

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

SECTION 1 - VENDOR INFORMATION

Bid/RFPNumber: 7548537
Bid/RFP Title: REPLACEMENT OF DOORS & RELATED HARDWARE - DOA (25 PGS)

Opening Date & Time: 4/25/2014 11:00 AM

RIVIP Vendor ID #: 3196

Vendor Name: New England School Services, Incorporated

Address: 98 Hicks Avenue
Medford , MA 02155
USA

Telephone: 1-617-776-4700

Fax: 1-781-396-8088

E-Mail: pat@neschool.com

Contact Person: Patrica Dustin

Title: Administrative Assistant

R.I. Foreign Corp #:

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.

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. 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.

4.2. REGULATIONS, GENERAL TERMS AND CONDITIONS GOVERNING STATE CONTRACTS. This solicitation and any contract or purchase order arising from it are issued in accordance with the specific requirements described herein, and the State's Purchasing Laws and Regulations and other applicable State Laws. The Regulations, General Terms and Conditions are incorporated into all state contracts. These regulations and basic information on How To Do Business with the State of Rhode Island are posted on the Rhode Island Vendor Information Program Website (www.purchasing.ri.gov).

4.2A. ARRA SUPPLEMENTAL TERMS AND CONDITIONS. Contracts and sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009, Pub.L.No. 111-5 and any amendments thereto, such contracts and sub-awards, shall be subject to the Supplemental Terms and Conditions For Contracts and Sub-awards Funded in Whole or in Part by the American Recovery and Reinvestment Act of 2009, Pub.L.No. 111-5 and any amendments thereto located on the Division of Purchases website at www.purchasing.ri.gov.

4.3. EQUAL EMPLOYMENT OPPORTUNITY. Compliance certificate and agreement procedures will apply to all awards for supplies or services valued at \$10,000 and more. Minority Business Enterprise policies and procedures, including subcontracting opportunities as described in Title 37 Chapter 14.1, of the Rhode Island General Laws, also apply.

4.4. PERFORMANCE BONDS. Where indicated, successful bidder must furnish a 100% performance bond and labor and payment bond for contracts subject to Title 37 Chapters 12 and 13 of the Rhode Island General Laws. All bonds must be furnished by a surety company authorized to conduct business in the State of Rhode Island. Performance bonds must be submitted within 21 calendar days of the issuance of a tentative notice of award.

4.5. DEFAULT and NON-COMPLIANCE. Default and/or non-compliance with the RIVIP requirements and any other aspects of the award may result in withholding of payment(s), contract termination, debarment, suspension, or any other remedy necessary that is in the best interest of the state.

4.6. COMPLIANCE. Vendor must comply with all applicable federal, state and local laws, regulations and ordinances.

4.7. SPRINKLER IMPAIRMENT AND HOT WORK. The Contractor agrees to comply with the practices of the State's insurance carrier for sprinkler impairment and hot work. Prior to performing any work, the Contractor shall obtain the necessary information for compliance from the Risk Management Office at the Department of Administration or the agency for which work will be performed.

SECTION 5 – CERTIFICATIONS AND DISCLOSURES
ALL CONTRACT AWARDS ARE SUBJECT TO THE FOLLOWING DISCLOSURES & CERTIFICATIONS

Offerors must respond to every disclosure statement.

A person authorized to enter into contracts must sign the offer and attest to the accuracy of all statements.

Indicate Yes (Y) or No (N):

- N 1. State whether your company, or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has been subject to suspension or debarment by any federal, state, or municipal government agency, or the subject of criminal prosecution, or convicted of a criminal offense within the previous five (5) years. If so, then provide details below.
- N 2. State whether your company, or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has had any contracts with a federal, state or municipal government agency terminated for any reason within the previous five (5) years. If so, then provide details below.
- N 3. State whether your company or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has been fined more than \$5000 for violation(s) of Rhode Island environmental laws by the Rhode Island Department of Environmental Management within the previous five (5) years. If so, then provide details below.
- Y 4. I/we certify that I/we will immediately disclose, in writing, to the Chief Purchasing Officer any potential conflict of interest, which may occur during the course of the engagement authorized pursuant to this contract.
- Y 5. I/we acknowledge that, in accordance with Chapter 37-2-54(c) of the Rhode Island General Laws "no purchase or contract shall be binding on the state or any agency thereof unless approved by the Department [of Administration] or made under general regulations which the Chief Purchasing Officer may prescribe", including change orders and other types of contracts and under State Purchasing Regulation 8.2.1.1.2, "any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the state".
- Y 6. I/we certify that I/we or my/our firm possesses all licenses required by Federal and State laws and regulations as they pertain to the requirements of the solicitation and offer made herein and shall maintain such required license(s) during the entire course of the contract resulting from the offer contained herein and should my/our license lapse or be suspended, I/we shall immediately inform the Rhode Island State Purchasing Agent in writing of such circumstance.
- Y 7. I/we certify that I/we will maintain required insurance during the entire course of the contract resulting from the offer contained herein and should my/our insurance lapse or be suspended, I/we shall immediately inform the Rhode Island State Purchasing Agent in writing of such circumstance.
- Y 8. I/we certify that I/we understand that falsification of any information herein or failure to notify the Rhode Island State Purchasing Agent as certified herein may be grounds for suspension, debarment and/or prosecution for fraud.
- Y 9. I/we acknowledge that the provisions and procedures set forth in this form apply to any contract arising from this offer.
- Y 10. I/we acknowledge that I/we understand the State's Purchasing Laws (37-2 of the General Laws of Rhode Island) and Purchasing Regulations and General Terms and Conditions available at the Rhode Island Division of Purchases Website (www.purchasing.ri.gov) apply as the governing conditions for any contract or purchase order I/we may receive from the State of Rhode Island, including the offer contained herein.
- Y 11. I/we certify that the bidder: (i) is not identified on the General Treasurer's list, created pursuant to R.I. Gen. Laws § 37-2.5-3, as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 12. I/we certify that the above vendor information is correct and complete.



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

CREATION DATE : 03-MAR-14
 BID NUMBER: 7548537
 TITLE: Replacement of Doors & Related Hardware, DOA

BLANKET START : 01-JUN-14
 BLANKET END : 31-MAY-17
 BID CLOSING DATE AND TIME: 25-APR-2014 11:00:00

BUYER: Ohara 2nd, John F
 PHONE #: 401-574-8125

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 DOA CONTROLLER
 ONE CAPITOL HILL, 4TH FLOOR
 SMITH ST
 PROVIDENCE, 02908
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 DOA-FACILITIES MANAGEMENT
 FOR DESTINATION SEE BELOW
 , RI
 US

Requisition Number: 1352972

Line	Description	Quantity	Unit	Unit Price	Total
1	Blanket Requirement: June 1, 2014 - May 31, 2017 Hinge, Pair Stanley FBB -179, 4 1/2 x 4 1/2, US, prime, non removable pins	4.00	Each	10 ⁰⁰	40 ⁰⁰
2	Hinge, Pair Stanley FBB -168, 4 1/2 x 4 1/2, HW, US, prime non removable pins, heavyweight	1.00	Each	19 ⁰⁰	19 ⁰⁰
3	Hinge, Pair Stanley FBB -173, 4 1/2, Half Mortise w/ template holes	1.00	Each	15 ⁰⁰	15 ⁰⁰
4	Hinge, Pair Stanley FBB -1173, 4 1/2, Half Surface w/ template holes	1.00	Each	17 ⁰⁰	17 ⁰⁰
5	Hinge, Roton, 7'0" w/ thru bolts and covers	1.00	Each	135 ⁰⁰	135 ⁰⁰
6	LEVER PASSAGE SET - SCHLAGE ND SERIES 10S - 626 ND 10S	1.00	Each	199 ⁰⁰	199 ⁰⁰
7	PRIVACY SET - SCHLAGE ND SERIES 40S	1.00	Each	229 ⁰⁰	229 ⁰⁰
8	ENTRANCE SET - SCHLAGE ND SERIES 53PD	3.00	Each	272 ⁰⁰	816 ⁰⁰
9	SPLIT ASTRAGEL, 7'0", 351 X 351	1.00	Each	54 ⁰⁰	54 ⁰⁰
10	THRESHOLD - ALUMINUM, 3'0", OUT SWING, #2005A	1.00	Each	54 ⁰⁰	54 ⁰⁰
11	CLOSURE - LCN, PARALELL ARM #4111, ALUMINUM FINISH, W/COVER	3.00	Each	245 ⁰⁰	735 ⁰⁰
12	CLOSURE - LCN, HOLD OPEN ARM, CUSHION ARM, ALUMINUM FINISH, W/COVER	2.00	Each	307 ⁰⁰	614 ⁰⁰
13	KICK PLATE, 8" X 34", 18 GAUGE, STAINLESS STEEL	2.00	Each	27 ⁰⁰	54 ⁰⁰
14	EXIT DEVICE, RIM PANIC, VON DUPRIN 99EO-F	1.00	Each	724 ⁰⁰	724 ⁰⁰

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



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BUYER: Ohara 2nd, John F
 PHONE #: 401-574-8125

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Line	Description	Quantity	Unit	Unit Price	Total
15	EXIT DEVICE, RIM PANIC, VON DUPRIN 99L-F	1.00	Each	1017 ⁰⁰	1017 ⁰⁰
16	EXIT DEVICE, MORTISE PANIC, VON DUPRIN 9975EO-F-EO	1.00	Each	1009 ⁰⁰	1009 ⁰⁰
17	EXIT DEVICE, MORTISE PANIC, VON DUPRIN 9975L-F	1.00	Each	1303 ⁰⁰	1303 ⁰⁰
18	EXIT DEVICE, VERTICAL PANIC, VON DUPRIN, 9927 EO	1.00	Each	920 ⁰⁰	920 ⁰⁰
19	VISION LIGHT KIT - 4" X 25" W/UL WIRE GLASS, FOR USE W/LABELED WOOD DOOR	1.00	Each	152 ⁰⁰	152 ⁰⁰
20	VISION LIGHT KIT - 4" X 25" W/UL WIRE GLASS, FOR USE W/LABELED METAL DOOR	1.00	Each	152 ⁰⁰	152 ⁰⁰
21	WELDED FRAME - 3-0 X 7-0, 16 GAUGE	3.00	Each	230 ⁰⁰	690 ⁰⁰
22	WELDED FRAME - 3-0 X 7-0, 14 GAUGE W/7 GAUGE HINGE REINFORCEMENTS	1.00	Each	271 ⁰⁰	271 ⁰⁰
23	WELDED FRAME - 3-0 X 7-0, B LABELED W/HIGH FREQUENCY HINGE PREPARATIONS	1.00	Each	262 ⁰⁰	262 ⁰⁰
24	WELDED FRAME - 6-0 X 7-0, A LABELED	1.00	Each	283 ⁰⁰	283 ⁰⁰
25	METAL DOOR - 3-0 X 7-0, FLUSH, 18 GAUGE, W/CLOSURE REINFORCEMENT OF 14 GAUGE TUBES	1.00	Each	322 ⁰⁰	322 ⁰⁰
26	METAL DOOR - 3-0 X 7-0, FLUSH, 18 GAUGE, CUSTOM UNIT, W/ 1/8" BEVEL EACH SIDE	1.00	Each	375 ⁰⁰	375 ⁰⁰
27	METAL DOOR - PAIR 3-0 X 7-0, UNDERWRITERS B LABEL, W/ 14 GAUGE STEEL CHANNELS	1.00	Each	702 ⁰⁰	702 ⁰⁰
28	METAL DOOR - PAIR 3-0 X 7-0, UNDERWRITERS A LABEL, W/ 14 GAUGE STEEL CHANNELS	1.00	Each	702 ⁰⁰	702 ⁰⁰
29	WOOD DOOR - BIRCH, SOLID, 3-0 X 7-0, FLUSH,	3.00	Each	145 ⁰⁰	435 ⁰⁰

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BUYER: Ohara 2nd, John F
 PHONE #: 401-574-8125

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Line	Description	Quantity	Unit	Unit Price	Total
	MACHINED				
30	WOOD DOOR - BIRCH, 'B' LABELED, 3-0 X 7-0, FLUSH, MACHINES, (PAIR MATCHED)	1.00	Each	840 ⁰⁰	840 ⁰⁰
31	WIRE GLASS - UL RATED, POLISHED, GEORGIAN SQUARE	1.00	Each	122 ⁰⁰	122 ⁰⁰
32	WIRE GLASS - UL RATED, POLISHED, MISCO DIAGONAL	1.00	Each	122 ⁰⁰	122 ⁰⁰
43	INSTALLATION LABOR PER HOUR, ON SITE OTHER PARTS AT MANUFACTURER'S LIST PRICE LESS PERCENTAGE, COMPLETE BELOW: (COST PLUS IS NOT ALLOWED). FIRE RATED GLASS-KERALITE FR-F 90 MINUTE DISCOUNT <u>20</u> %. DISCOUNT FROM LIST-OSHKOSH <u>20</u> %. DISCOUNT FROM LIST-STEELCRAFT <u>25</u> %. DISCOUNT FROM LIST-PIONEER <u>20</u> %. DISCOUNT FROM LIST-ARROW <u>25</u> %. DISCOUNT FROM LIST-SCHLAGE <u>25</u> %. DISCOUNT FROM LIST-YALE <u>25</u> %. DISCOUNT FROM LIST-PRECISION <u>25</u> %. DISCOUNT FROM LIST-ROCKWOOD <u>25</u> %. DISCOUNT FROM LIST-PILKINSON <u>20</u> %. DISCOUNT FROM LIST-SARGENT <u>25</u> %. DISCOUNT FROM LIST-NORTON <u>25</u> %.	52.00	Each	5980	310960

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Line	Description	Quantity	Unit	Unit Price	Total
	DISCOUNT FROM LIST-PEMKO <u>25</u> %.				
	DISCOUNT FROM LIST-STANLEY <u>25</u> %.				
	DISCOUNT FROM LIST-CORBIN RUSSWIN <u>25</u> %.				
	DISCOUNT FROM LIST-VON DUPRIN <u>25</u> %.				
	DISCOUNT FROM LIST-LCN <u>25</u> %.				
	T FROM LIST-DOOR-A-MATIC <u>25</u> %.				
	DISCOUNT FROM LIST-IVES <u>25</u> %.				
	DISCOUNT FROM LIST-SPECIAL LIGHT <u>25</u> %.				
	DISCOUNT FROM LIST-SELECT <u>25</u> %.				
	DISCOUNT FROM LIST-DECOLAN TOILET PARTITIONS, PHENOLIC, FLOOR MOUNTED, OVERHEAD BRACED <u>25</u> %.				
	DISCOUNT FROM LIST-BRADLEY PARTITIONS, SOLID PLASTIC, FLOOR MOUNTED, OVERHEAD BRACED <u>25</u> %.				
	DISCOUNT FROM LIST-BRADLEY PARTITIONS, METAL, FLOOR-MOUNTED, OVERHEAD BRACED <u>25</u> %.				

Delivery: 60 DAYS ARO
 Terms of Payment: NET 30

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

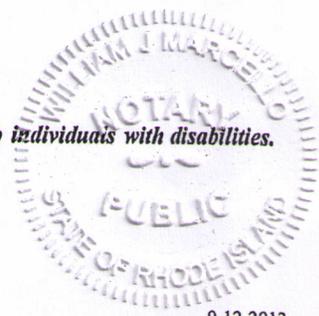
By: [Signature]

Title: PROJECT MANAGER

Subscribed and sworn before me this 25 day of April, 2014

[Signature]
Notary Public
My commission expires: 4-10-2018

WILLIAM J MARCELLO
NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMM EXPIRES APRIL 10, 2018



An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.
TTY via RI Relay 711

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)

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NAME New England School Services, Inc.

ADDRESS 98 Hicks Ave

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE Medford, MA 02155

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

Wayne D. Smith

TITLE

Pres

DATE

4/24/14

TEL NO.

617-776-4700

BUSINESS DESIGNATION:

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