State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number:	7549002A1
Solicitation Title:	ELEVATOR MAINTEANCE & REPAIRS, DOC - ADDENDUM 1 (1 PG)
Bid Proposal Submission Deadline Date & Time:	10/22/2014 11:30 AM
RIVIP Vendor ID #:	8802
Bidder Name:	ThyssenKrupp Elevator
Address:	44 Albion Rd Suite 103 Lincoln , RI 02865 USA
Telephone:	401-258-8381
Fax:	866-223-1880
Contact Name:	Sarah Martin
Contact Title:	Account Manager
Contact Email:	sarah.martin@thyssenkrupp.com

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-3, and if "Yes," provide details below. Complete Disclosure 4.

N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.

N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.

N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than $5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

4. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address,

principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

see attachment

SECTION 3 —CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.

Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.

Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.

Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.

Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.

Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.

Y 7. 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 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

THYSSENKRUPP ELEVATOR CORPORATION

UNANIMOUS CONSENT OF DIRECTORS

(Election of Officers)

The undersigned, being all of the directors of ThyssenKrupp Elevator Corporation (the "Company"), do hereby waive all required notice and consent to the following:

WHEREAS, the undersigned acknowledge the retirement of William Barry Pletch and his resignation as President of the Company, effective December 31, 2010.

WHEREAS, the undersigned deem it in the Company's best interest to elect officers.

NOW, THEREFORE, IT IS:

RESOLVED, that the following persons are elected to the offices of the Company set opposite their respective names:

Name	Office
Richard T. Hussey	President
James Harrison	Executive Vice President and CFO
Stuart Prior	Executive Vice President
David Turnage	Vice President – Tax
Eric Scrudders	Executive Vice President and General Counsel
Lawrence C. Paulson	Secretary
Alan S. Weisser	Assistant Secretary
Joseph Braman	Assistant Secretary
Charles Califf	Assistant Secretary
Scott J. Silitsky	Vice President–Contracts and Assistant Secretary

RESOLVED, that such persons shall constitute all of the Company's officers, to serve in that capacity until their respective successors are duly elected and shall qualify, or until their resignation or removal.

RESOLVED, that this consent may be executed in separate written counterparts, each of which shall be deemed to be an original, but all of which together shall be deemed to be one and the same document.

IN WITNESS WHEREOF, the undersigned, being all the directors of ThyssenKrupp Elevator Corporation, have executed this consent effective as of the 1st day of January, 2011.

DIRECTORS:

Richard T. Hussey

James Harrison

Eric Scrudders

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this RIVIP Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: 10/22/14

Sarah Martin
Name of Bidder

Sarah Martin
Signature in ink

Account Manager
Printed name and title of person signing on behalf of Bidder

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

September 25, 2014, 2014

ADDENDUM NUMBER ONE

RFQ # 7549002

TITLE: Elevator Maintenance & Repairs, Dept. of Corrections

Closing Date and Time: 10/22/14 at 11:30 AM (Note Change)

Per the issuance of this ADDENDUM #1 (1) page, the following change(s) are noted:

Please be advised the Bid Closing Date and Time has been extended:

From: 10/14/14 AT 11:30 AM
To: 10/22/14 AT 11:30 AM

[X] **Specification Change /Addition / Clarification**

Be advised we have now scheduled a NON-Mandatory Pre-Bid Conference for this Invitation to Bid.

The NON-Mandatory Pre Bid Conference will be held:

October 9, 2014 at 10:00 AM
Meet at the Facilities & Maintenance Office
10 Garvey Road,
Cranston, RI.

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

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Solicitation Number:	7549002
Solicitation Title:	ELEVATOR MAINTENANCE & REPAIRS, DOC (44 PGS)
Bid Proposal Submission Deadline Date & Time:	10/22/2014 11:30 AM
RIVIP Vendor ID #:	8802
Bidder Name:	ThyssenKrupp Elevator
Address:	44 Albion Rd Suite 103 Lincoln , RI 02865 USA
Telephone:	401-258-8381
Fax:	866-223-1880
Contact Name:	Sarah Martin
Contact Title:	Account Manager
Contact Email:	sarah.martin@thyssenkrupp.com

SECTION 2 —DISCLOSURES

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N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.

N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.

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principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

see attachment

SECTION 3 —CERTIFICATIONS

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Certification details (continue on additional sheet if necessary):

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(Election of Officers)

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WHEREAS, the undersigned deem it in the Company's best interest to elect officers.

NOW, THEREFORE, IT IS:

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James Harrison	Executive Vice President and CFO
Stuart Prior	Executive Vice President
David Turnage	Vice President – Tax
Eric Scrudders	Executive Vice President and General Counsel
Lawrence C. Paulson	Secretary
Alan S. Weisser	Assistant Secretary
Joseph Braman	Assistant Secretary
Charles Califf	Assistant Secretary
Scott J. Silitsky	Vice President–Contracts and Assistant Secretary

RESOLVED, that such persons shall constitute all of the Company's officers, to serve in that capacity until their respective successors are duly elected and shall qualify, or until their resignation or removal.

RESOLVED, that this consent may be executed in separate written counterparts, each of which shall be deemed to be an original, but all of which together shall be deemed to be one and the same document.

IN WITNESS WHEREOF, the undersigned, being all the directors of ThyssenKrupp Elevator Corporation, have executed this consent effective as of the 1st day of January, 2011.

DIRECTORS:

Richard T. Hussey

James Harrison

Eric Scrudders

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this RIVIP Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: 10/22/14

Sarah Martin
Name of Bidder

Sarah Martin
Signature in ink

Account Manager
Printed name and title of person signing on behalf of Bidder

State of Rhode Island

Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908

INVITATION TO BID

SOLICITATION TITLE: **Elevator Maintenance & Repairs, Dept. of Corrections**
SOLICITATION NUMBER: **7549002**
BID PROPOSAL SUBMISSION DEADLINE: **October 14, 2014 at 11:30 AM**

RIVIP REGISTRATION: Bidders must be registered vendors through the online Division of Purchases Rhode Island Vendor Information Program at www.purchasing.ri.gov. To register or update information, click on "Vendor Center," then "Vendor Information" from the dropdown menu on the left.

BIDDER CERTIFICATION COVER FORM: Bidders must download (obtainable at www.purchasing.ri.gov), complete, and submit a Bidder Certification Cover Form with each bid proposal.

The State of Rhode Island through its, Department of Administration, Division of Purchases, is soliciting bid proposals to perform the work described in the plans and specifications dated attached For the Project in accordance with this solicitation.

Bidders are invited to submit bid proposals to the Division of Purchases by the bid proposal submission deadline.

This solicitation contains, and is subject to the terms and conditions of, the Invitation to Bid, Instructions to Bidders, Bid Preparation Checklist (with applicable forms), Agreement, General Conditions, any Supplemental Conditions, Specifications and Plans, Bidder Certification Cover Form, and Bid Form. The solicitation is available at www.purchasing.ri.gov.

The award of the contract pursuant to this solicitation will be made to the responsive and responsible bidder with the lowest bid price. *The Division of Purchases reserves the right to waive any technicalities in the bid proposals, accept or reject any bid proposal, award a contract in the best interest of the State, or revoke any solicitation.*

Continued onto next page

State of Rhode Island

Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908

INVITATION TO BID

Electronic Solicitation Bidding Information

Downloading and Accessing Additional Electronic Solicitation Files

Accessing electronic files on the purchasing website will require Adobe viewer. All bid solicitations that include a "D" in the "Info" column will require WinZip 8.1 software. The WinZip file may contain one or more files. These files may require additional software such as Microsoft Office.

Specifications that have a file for download are marked with a "D" in the "Info" field of the bid search results page located on the Purchasing website. The "D" will indicate an active link to the WinZip file until the bid reaches its opening date. Clicking on the active "D" link will allow you to open or save the WinZip file associated with the bid. Opening the WinZip file will offer you the option of saving to your local computer.

Once saved, you can open the WinZip file and view the files. The individual files can be saved to your computer in a location such as "Desktop" or "My Documents".

Buyer Name: John F. O'Hara II, Title: Chief Buyer

State of Rhode Island Department of Administration
Division of Purchases

REVISED
November 20, 2013

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.**

The public copy must be submitted in .pdf (portable document file) format on a ***read-only*** CD-R media disc. The disc must include ***all of the documents*** submitted in response to the solicitation concatenated or merged into one file. The file must be named in the following manner:

BidNumber_DateofBid_VendorName_VendorID.pdf

The Bidder Certification Cover Form contains all of the information for the file name. The date of bid must appear as mm-dd-yyyy. The vendor name must appear as one word, with no spaces or punctuation. Underscores must separate the fields.

Example: 7543210_11-08-2013_OceanStateCompanyInc_9867.pdf

The public copy disc must be separately enclosed in a protective cover clearly marked "Public Copy" and include the following information (all available from the Bidder Certification Cover Form): (1) title of solicitation; (2) name of bidder and RIVIP vendor ID number; (3) bid number; and (4) date of bid.

The public copy may redact any trade secrets or commercial or financial information which is of a privileged or confidential nature pursuant to the "Access to Public Records Act," R. I. Gen. Laws §§ 38-2-1 *et seq.*

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 accessible at www.purchasing.ri.gov

Request for Quote

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

CREATION DATE : 10-SEP-14
BID NUMBER: 7549002
TITLE: Elevator Maintenance & Repairs, Dept. of Corrections

BLANKET START : 01-DEC-14
BLANKET END : 30-SEP-19
BID CLOSING DATE AND TIME: 14-OCT-2014 11:30:00

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

BILL TO
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
DOC CDC WAREHOUSE
ATTN: (SEE 'ATTN' line in PO)
25 POWER ROAD
CRANSTON, RI 02920
US

Requistion Number: 1381169

Line	Description	Quantity	Unit	Unit Price	Total
1	Blanket Requirement: December 1, 2014 - September 30, 2019. NOTE: ITEMS 20, 21 AND 23 HAVE BEEN OMITTED ON PURPOSE. APA-6276 12/14/14 - 6/30/15 REGULAR LABOR RATE FOR ELEVATOR TECHNICIAN ON SITE	1,020.00	Hour	190	190/hr
2	APA-6276 7/1/15 - 6/30/16 REGULAR LABOR RATE FOR ELEVATOR TECHNICIAN ON SITE	1,920.00	Hour	195	195/hr
3	APA-6276 7/1/16 - 6/30/17 REGULAR LABOR RATE FOR ELEVATOR TECHNICIAN ON SITE	1,920.00	Hour	200	200/hr
4	APA-6276 7/1/17 - 6/30/18 REGULAR LABOR RATE FOR ELEVATOR TECHNICIAN ON SITE	1,920.00	Hour	205	205/hr
5	APA-6376 7/1/18 - 6/30/19 REGULAR LABOR RATE FOR ELEVATOR TECHNICIAN ON SITE	1,920.00	Hour	210	210/hr
6	APA-6276 7/1/19 - 9/30/19 REGULAR LABOR RATE FOR ELEVATOR TECHNICIAN	480.00	Hour	215	215/hr
7	APA-6276 12/1/14 - 6/30/15 OVERTIME LABOR RATE FOR ELEVATOR LICENSED TECHNICAN ON SITE	225.00	Hour	320	320/hr
8	APA-6276 7/1/15 - 6/30/16 OVERTIME LABOR RATE FOR ELEVATOR LICENSED TECHNICAN ON SITE	520.00	Hour	330	330/hr
9	APA-6276 7/1/16 - 6/30/17 OVERTIME LABOR RATE FOR ELEVATOR LICENSED TECHNICAN ON SITE	520.00	Hour	340	340/hr
10	APA-6276 7/1/17 - 6/30/18 OVERTIME LABOR RATE FOR ELEVATOR LICENSED TECHNICAN ON SITE	520.00	Hour	350	350/hr
11	APA-6276 7/1/18 - 6/30/19 OVERTIME LABOR RATE FOR ELEVATOR LICENSED TECHNICAN ON SITE	520.00	Hour	360	360/hr
12	APA-6276 7/1/19 - 9/30/19 OVERTIME LABOR RATE FOR ELEVATOR LICENSED TECHNICAN ON SITE	120.00	Hour	370	370/hr

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

Request for Quote

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

CREATION DATE : 10-SEP-14
BID NUMBER: 7549002
TITLE: Elevator Maintenance & Repairs, Dept. of Corrections

BLANKET START : 01-DEC-14
BLANKET END : 30-SEP-19
BID CLOSING DATE AND TIME: 14-OCT-2014 11:30:00

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

BILL TO
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
DOC CDC WAREHOUSE
ATTN: (SEE 'ATTN' line in PO)
25 POWER ROAD
CRANSTON, RI 02920
US

Requistion Number: 1381169

Line	Description	Quantity	Unit	Unit Price	Total
13	APA-6276 12/1/14 - 6/30/15 VENDOR TO PROVIDE 1-YEAR PRESSURE TESTS OF RELIEF VALVES ACCORDIDNG TO STATE ELEVATOR CODE NO: 2.08	1.00	Each	700	700/elevator
14	APA-6276 7/1/15- 6/30/16 VENDOR TO PROVIDE 1-YEAR PRESSURE TESTS OF RELIEF VALVES ACCORDIDNG TO STATE ELEVATOR CODE NO: 2.08	1.00	Each	750	750/elevator
15	APA-6276 7/1/16 - 6/30/17 VENDOR TO PROVIDE 1-YEAR PRESSURE TESTS OF RELIEF VALVES ACCORDIDNG TO STATE ELEVATOR CODE NO: 2.08	1.00	Each	800	800/elevator
16	APA-6276 7/1/17 - 6/30/18 VENDOR TO PROVIDE 1-YEAR PRESSURE TESTS OF RELIEF VALVES ACCORDIDNG TO STATE ELEVATOR CODE NO: 2.08	1.00	Each	850	850/elevator
17	APA-6276 7/1/18 - 6/30/19 VENDOR TO PROVIDE 1-YEAR PRESSURE TESTS OF RELIEF VALVES ACCORDIDNG TO STATE ELEVATOR CODE NO: 2.08	1.00	Each	900	900/elevator
18	APA-6276 7/1/19 - 9/30/19 VENDOR TO PROVIDE 1-YEAR PRESSURE TESTS OF RELIEF VALVES ACCORDIDNG TO STATE ELEVATOR CODE NO: 2.08	1.00	Each	950	950/elevator
19	APA-6276 12/1/14 - 9/30/19 VENDOR TO PROVIDE 3-YEAR STATIC LOAD TEST (IF APPLICABLE) ACCORDING TO STATE ELEVATOR CODE NO: 2.08	1.00	Each	800	800/elevator
22	APA-6276 12/1/14 - 9/30/19 VENDOR TO PROVIDE 5-YEAR CAPACITY SAFETY TEST	1.00	Each	800	800/elevator
24	APA-6276 12/1/14 - 6/30/15 VENDOR TO PROVIDE QUARTERLY ELEVATOR EXAMINATIONS (TOTAL PER QUARTER FOR ALL ELEVATORS)	2.00	Quarter	3150	3150/qtr
25	APA-6276 7/1/15- 6/30/16 VENDOR TO PROVIDE QUARTERLY ELEVATOR EXAMINATIONS (TOTAL PER QUARTER FOR ALL ELEVATORS)	4.00	Quarter	3245	3245/qtr
26	APA-6276 7/1/16- 6/30/17 VENDOR TO PROVIDE QUARTERLY ELEVATOR EXAMINATIONS (TOTAL PER QUARTER FOR ALL ELEVATORS)	4.00	Quarter	3340	3340/qtr
27	APA-6276 7/1/17- 6/30/18 VENDOR TO PROVIDE QUARTERLY ELEVATOR EXAMINATIONS (TOTAL PER QUARTER FOR ALL ELEVATORS)	4.00	Quarter	3440	3440/qtr
28	APA-6276 7/1/18- 6/30/19 VENDOR TO PROVIDE QUARTERLY ELEVATOR EXAMINATIONS (TOTAL PER QUARTER FOR ALL ELEVATORS)	4.00	Quarter	3545	3545/qtr
29	APA-6276 7/1/19- 9/30/19 VENDOR TO PROVIDE QUARTERLY ELEVATOR EXAMINATIONS (TOTAL PER QUARTER FOR ALL ELEVATORS)	1.00	Quarter	3650	3650/qtr

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

Request for Quote

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

CREATION DATE : 10-SEP-14
BID NUMBER: 7549002
TITLE: Elevator Maintenance & Repairs, Dept. of Corrections

BLANKET START : 01-DEC-14
BLANKET END : 30-SEP-19
BID CLOSING DATE AND TIME: 14-OCT-2014 11:30:00

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

BILL TO
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
DOC CDC WAREHOUSE
ATTN: (SEE 'ATTN' line in PO)
25 POWER ROAD
CRANSTON, RI 02920
US

Requistion Number: 1381169

Line	Description	Quantity	Unit	Unit Price	Total
	APA-6276 12/1/14 - 9/30/19 PARTS AT MANUFACTURERS LIST PRICE LESS 5 %				

Delivery: _____

Terms of Payment: _____

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

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

ThyssenKrupp Elevator Corporation Summary Screen

Help with this form

[redacted]

The exact name of the Foreign Corporation: ThyssenKrupp Elevator Corporation

The name was changed from: THYSSEN ELEVATOR COMPANY **on** 3/2/2001
The name was changed from: Dover Elevator Company **on** 7/7/1999

The fictitious name of Thyssen Dover Elevator **was filed on** 8/16/1999
The fictitious name of THYSSEN DOVER ELEVATOR COMPANY **was filed on** 7/7/1999

Entity Type: Foreign Corporation

Identification Number: 000035026

Date of Qualification in Rhode Island: 07/02/1985

The Foreign Corporation is organized under the laws of: State: DE Country: USA

The location of its principal office:
No. and Street: 2500 NORTHWINDS PKWY STE 375
City or Town: ALPHARETTA State: GA Zip: 30009 Country: USA

The mailing address or specified office:
No. and Street:
City or Town: State: Zip: Country:

Agent Resigned: N **Address Maintained:** Y

Name and address of the Registered Agent:
No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200
City or Town: WARWICK State: RI Zip: 02888-
Name: PRENTICE-HALL CORP SYSTEM

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RICHARD T. HUSSEY	2500 NORTHWINDS PKWY STE 375

		ALPHARETTA, GA 30009 USA
TREASURER	JAMES HARRISON	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA
SECRETARY	LAWRENCE C PAULSON	3155 W BIG BEAVER ROAD TROY, MI 48084 US
VICE PRESIDENT	DAVID TURNAGE	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA
VICE PRESIDENT	SCOTT J. SILITSKY	2500 NORTHWINDS PKWY, STE 375 ALPHARETTA, GA 30009 USA
DIRECTOR	JAMES HARRISON	2500 NORTHWINDS PKWY, STE 375 ALPHARETTA, GA 30009 USA
DIRECTOR	ERIC SCRUDDERS	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA
DIRECTOR	RICHARD T. HUSSEY	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA

The total number of shares and par value, if any, of each class of stock which the business entity is authorized to issue:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Num of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.0000	5,000.00	4,000.00

Purpose

ELEVATOR SALES SERVICE AND REPAIR.

Select a type of filing from below to view this business entity filings:

ALL FILINGS [redacted]
Annual Report
Annual Report - Amended
Application for Amended Certificate of Authority
Application for Certificate of Authority [redacted]

Click Here to access 2006 and 2007 annual reports filed and imaged prior to July 25, 2007. Identification Number is Required

[redacted]

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Help

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
ThyssenKrupp Elevator

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
44 Albion Road Suite 103

Requester's name and address (optional)

City, state, and ZIP code
Lincoln, RI 02865

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
6 2 – 1 2 1 1 2 6 7

Part II 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: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** Sarah Martin **Date ▶** 10/22/14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.