02904
CHARGED VIOLATIONS			
VIOLATION CODE	DESCRIPTION	FINE	
<input type="checkbox"/> SOCIAL GATHERING (INDOOR) (EO 20-58)			
<input type="checkbox"/> SOCIAL GATHERING (OUTDOOR) (EO 20-58)			
<input checked="" type="checkbox"/> Section 7.4.1(A)(3)(a) of 216-RICR-50-15-7 (First Offense)	Witness observed two identifiable employees of The Block Island	100	
<input checked="" type="checkbox"/> Section 7.4.1(A)(3)(a) of 216-RICR-50-15-7 (Second Offense)	Ferry standing side by side. One of the two was improperly wearing his/her	250	
<input type="checkbox"/>	mask below his/her nose. The other was not wearing a mask at all.		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input checked="" type="checkbox"/> FIRST OFFENSE: \$100 <input checked="" type="checkbox"/> SECOND OFFENSE: \$250 <input type="checkbox"/> THIRD OR ADDITIONAL OFFENSE: \$500 TOTAL AMOUNT DUE			350
PAYMENT			
ADMINISTRATIVE PAYMENT ADDRESS:		Your payment must be sent to the Rhode Island Department of Health (RIDOH) not later ten (10) days after the date of this citation. Acceptable forms of payment are as follows: 1) credit card paid online on the Rhode Island Central Collections Unit website at https://appengine.egov.com/apps/ri/CCUPay or 2) check, money order, or certified cashier's check payable to Rhode Island General Treasurer and mailed to the address [at left]. Include a copy of this citation and write the citation number on your check. Do not mail cash.	
RHODE ISLAND DEPARTMENT OF HEALTH 3 CAPITOL HILL PROVIDENCE, RI 02908 ATTN: COVID-19 ENFORCEMENT			
<p>Pursuant to R.I. Gen. Laws Chapter 42-35, you have the right to an administrative hearing if you dispute this citation. If you wish to request such a hearing, you must do so in writing not later than ten (10) days after the date of this citation. Such request may be made by mail to the address [above] or by email at doh.prcompliance@health.ri.gov. Include a copy of this citation. Failure to timely request a hearing shall constitute waiver of your right to a hearing. Payment of the fine(s) shall also constitute waiver of your right to a hearing. If you fail to timely pay the fine or request a hearing, as set forth above, RIDOH may take such actions including, but not limited to, referral to the State of Rhode Island Central Collections Unit pursuant to R.I. Gen. Laws § 42-142-8 and/or commencement of enforcement proceedings in Rhode Island Superior Court.</p>			
SIGNATURE			
I certify that the facts contained herein are true, and I served this citation upon the Respondent in person or by certified mail or other sufficient means to the Respondent's last known address.			
ISSUED BY (PRINT NAME) Nicole Alexander-Scott, MD, MPH (Director RIDOH)			
SIGNATURE		DATE 8/21/2020	
EMAIL RITA.MENARD@HEALTH.RI.GOV		TELEPHONE 401-222-1018	
DELIVERED TO RESPONDENT:			
<input checked="" type="checkbox"/> IN HAND/AGENT <input type="checkbox"/> CERTIFIED/REGISTERED MAIL <input type="checkbox"/> OTHER: _____			