

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: 7549040A1
Solicitation Title: EXTERIOR BLOCK WALL REPAIRS/OFFICE COATINGS/DOT MIDSTATE FACILITY - ADD #1 (3 PGS)
Bid Proposal Submission Deadline Date & Time: 10/23/2014 10:30 AM
RIVIP Vendor ID #: 19805
Bidder Name: Alpha Omega Construction, Inc.
Address: PO Box 14193
East Providence , RI 02914
USA
Telephone: (508) 761-4494
Fax: (508) 399-7345
Contact Name: Fred Abatecola
Contact Title: Treasurer
Contact Email: fred@aogroup.net

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):

Marie Abatecola	President	51%	Rehoboth, MA
Stephanie Dorazio	V President	10%	N. Providence, RI
Fred Abatecola	Treasurer	23%	Rehoboth, MA
Robert Abatecola	Secretary	5%	Seekonk, MA
Paul Vitella	V President	5%	Rehoboth, MA
Peter Oliveira	Shareholder	2%	N Smithfield, RI
Jose Costello	Shareholder	2%	Lincoln, RI
Justin Koenig	Shareholder	2%	Attleboro, MA

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:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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):



State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

ADDENDUM #1

RFQ# 7549040

TITLE: EXTERIOR BLOCK WALL REPAIRS/OFFICE COATINGS – DOT MIDSTATE FACILITY

SUBMISSION DEADLINE: 10/23/14 – 10:30 A.M.

Prospective bidders and all concerned are hereby advised of the following changes/modifications in the Contract Documents for the above referenced Contract and are hereby requested to change their copies accordingly. Delete the third page of the contract in its entirety and replace it with the attached new page.

THIS ADDENDUM INCLUDES:

- ONE (1) PAGE OF THE CONTRACT CONSTRUCTION METHODS. THE ADDENDUM REVISES THE CONSTRUCTION METHODS THAT ARE ADDITIONS TO BE ADDED TO THE SECTION ON THE THIRD PAGE OF THE CONTRACT. SEE ATTACHED.
- MANDATORY PRE-BID CONFERENCE ATTENDANCE SHEET

Lisa Hill
Chief Buyer

Bidders must include a signed copy of this addendum with their proposal submission as acknowledgement.

ALPHA OMEGA Construction, Inc
Company Name (print)

Signature of Authorized Representative
FRED ABATECOLA

Mid-State Maintenance Facility

2400 New London Turnpike, East Greenwich RI

CONSTRUCTION METHODS

Sealant Repair

1. All Dissimilar Materials to be caulked with with bead, up to 3/4" wide including steel columns to CMU block joints, use Sikaflex 2C NS
2. Cracks repairs in block - cracks <1/16" wide to be vee sawcut and caulked with flush tooling, use Sikaflex 2C NS

Block Protective Coating

3. Detail cracks and joints and coat exterior block walls with Sikagard 550W. Color to be selected by owner , use Sikagard 550W, 2 coats @ 100sf/gal/coat. At exterior walls that were previously coated, only one coat is required per technical data sheet.

Steel Coating

4. Pigmented Protective Coating on exterior exposed steel to be Rustoleum or an approved equal. Color to be selected by owner. Use primer and, 2 finish coats of commercial grade steel coating.

Epoxy Coating

5. Epoxy Broadcast System on interior office floors as outlined by owner. Remove existing coating(s), Mechanically prep floor and apply HI-build epoxy. Hi-build epoxy system, use Sikagard 62 Epoxy Broadcast System.

ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS.

Remove and Replace cove base at perimeter walls of rooms to be coated with new epoxy floor coating. Cove to match existing in color and material.

All work shall be in conformance with the manufactures specifications.

Solicitation #7549040 Addendum No. 1



"MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

Mandatory Pre-bid Conference: Any vendor who intends to submit a bid proposal in response to this solicitation must have its representative attend this mandatory prebid conference, sign, and complete all required information on this Sign-In Sheet. Failure to comply with this requirement will result in the rejection of any bid proposal.

BID NUMBER: 7549040
 BID TITLE: Exterior Block Wall Repairs
 PRE-BID DATE AND TIME: 10/8/14 - 9:00 a.m.

Purchasing Representative: *JK*
 G.O.S AM
 Mandatory Pre-bid START TIME:
 Mandatory Pre-bid END TIME: 9:35

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACTE-MAIL	CONTACT PHONE NUMBER AND FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
IRON CONSTRUCTION	Abdul Elsamabi	<i>[Signature]</i>	875 Centerville Rd, Warwick	AMEICGRI.com	401-481-8840 F 401-344-2409	
CCRT	Nick M.	<i>[Signature]</i>	515 geeneyville	MICKEN	401-232-0562	
MARCO TRONS	DAVE WILDORRE	<i>[Signature]</i>	46 GARDNER WARWICK RI	ldwildeose@gmail.com	732-1720	
WOSMA WNST.	TONY PAULIA	<i>[Signature]</i>	1002 CHOWS ST N. MAN. RI 02904	ADP GLOBAL @ADL.COM	617-368-0000 401-725 9020	
DERZ LIMITA	Pac Khem Painting	<i>[Signature]</i>		663-4249		
Brad Doyle						
Corner Stone Restoration Inc	Brad Doyle	<i>[Signature]</i>	24 Lisade Hl. Burrington 75 Dike St PROV, RI 02902	Corner Stone Restoration mick@stodonnell.com	401-351-8503 621-9710	401-247-8000 401-351-8503 621-9710
E.F. O'Donnell & Sons	Nick Deschones	<i>[Signature]</i>	65 MATTOW ST WARWICK, RI 02886	TRAVAGAN MARINE PAINTING.COM	401-739 3443 401 339 3443	
WARWICK PAINTING Co.	BOB VAUGHAN	<i>[Signature]</i>	PO Box 14193 EX - Prov. RI 02914	FRANCO GROUP.NET	401 486-4437 401 299-7345	
ALPHA OMEGA CONT	Fred Hartejo la	<i>[Signature]</i>	288 LINCOLN AVE WARWICK RI 02888	sa@towerconstructioncorp.com	401-943-0110 401-944-4041	
Tower Construction	Carl Nordstrom	<i>[Signature]</i>		CLAUKE.PAVID @US.SIKA.COM	401 952-3281	
SIKA CORP	DAVID CLAUKE	<i>[Signature]</i>				



Request for Quote

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

CREATION DATE : 29-SEP-14
BID NUMBER: 7549040
TITLE: DOT MIDSTATE MAINTENANCE FACILITY BLOCK
WALL REPAIRS AND COATINGS

BID CLOSING DATE AND TIME: 23-OCT-2014 10:30:00

BUYER: Hill, Lisa
PHONE #: 401-574-8118

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DOT ACCOUNTS PAYABLE
TWO CAPITOL HILL, RM 230
SMITH ST
PROVIDENCE, RI 02903
US

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DOT MAINTENANCE BUSINESS OFFICE
360 LINCOLN AVE
WARWICK, RI 02888
US

Requisition Number: 1387824

Note to Bidders: A MANDATORY PRE-BID CONFERENCE WILL BE HELD AT THE MIDSTATE FACILITY LOCATED AT 2400 NEW LONDON TURNPIKE, EAST GREENWICH AS FOLLOWS:
DATE: WEDNESDAY, OCTOBER 8, 2014
TIME: 9:00 A.M.

ALL QUESTIONS RELATIVE TO THIS SOLICITATION SHALL BE DIRECTED TO LISA HILL AT LISA.HILL@PURCHASING.RI.GOV

Line	Description	Quantity	Unit	Unit Price	Total
1	TOTAL COST TO PERFORM ALL BLOCK WALL AND COLUMN REPAIRS AND OFFICE FLOOR COATING REPAIR AND PROTECTION AT THE MIDSTATE FACILITY PER SPECIFICATIONS. PRICE IS TO INCLUDE FURNISHING ALL LABOR, MATERIALS EQUIPMENT, TOOLS, TRANSPORTATION AND INCIDENTAL SUPPLIES REQUIRED TO COMPLETE THE WORK.	1.00	Each		123,000

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

4

AIA Document A310 - 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Alpha Omega Construction, Inc.

258 Pine Street
Seekonk MA 02771

OWNER:

(Name, legal status and address)

D.O.T. Midstate Maintenance Facility
1 Capitol Hill
Providence RI 02908

BOND AMOUNT: 5% of total amount bid not to exceed \$12,500.

PROJECT:

(Name, location or address, and Project number, if any)

DOT Block Wall Repairs and Office Coatings-D.O.T. Midstate Maintenance Facility
East Greenwich RI

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or (2) pays the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirements in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Bond No.: 1001024929-6

ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An Additions and Deletions Report that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

Signed and sealed this 23 day of October, 2014

Paul Hill
(Witness)

Alpha Omega Construction, Inc.
(Principal) (Seal)
Fred Abatecola
(Title)
FRED ABATECOLA, TRACS



Sanara L. Smith
(Witness)

American Contractors Indemnity Company
(Surety) (Seal)
Bruce M. Allen
(Title)
BRUCE M. ALLEN, Attorney-in-fact



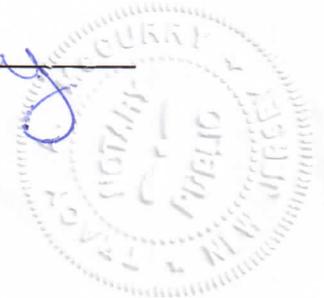
Bond No.: 1001024929-6

(Acknowledgement of Surety Company)

STATE OF New Jersey)
) SS:
COUNTY OF Atlantic)

On this 23rd day of October, 20 14, before me personally came Bruce M. Allen to me known, who being by me duly sworn, did depose and say that he resides in West Chester, PA that he is the Attorney-in-fact of American Contractors Indemnity Company the corporation described in and which executed the within instrument; that he knows the seal of said corporation; that seal affixed to said instrument is such corporate seal; that is so affixed by the order of the Board of Directors of said corporation, and that he signed X his / her name thereto by like order; and that the liabilities of said company do not exceed its assets as ascertained in the manner provided by the laws of the State of Rhode Island, and the said further said Tracy A. McCurry (Notary) that she is acquainted with Bruce M. Allen and knows X him / her to be the Attorney-In-Fact of said company; that the signature of the said Bruce M. Allen subscribed to the within instrument is in the genuine handwriting of the said Bruce M. Allen and was subscribed thereto by Bruce M. Allen and was subscribed thereto by like order of the Board of Directors, and in the presence of X him / her, the said.

Tracy A. McCurry
Tracy A. McCurry
Notary Public of Atlantic County
My Commission Expires 7/2/2016



TRACY A. MCCURRY
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES
JULY 2, 2016

POWER OF ATTORNEY

AMERICAN CONTRACTORS INDEMNITY COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Bruce M. Allen, Karen L. Allen, Kenneth C. Turner, Gregory M. Allen

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed *****Unlimited***** Dollars (\$ ***unlimited***).

This Power of Attorney shall expire without further action on December 08, 2016. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 10th day of December, 2012.

AMERICAN CONTRACTORS INDEMNITY COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

Corporate Seals



[Signature]
Daniel P. Aguilar, Vice President

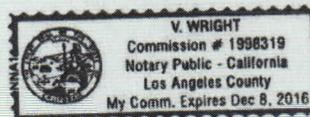
State of California

County of Los Angeles SS:

On 10th day of December, 2012, before me, Vanessa Wright, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature [Signature] (Seal)



I, Jeannie Lee, Assistant Secretary of American Contractors Indemnity Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 23rd day of October, 2014

Corporate Seals

Bond No. 1001024923-6
Agency No. 11077



[Signature]
Jeannie Lee, Assistant Secretary

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) Alpha Omega Construction Inc.	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) PO Box 14193	Requester's name and address (optional)
City, state, and ZIP code East Providence, RI 02914	
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 <i>How to get a TIN</i> on page 3.																			
	<table border="1" style="margin: auto;"> <tr><th colspan="9">Social security number</th></tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																	
Social security number																			
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><th colspan="9">Employer identification number</th></tr> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">1</td> </tr> </table>	Employer identification number									0	5	-	0	4	8	0	9	1
Employer identification number																			
0	5	-	0	4	8	0	9	1											

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).	
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 4.	
Sign Here	Signature of U.S. person ▶
	Date ▶ <u>10-23-14</u>

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

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.



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.

FRED ABATECOLA
By: *[Signature]*

Title: Treas.

Subscribed and sworn before me this 21 day of OCT., 2014

Robert Abatecola
Notary Public

My commission expires: 7-6-18



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 AND PROVIDENCE PLANTATIONS



Department of Administration
Minority Business Enterprise Compliance Office

One Capitol Hill
Providence, RI 02908-5860
Office: (401) 574-8670
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RI Relay: 711
www.mbe.ri.gov

February 20, 2014

Ms. Marie Abatecola
Alpha Omega Construction, Inc.
P.O. Box 14193
East Providence, RI 02914

Dear Ms. Abatecola:

Based on the annual review package provided by you, a determination has been made that your firm remains eligible for certification as an MBE/WBE for the State of Rhode Island Minority Business Enterprise Program. Your "Minority Business Certification Number" which you can utilize as proof of your status is MBCN 1315. Your company has been approved as an **MBE/WBE** to conduct business primarily as a "**masonry contractor, specializing in commercial construction (new & reconstruction), historical restoration, exterior building cleaning, waterproofing, protective coatings, chemical pressure washing, and non-toxic industrial cleaning (dry-ice blasting)**" firm under primary NAICS Code 238140 and additional NAICS Codes 238390, 238990, 561790.

Your certification remains valid until **2/28/2016** unless revoked sooner based on a determination of ineligibility. It is your responsibility to notify the Minority Business Enterprise Compliance Office of any changes in the ownership or control of your business within 30 days of such changes. At the end of your certification period, if you wish to recertify, your company will undergo a substantive review, including a new site visit, as applicable.

In order to maintain your certification during the certification period, you must submit your annual review package sixty (60) days prior to your annual review date which is **2/28/2015**. Your annual review package must include: (a) a completed No Change Affidavit; (b) current corporate financial statements; (c) current corporate and personal federal tax returns including all federal schedules and attachments, as well as copies of all federal tax returns for all affiliate firms, if applicable; (d) completed Personal Financial Statement; (e) a copy of your current certification letter from your home state UCP if firm is not based in Rhode Island; and (f) copies of all RI licenses if operating in a licensed industry. Failure to submit your annual review package will result in an administrative removal of your certification.

We wish you success in the State of Rhode Island's Minority Business Enterprise Program; and, if we can be of further assistance to you, please contact this office.

Sincerely,

Charles C. Newton, Administrator
MBE Compliance Office

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