

State of Rhode Island and Providence Plantations Contract Offer  
**RIVIP BIDDER CERTIFICATION COVER FORM**

**SECTION 1 - VENDOR INFORMATION**

**Bid/RFP Number:** 7548436  
**Bid/RFP Title:** MISCELLANEOUS SITE IMPROVEMENTS AT THE LINCOLN CAMPUS OF CCRI (27 PGS & ZIP FILE)  
**Opening Date & Time:** 3/12/2014 10:00 AM *RL*  
**RIVIP Vendor ID #:** 69205  
**Vendor Name:** Robert Lanni Construction  
**Address:** 321 Twin River road  
Lincoln, RI 02865  
USA  
**Telephone:** 4017238850  
**Fax:**  
**E-Mail:** robertlanni@yahoo.com  
**Contact Person:** Robert Lanni  
**Title:** Owner  
**R.I. Foreign Corp #:**

*Robert Lanni*

**NOTICE TO VENDORS**

Each bid proposal for a *public works project* must include a "public copy" to be available for public inspection upon the opening of bids. **Bid proposals that do not include a copy for public inspection will be deemed nonresponsive.** For further information on how to comply with this statutory requirement, see R. I. Gen. Laws §§ 37-2-18(b) and (j). Also see Procurement Regulation 5.11, and in addition, for highway and bridge projects, also see Procurement Regulation 5.13, accessible at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

NOTE: AWARD OF CONTRACTS AND PURCHASE ORDERS SHALL BE SUBJECT, AT THE DISCRETION OF THE PURCHASING AGENT, TO THE OFFEROR COMPLETING AN ON-LINE RIVIP REGISTRATION at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). It is THE RESPONSIBILITY OF THE VENDOR to make on-line corrections/updates using the Vendor maintenance program on the RI Division of Purchases Web Site.

**SECTION 2 - REQUIREMENTS**

**ALL OFFERS ARE SUBJECT TO THE REQUIREMENTS, PROVISIONS AND PROCEDURES CONTAINED IN THIS CERTIFICATION FORM. Offerors are expected to READ, SIGN and COMPLY WITH all requirements. Failure to do so may be grounds for disqualification of the offer contained herein.**

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK



057-0012  
0115

512477645-0

MARCH 19 2014

PAY \$\$\$ 318,650.00 \$\$\$ DOLLARS

TO THE ORDER OF State of R.I Division of Purchasing

MEMO:

Drawer: RBS Citizens, N.A.  
Citizens Bank is a division of RBS Citizens, N.A.

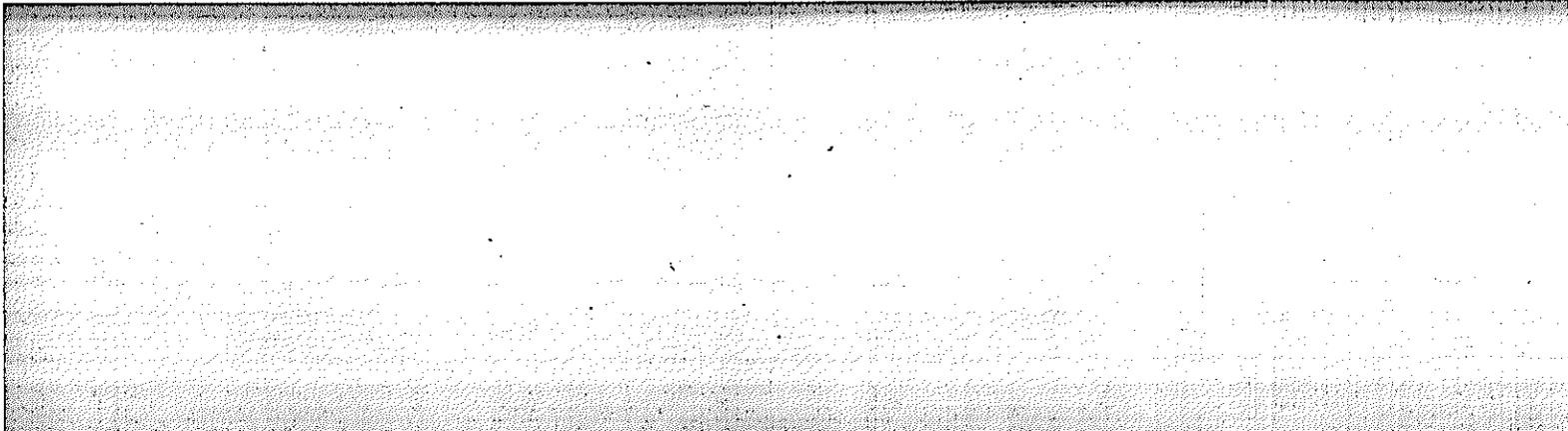


*Wendy Ravello*  
AUTHORIZED SIGNATURE

MP  
21067

⑈ 5 1 2 4 7 7 6 4 5 ⑈ ⑆ 0 1 6 5 0 0 1 2 0 ⑆

20752164⑈





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/4/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Gallo Thomas Insurance 117 Metro Center Blvd Suite 1004 Warwick RI 02886		<b>CONTACT NAME:</b> Marge Caswell, AAI <b>PHONE (A/C No. Ext.):</b> (401) 732-9100 <b>FAX (A/C No.):</b> (401) 732-0091 <b>E-MAIL ADDRESS:</b> mcaswell@gallothomas.com	
<b>INSURED</b> Robert Lanni Construction Co 321 Twin River Rd Lincoln RI 02865		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Arbella Insurance Group <b>INSURER B:</b> Beacon Mutual Insurance Co. 24017 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

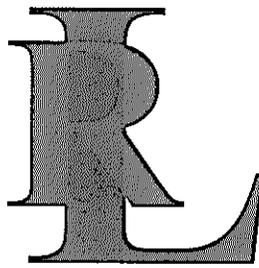
**COVERAGES**      **CERTIFICATE NUMBER:** Master 2013-14      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			8500060651	10/5/2013	10/5/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			1020022521	10/5/2013	10/5/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	57806	7/25/2013	7/25/2014	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage subject to policy forms, terms and conditions. State of Rhode Island is named as Additional Insured						

<b>CERTIFICATE HOLDER</b>  State of Rhode Island Dept of Administration Officer of Purchasing 1 Capitol Hill Providence, RI 02908	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Terry Biafore/MARGE <i>Terry M Biafore</i>

ACORD 25 (2010/05)  
NS025 (201005).01



**R. Lanni Construction Co.**

EXCAVATING-EQUIPMENT RENTAL

OFFICE: 28 Lennon Road -Lincoln, RI 02865 - Tel. (401) 723-8850

GARAGE: 321 Twin River Road - Lincoln, RI 02865 - Tel. (401) 723-8850

Exhibit A

Please find enclosed check for bid bond of 5%.

A handwritten signature in cursive script that reads "Robert Lanni". The signature is written in black ink and is positioned above the printed name.

Robert Lanni

State of Rhode Island  
PAYER'S REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

036	24	2559
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05	0378817
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NAME Robert Lanni

ADDRESS 321 Twin River Road

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE Lincoln RI 02865

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE Robert Lanni

TITLE Owner

DATE 3-12-14

TEL NO. 723-8850

BUSINESS DESIGNATION:

- Please Check One:
- |  |   |   |
|--|---|---|
| Individual <input checked="" type="checkbox"/> | Medical Services Corporation <input type="checkbox"/> | Government/Nonprofit Corporation <input type="checkbox"/> |
| Partnership <input type="checkbox"/>           | Corporation <input type="checkbox"/>                  | Trust/Estate <input type="checkbox"/>                     |
|  |   | Legal Services Corporation <input type="checkbox"/>       |

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908

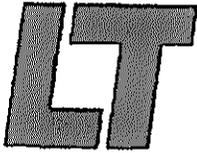
- C. \_\_\_\_\_ Bidder has entered into a current collective bargaining agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the collective bargaining agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of collective bargaining agreement and signature page);
- D. \_\_\_\_\_ Bidder has entered into a current labor agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the labor agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of labor agreement and signature page);
- E. \_\_\_\_\_ Bidder will not perform work on the awarded contract except through subcontractors (non performance);
- F. \_\_\_\_\_ Bidder has received approval from the Rhode Island Department of Labor and Training that it satisfies the general contractor requirements of R. I. Gen. Laws §37-13-3.1 for purposes of a particular bid (attach Rhode Island Department of Labor and Training correspondence).

*The preceeeded requirements are fulfilled by  
 Subcontractors. CHEROKEE CONSTRUCTION*

Robert Lanni OWNER  
 Printed Name and Title of Authorized Representative

3-12-14  
 Date

Robert Lanni  
 Signature of Authorized Representative



**RI Department of Labor and Training  
Workforce Regulation and Safety Division  
Professional Regulation - Prevailing Wage**

**General Contractor Apprenticeship Certification Form**

This form **MUST** be completed and submitted at the time of bidding and is available on the Department of Labor and Training's Website at www.dlt.ri.gov, under Workforce Regulation and Safety, Prevailing Wage, Publications and Forms.

**Bid/RFP Number:** 7548436A1

**Bid/RFP Title:** MISCELLANEOUS SITE IMPROVEMENTS

**RIVIP Vendor ID#:** 69205

**Vendor Name:** ROBERT LANNI

**Address:** 321 TWIN RIVER ROAD LINCOLN RI 02865

**Telephone:** 401 723-8850

**Fax:** \_\_\_\_\_

**E-Mail:** RLANNI.CONSTRUCTION@gmail.com

**Contact Person and Title:** ROBERT LANNI OWNER

ROBERT LANNI CONSTRUCTION 321 TWIN RIVER RD LINCOLN RI 02865 (Company Name & Address) (hereafter "bidder") hereby certifies that bidder meets the general contractor apprenticeship requirements of R. I. Gen. Laws § 37- 13- 3.1 because bidder meets one of the following qualifications (check):

- A.  Bidder sponsors a current and duly approved Rhode Island Department of Labor and Training Apprenticeship Program and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing on the contract (attach apprenticeship program standards and apprenticeship agreement);
- B.  Bidder sponsors a current and duly registered Rhode Island Department of Labor and Training reciprocal apprenticeship program pursuant to R. I. Gen. Laws § 28-45-16 and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach apprenticeship program standards, apprenticeship agreement and Rhode Island Department of Labor and Training Reciprocal Apprenticeship Program Approval);

\*\*\*\*\*

Project Total Cost in writing: \$372,623.00

Three hundred seventy two thousand six hundred twenty three dollars.

\*\*\*\*\*

ROBERT LANNI CONSTRUCTION

Company Name of Bidder

321 Twin River Road Lincoln, RI 02865

Mailing Address (PO Box or street) Town, State, and Zip Code

ROBERT LANNI

Name of Authorized Representative

Robert Lanni Owner

Signature

Title

Sole Proprietorship

Type of Business (Corp, Partnership, Sole Proprietorship)

401 723-8850

Telephone Number

R.LANNI CONSTRUCTION@gmail.com

Facsimile

SCHEDULE:

- 1. Anticipated Award April 07, 2014
- 2. Submittals April 21, 2014
- 3. Submit detailed schedule and site utilization plan April 21, 2014
- 4. Mobilize on site May 01, 2014
- 5. Start work May 05, 2014
- 6. Complete work August 15, 2014
- 7. Punch list Complete August 26, 2014
- 8. Closeout documentation. September 15, 2014

5. Cost of ADA Warning Surface, each (EA). *One hundred seventy four dollars* \$ 174.00 /EA.
6. Fine grading and compacting existing sub-base. *Fifty cents* \$ 0.50 /SF.
7. Demolition and disposal of existing concrete sidewalk. *Two dollars and sixty cents* \$ 2.60 /SF.
8. Installation of concrete sidewalk. *Nine dollars and ten cents* \$ 9.10 /SF.
9. Asphalt patching. *Forty five dollars* \$ 45.00 /SY.
10. Furnish and install new precast concrete curbing. (Includes but is not limited to disposal, excavation, backfilling, and compaction, saw-cutting existing pavement, patching asphalt and setting backside of curbing in concrete). *Twenty Nine dollars and thirty cents* \$ 29.30 /LF

**ALTERNATES:**

1. Furnish all labor, materials and equipment to remove and replace 30 – 8 foot long existing precast concrete curb sections in kind and profile as directed by the CCRI Representative. Includes but is not limited to disposal, excavation, backfilling, and compaction, saw-cutting existing pavement, patching asphalt and setting backside of curbing in concrete.

*Eighteen thousand dollars*

ADD: \$ 18,000.00

2. Furnish and install 995 linear feet of granite curbing in place. Work includes but is not limited to neatly saw-cutting existing pavement, removing and disposal on existing pavement and precast curbing, sub-base, concrete encasement of curbing, 4 sets special shapes handicap curbing, replacement of gravel and placement of 2 inches of binder course and 2 inches of surface course in accordance with RIDOT Standards. A tack coat is to be applied at the transition of the existing pavement with the new pavement. Include any line stripping that is affected. (SEE EXHIBIT 1, DATED 11/22/13)

*Forty Four thousand seven hundred and seventy five dollars.*

ADD: \$ 44,775.00

**CONTRACTOR'S PROPOSAL** The undersigned Bidder agrees that he will contract with the Community College of Rhode Island to provide all necessary labor, supervision, tools, and other means to do all the work and furnish all the materials specified in the contract in the manner and time therein prescribed, and that he will take in full payment the amount set forth hereon.

Bid for Site Improvements, in its entirety, all Addenda, and the following documents by this reference are hereby made a part of this proposal:

- a. **Invitation for Bids**
- b. **Instructions to Bidder**
- c. **Special Instructions to Bidders**
- d. **Bid Form**
- e. **Project Manual Dated November 22, 2013**

Bidder acknowledges receipt (if applicable) of Addenda Number(s) 1, ~~2~~ RL, and \_\_\_\_\_.

The cost of all labor, material, and equipment necessary for the completion of the work itemized, even though not shown or specified, shall be included in the unit price for the various items shown herein. The Community College of Rhode Island reserves the right to increase or decrease the quantity of any item or omit items as may be deemed necessary and the same shall in no way affect or make void the contract. When increases or decreases are made, appropriate additions or deductions from the contract total price will be made at the stipulated unit price.

Please check your calculations before submitting your Bid; the Community College of Rhode Island will not be responsible for Bidder's miscalculations.

**UNIT COSTS:**

- 1. Cost per cubic yard (CY) loam. \$ 32.00 /CY.  
*THIRTY TWO DOLLARS*
- 2. Cost per cubic yard (CY) gravel. \$ 31.75 /CY.  
*THIRTY ONE DOLLARS + SEVENTY*
- 3. Cost per ton crushed stone. \$ 29.00 /Ton  
*FIVE CENTS*  
*TWENTY NINE DOLLARS*
- 4. Cost of handicap precast curbing, (special shapes curbs).

*EIGHT HUNDRED FIFTY* \$ 850.00 /Complete Unit  
*DOLLARS*

**BID FORM**

**DATE: REVISED MARCH 3, 2014**

**BID TO: STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
OFFICE OF PURCHASES  
ONE CAPITAL HILL  
PROVIDENCE, RHODE ISLAND 02908  
401-277-2317**

**PROJECT: COMMUNITY COLLEGE OF RHODE ISLAND  
FLANAGAN CAMPUS  
LINCOLN, RHODE ISLAND 02865  
SITE IMPROVEMENTS**

**SUBMITTED BY:**

**Firm Name** Robert Lanni  
Robert Lanni Construction

**Street Address**

321 Twin River Road

**Mailing Address (if different from above)** Lincoln, Rhode Island 02865

**City/State/Zip**

Lincoln, Rhode Island 02865

**TELEPHONE:** ( )

**FAX:** ( ) 401-723-8850

**CONTACT:**

**Name/Title**

Robert Lanni OWNER

**FEDERAL TAX  
I.D. NUMBER**

05-0378817

**LICENSE NO.**

(If Applicable) 36697