

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](http://www.purchasing.ri.gov) to submit a bid proposal.*

**Solicitation Number:** 7550099  
**Solicitation Title:** FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SERVICE - URI (28 PGS) AND 1 ZIP FILE  
**Bid Proposal Submission Deadline Date & Time:** 1/5/2016 11:30 AM  
**RIVIP Vendor ID #:** 39599  
**Bidder Name:** Metro USA Fire Protection, Inc.  
**Address:** 203 Concord St.  
suite405  
Pawtucket , RI 02860  
USA  
**Telephone:** (401) 365-1094  
**Fax:** (401) 365-1096  
**Contact Name:** Carl Hemond  
**Contact Title:** Director Of Sales  
**Contact Email:** chemond@metrofire.necoxmail.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 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.*

- 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 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
5. 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):

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### 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):

Lined area for certification details.

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 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: 1-14-16

CARL HEMOND
Name of Bidder
Signature in ink
CARL HEMOND - Sales Director
Printed name and title of person signing on behalf of Bidder

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:** 7550099A1  
**Solicitation Title:** FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SERVICE, URI - ADDENDUM 1 (7 PGS & ZIP FILE)  
**Bid Proposal Submission Deadline Date & Time:** 1/15/2016 11:00 AM  
**RIVIP Vendor ID #:** 39599  
**Bidder Name:** Metro USA Fire Protection, Inc.  
**Address:** 203 Concord St.  
suite405  
Pawtucket , RI 02860  
USA  
**Telephone:** (401) 365-1094  
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**Contact Email:** chemond@metrofire.necoxmail.com

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Disclosure details (continue on additional sheet if necessary):

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Certification details (continue on additional sheet if necessary):

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BIDDER

Date: 1-14-16

Carl Hemonds
Name of Bidder

Signature in ink

Carl Hemonds Sales Director
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](http://www.purchasing.ri.gov)

December 23, 2015

**ADDENDUM NUMBER ONE**

**RFQ # 7550099**

**TITLE: Fire Protection Systems Inspections, Testing & Service, URI**

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**Closing Date and Time: 1/15/16 at 11:00 AM (note change)**

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**Per the issuance of this ADDENDUM # (1).**

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

**From: 1/5/16 at 11:30 AM  
To: 1/15/16 at 11:00 AM**

**Also the period for submitting your question has been extended as follows:**

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Questions concerning this solicitation must be emailed and received by the Division of Purchases at: [doa.purconstruction@purchasing.ri.gov](mailto:doa.purconstruction@purchasing.ri.gov) no later than December 28, 2015 at 5:00 PM (ET). Questions should be submitted in a Microsoft Word attachment. Please reference the RFQ# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**Specification Change /Addition / Clarification**

The URI Contact for this solicitation forwarded this detailed URI Valve list for this solicitation. These are items included in Line Items 1-4 Exhibit A.

**Also a copy of the Mandatory Pre-Bid Conference sign-in sheet is attached.**



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

January 6, 2016

**ADDENDUM NUMBER TWO**

**RFQ # 7550099**

**TITLE: Fire Protection Systems Inspections, Testing & Service, URI**

**Closing Date and Time: 1/15/16 at 11:00 AM**

**Per the issuance of this ADDENDUM # (2), (1) page, including this cover sheet.**

**Specification Change /Addition / Clarifications**

**Listed below is the final Question and the Answer we received regarding this Invitation to Bid.**

Question is: On the valve forms that were posted there is an FM Global request to inspect monthly and weekly, {**VALVE INSPECTIONS: Physically try locked valves at least monthly and unlocked valves at least weekly. In addition, visually inspect all locked valves weekly. Record both weekly and monthly inspections.**} Is this service something that URI staff will perform or are you requesting that to be bid on?

**Answer:** The weekly or monthly valve inspection is not part of this bid request. The bid requires a valve inspection form be completed as part of the quarterly sprinkler inspection.

A handwritten signature in black ink, appearing to read 'C. R. ...', written over a horizontal line.

ITEM NO.	DESCRIPTION	QTY	UOM	UNIT PRICE	EXTENDED PRICE
<b>GROUP PURCHASING ORGANIZATIONS (GPO):</b>					
<b>THE UNIVERSITY OF RHODE ISLAND IS A MEMBER OF THE FOLLOWING:</b>					
1) Educational & Institutional Cooperative Purchasing (E&I)					
2) Provista					
There will be a mandatory pre-bid conference:					
BLANKET REQUIREMENTS: 1/1/16 - 12/31/18					
FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING, and SERVICE for the University of Rhode Island's Main Campus (Kingston), Narragansett Bay Campus, and W. Alton Jones Campus per the attached specifications.					
1	1/1/16-6/30/16 Quarterly Inspection, testing and maintenance	2	each	\$ <u>6,960-</u>	\$ <u>13,920-</u>
2	7/1/16-6/30/17 Quarterly Inspection, testing and maintenance	4	each	\$ <u>4,960-</u>	\$ <u>27,840-</u>
3	7/1/17-6/30/18 Quarterly Inspection, testing and maintenance	4	each	\$ <u>6,960-</u>	\$ <u>27,840-</u>
4	7/1/18-12/31/18 Quarterly Inspection, testing and maintenance	2	each	\$ <u>6,960-</u>	\$ <u>13,920-</u>
5	Trip Test of all dry systems	1	each	\$ <u>7,200-</u>	\$ <u>7,200-</u>
6	1/1/16-6/30/16 Quarterly Releasing systems inspection 100% tested every quarter as required	2	each	\$ <u>700-</u>	\$ <u>1,400-</u>
7	7/1/16-6/30/17 Quarterly Releasing systems inspection 100% tested every quarter as required	4	each	\$ <u>700-</u>	\$ <u>2,800-</u>
8	7/1/17-6/30/18 Quarterly Releasing systems inspection 100% tested every quarter as required	4	each	\$ <u>700-</u>	\$ <u>2,800-</u>
9	7/1/18-12/31/18 Quarterly Releasing systems inspection 100% tested every quarter as required	2	each	\$ <u>700-</u>	\$ <u>1,400-</u>
10	7/1/16-6/30/17 Fire pump annual flow tests	1	each	\$ <u>5,950-</u>	\$ <u>5,950-</u>
11	7/1/17-6/30/18 Fire pump annual flow tests	1	each	\$ <u>5,950-</u>	\$ <u>5,950-</u>
12	7/1/18-12/31/18 Fire pump annual flow tests	1	each	\$ <u>5,950-</u>	\$ <u>5,950-</u>
13	Obstruction investigation - assume once per contract period	1	each	\$ <u>99 * 500-</u>	\$ <u>49,500-</u>
Repair work performed shall be considered public works per RI General Laws 37-13, and therefore the awarded vendor shall be required to pay his/her employees the applicable prevailing wage rates. Routine maintenance work is not considered public works and is not subject to prevailing wage rates.					
14	1/1/16-6/30/16 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>95-</u>	\$ <u>1,900-</u>
15	7/1/16-6/30/17 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	40	hour	\$ <u>95-</u>	\$ <u>3,800-</u>
16	7/1/17-6/30/18 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	40	hour	\$ <u>100-</u>	\$ <u>4,000-</u>
17	7/1/18-12/31/18 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>100-</u>	\$ <u>2,000-</u>
18	1/1/16-6/30/16 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	\$ <u>75-</u>	\$ <u>1,500-</u>
19	7/1/16-6/30/17 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	40	hour	\$ <u>75-</u>	\$ <u>3,000-</u>
20	7/1/17-6/30/18 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	40	hour	\$ <u>80-</u>	\$ <u>3,200-</u>
21	7/1/18-12/31/18 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	\$ <u>80-</u>	\$ <u>1,600-</u>
22	1/1/16-6/30/16 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	10	hour	\$ <u>135-</u>	\$ <u>1,350-</u>
23	7/1/16-6/30/17 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>135-</u>	\$ <u>2,700-</u>
24	7/1/17-6/30/18 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>135-</u>	\$ <u>2,700-</u>
25	7/1/18-12/31/18 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	10	hour	\$ <u>135-</u>	\$ <u>1,350-</u>
26	1/1/16-6/30/16 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	10	hour	\$ <u>115-</u>	\$ <u>1,150-</u>
27	7/1/16-6/30/17 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	\$ <u>115-</u>	\$ <u>2,300-</u>
28	7/1/17-6/30/18 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	\$ <u>115-</u>	\$ <u>2,300-</u>
29	7/1/18-12/31/18 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	10	hour	\$ <u>115-</u>	\$ <u>1,150-</u>
30	% off list price for materials, assume an annual list cost \$5,000.00			<u>5</u> %	

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



Department of Administration  
Office of Diversity, Equity and Opportunity (ODEO)  
**Minority Business Enterprise Compliance Office**  
One Capitol Hill, 3<sup>rd</sup> Floor  
Providence, RI 02908-5860

Office: (401) 574-8670  
[www.mbe.ri.gov](http://www.mbe.ri.gov)

September 24, 2015

Mr. William Fournier  
Metro USA Fire Protection, Inc.  
203 Concord Street, Suite 409  
Pawtucket, RI 02860

Dear Mr. Fournier:

Based on the annual review package provided by you, a determination has been made that your firm remains eligible for certification as an MBE 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 1610. Your company has been approved as an **MBE** to conduct business primarily as a **"fire protection services contractor, including installation of fire alarm systems, fire suppression systems, and fire extinguishers"** firm under primary NAICS Code 238220 and additional NAICS Codes 238210, 238290, 238990, 541990, 561621.

Your certification remains valid until **10/31/2019** 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, as well as a review of personal financial information and economic disadvantaged status.

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 **10/31/2016**. Your annual review package must include: a) a completed No Change Affidavit (b) current corporate federal tax returns, including all federal schedules and attachments, for the applicant firm and any affiliate firms as applicable; (c) copy of your current certification letter from your home state UCP if firm is not based in Rhode Island, and (d) copy of pertinent Rhode Island licenses if business is 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,

Cheryl A. Burrell, Associate Director  
Office of Diversity, Equity and Opportunity

An Equal Opportunity Affirmative Action Employer

Form **W-9**  
(Rev. October 2007)  
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) Metro USA Fire Protection

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) 203 Concord St Suite 405  
 City, state, and ZIP code Pawtucket, RI 02860

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 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: \_\_\_\_\_

or

Employer identification number  
0510515559

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶ W. J. ...

**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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



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](http://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: President

Subscribed and sworn before me this 14 day of 01, 2016

[Signature]  
Notary Public  
My commission expires: 10/08/2019



*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  
Rhode Island Department of Labor and Training

**FIRE PROT MASTER**      **00000451**

**JEFFREY A BENOIT**  
**581 FRANKLIN ROAD**  
**COVENTRY RI 02816**

**JOHN SHAW**      **01/31/2015**  
Administrator      Expiration Date

Rhode Island Department of Labor and Training  
Division of Workforce Regulation and Safety

**FIRE PROT JOURNEY**      **FPJ**

**JEFFREY A BENOIT**  
**581 FRANKLIN ROAD**  
**COVENTRY RI 02816**

*Arnold P. Andrews*  
Administrator      **01/31/2015**  
Expiration Date



**Spears® Manufacturing Company**  
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**Jeffrey Benoit**

has attended hands-on training regarding the  
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Alan Lunt - Director, Technical Services Department



Commonwealth of Massachusetts  
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**JEFFREY A BENOIT**  
**581 Franklin Road**  
**Coventry RI 02816**



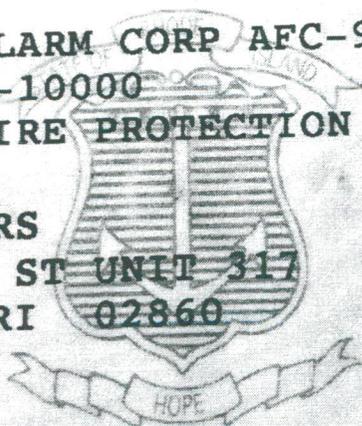
*Steven D. Higgins*  
Commissioner

Expiration:  
**01/23/2016**

State of Rhode Island and Providence Plantations  
Rhode Island Department of Labor and Training

ELEC FIRE ALARM CORP AFC-9186  
AF-09186 BF-10000  
METRO USA FIRE PROTECTION INC

JAMIE L SEARS  
203 CONCORD ST UNIT 317  
PAWTUCKET RI 02860



JOHN SHAW  
Administrator

01/31/2017  
Expiration Date