

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:** 7550241  
**Solicitation Title:** PLASTER (GENERAL) REPAIR WORK, MPA-107 (29 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 3/2/2016 11:30 AM

**RIVIP Vendor ID #:** 17124  
**Bidder Name:** Freeport General Contracting, Inc.  
**Address:** 8 Remington St.  
North Providence , RI 02904  
USA

**Telephone:** (401) 727-0455  
**Fax:** (401)727-4780  
**Contact Name:** Kenneth L Bostic  
**Contact Title:** President  
**Contact Email:** [freeport@cox.net](mailto:freeport@cox.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 1-4, 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.

- N 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):

Kenneth L. Bostic	8 Remington Street	North Providence, RI 02904
President	Majority Stockholder	
Kenneth A. Bostic	8 Remington Street	North Providence, RI 02904
Vice President		

### 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.





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;

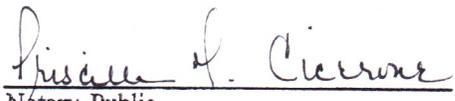
Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at [www.dlt.ri.gov/pw](http://www.dlt.ri.gov/pw).

CERTIFICATION

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

By:   
Kenneth A. Bostic  
Title: Vice President

Subscribed and sworn before me this 2nd day of March, 2016

  
Notary Public  
My commission expires: January 6, 2017

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



# Request for Quote

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

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

CREATION DATE : 02-FEB-16  
 BID NUMBER: 7550241  
 TITLE: Plaster (General) Repair Work MPA-107  
 BLANKET START : 01-APR-16  
 BLANKET END : 31-MAR-17  
 BID CLOSING DATE AND TIME:02-MAR-2016 11:30:00

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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
1	<p>BLANKET REQUIREMENTS: 4/1/16 - 3/31/17 (WITH OPTION TO RENEW FOR A SECOND YEAR).</p> <p>RENEWAL OF THIS MASTER PRICE AGREEMENT MAY, AT THE SOLE DISCRETION OF THE STATE, BE EXTENDED FOR ONE (1) ADDITIONAL YEAR. VENDOR AGREES TO MAINTAIN SUCH PRICING FOR A SECOND YEAR IF MPA EXTENSION IS SO DECIDED BY THE STATE.</p> <p>FURNISH ALL LABOR, MATERIALS AND EQUIPMENT NECESSARY TO ACCOMPLISH ALL TYPES OF PLASTERING REPAIRS, TO INCLUDE, BUT NOT LIMITED TO, PLASTER REPLACEMENT (SUB-COAT), FINISH PLASTER COATING, IMPERIAL PLASTER WORK, WIRE LATHE REPLACEMENT AND SHEET ROCK REPLACEMENT.</p> <p>NOTE:            CONTRACTOR MUST ALSO BE SKILLED IN ACCOMPLISHING REPAIRS TO ORNATE PLASTER MOLDINGS AND REVEALS. THE STATE SHALL RESERVE THE RIGHT TO REQUIRE PROOF OF SKILL AND PRIOR EXPERIENCE IN THE REPAIR OF ORNATE PLASTER WORK THROUGH CHECK OF REFERENCES AND/OR EXAMINATION OF PRIOR WORK PERFORMED.</p> <p>IN NO EVENT WILL ANY INDIVIDUAL WORK ORDER EXCEED \$30,000.00 WITHOUT PRIOR APPROVAL OF THE OFFICE OF PURCHASES.</p> <p>THE TITLE FOR THE STATEWIDE PREVAILING WAGE RATE FOR THIS WORK IS PLAS0040-001 BUILDING CONSTRUCTION PLASTERER.            MPA-107 4/1/16 - 3/31/17 Labor Rate per hour on site MATERIALS TO BE PROVIDED AT COST PLUS THE FOLLOWING (APPLICABLE) FEE</p>	1.00	Hour	\$87.75	\$87.75

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



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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	FOR OVERHEAD, PICKUP AND DELIVERY. NO ADDITIONAL CHARGES WILL BE ACCEPTABLE.				
	\$0-500 NO FEE	1	Lump sum	0	no charge
	\$501-750 \$75.00	1	Lump sum	\$75.00	\$75.00
	\$751-1000 \$96.00	1	Lump sum	\$96.00	\$96.00
	\$1001-1500 \$125.00	1	Lump sum	\$125.00	\$125.00
	\$1501-2500 \$180.00	1	Lump sum	\$180.00	\$180.00
	\$2501-5000 \$300.00	1	Lump sum	\$300.00	\$300.00
	\$5001-7500 \$438.00	1	Lump sum	\$438.00	\$438.00
	Over-\$7501. \$525.00	1	Lump sum	\$525.00	\$525.00
	HOURLY RATES TO REFLECT THE NET COST OF LABOR. NO ADDITIONAL CHARGE FOR TRAVEL, MILEAGE, ETC. WILL BE PERMITTED. AGENCY MAY REQUEST PRICE ESTIMATE BEFORE START OF WORK.				

Delivery: Upon approved PO

Terms of Payment: 30 days

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STATE OF RHODE ISLAND

CONTRACTORS' REGISTRATION  
AND LICENSING BOARD

REGISTRATION NO.

EXP. DATE

REGISTRANT'S NAME

11102

06/17/18

FREEMONT GEN. CONTRACTING

AUTHORIZED REPRESENTATIVE

KENNETH A. BOSTIC

DRIVER'S LICENSE #

07E1577

EXECUTIVE DIRECTOR

*George A. Walker*

STATE OF RHODE ISLAND  
FORM W-9 PAYER'S REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER AND CERTIFICATION



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

**Taxpayer Identification Number (T.I.N.)**

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

Social Security No. (SSN)

Employer ID No. (EIN)

05 0477350

NAME Freeport General Contracting, Inc.

ADDRESS 8 Remington Street

CITY, STATE AND ZIP CODE North Providence, RI 02904

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

**CERTIFICATION:** Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I 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.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

**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.

Please sign here and provide title, date and telephone number:

Kenneth A. Bostic

SIGNATURE

TITLE Vice President

DATE 03-02-1026

TEL NO 401-727-0455

*Original Signature Required (Digital Signature Not Acceptable)*

**BUSINESS DESIGNATION:**

- Please Check One:
- Individual
  - Corporation
  - Trust/Estate
  - Government/Nonprofit Corporation
  - Partnership
  - Medical Services Corporation
  - Legal Services Corporation
  - LLC Tax Classification: Single Member (Individual)
  - Partnership
  - Corporation

**TIPS:**

**NAME:** Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

**ADDRESS, CITY, STATE AND ZIP CODE:** If you operate a business at more than one location, adhere to the following:

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

Mail Completed Form To:  
Supplier Coordinator  
Purchasing Department  
One Capitol Hill, 2nd Floor  
Providence RI 02908

Or Email To: [doa.pursuppliercoordinator@purchasing.ri.gov](mailto:doa.pursuppliercoordinator@purchasing.ri.gov)

For State Use Only:

IRS \_\_\_ RI SOS \_\_\_ FED \_\_\_ Other \_\_\_\_\_

RI Supplier # \_\_\_\_\_ Approved \_\_\_\_\_

Date Entered \_\_\_\_\_ Entered By \_\_\_\_\_