

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:** 7550490  
**Solicitation Title:** HVAC MAINTENANCE - DOT TRAIN STATIONS (33 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 5/4/2016 11:00 AM

**RIVIP Vendor ID #:** 1979

**Bidder Name:** Cam Hvac & Construction, Inc.

**Address:** 116 LYDIA ANN ROAD

SMITHFIELD , RI 02917

USA

**Telephone:** 401-232-7230

**Fax:** 401-232-7290

**Contact Name:** Catherine S. Andrade

**Contact Title:** Secretary

**Contact Email:** cathy@camhvac.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*

- 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



# Request for Quote

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

CREATION DATE : 08-APR-18  
 BID NUMBER: 7550490  
 TITLE: HVAC SYSTEM MAINTENANCE - DOT TRAIN STATIONS  
 BLANKET START : 01-JUL-18  
 BLANKET END : 30-JUN-19  
 BID CLOSING DATE AND TIME: 04-MAY-2019 11:00:00

BUYER: HRI, Lisa  
 PHONE #: 401-674-8118

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

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 DOT PROPERTY & MANAGEMENT  
 360 LINCOLN AVENUE  
 WARWICK, RI 02888  
 US

Regulation Number: 1452134

Line	Description	Quantity	Unit	Unit Price	Total
1	7/1/16 - 6/30/17 BI-ANNUAL HVAC INSPECTION @ WOONSOCKET DEPOT	2.00	Each	\$850.00	\$1,700.00
2	7/1/17 - 6/30/18 BI-ANNUAL HVAC INSPECTION @ WOONSOCKET DEPOT	2.00	Each	\$900.00	\$1,800.00
3	7/1/18 - 6/30/19 BI-ANNUAL HVAC INSPECTION @ WOONSOCKET DEPOT	2.00	Each	\$950.00	\$1,900.00
4	7/1/16 - 6/30/17 BI-ANNUAL HVAC INSPECTION @ KINGSTON STATION	2.00	Each	\$850.00	\$1,700.00
5	7/1/17 - 6/30/18 BI-ANNUAL HVAC INSPECTION @ KINGSTON STATION	2.00	Each	\$875.00	\$1,750.00
6	7/1/18 - 6/30/19 BI-ANNUAL HVAC INSPECTION @ KINGSTON STATION	2.00	Each	\$900.00	\$1,800.00
7	7/1/16 - 6/30/17 BI-ANNUAL HVAC INSPECTION @ WESTERLY STATION	2.00	Each	\$650.00	\$1,300.00
8	7/1/17 - 6/30/18 BI-ANNUAL HVAC INSPECTION @ WESTERLY STATION	2.00	Each	\$650.00	\$1,300.00
9	7/1/18 - 6/30/19 BI-ANNUAL HVAC INSPECTION @ WESTERLY STATION	2.00	Each	\$650.00	\$1,300.00
10	7/1/16 - 6/30/17 BI-ANNUAL HVAC INSPECTION @ WICKFORD JUNCTION	2.00	Each	\$850.00	\$1,700.00
11	7/1/17 - 6/30/18 BI-ANNUAL HVAC INSPECTION @ WICKFORD JUNCTION	2.00	Each	\$900.00	\$1,800.00
12	7/1/18 - 6/30/19 BI-ANNUAL HVAC INSPECTION @ WICKFORD JUNCTION	2.00	Each	\$950.00	\$1,900.00
13	7/1/16 - 6/30/17 HOURLY RATE ON SITE FOR REPAIRS AT ALL FACILITIES	1.00	Each	\$88.45	\$88.45
14	7/1/17 - 6/30/18 HOURLY RATE ON SITE FOR REPAIRS AT ALL FACILITIES	1.00	Each	\$90.45	\$90.45

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 02008

CREATION DATE : 06-APR-18  
BID NUMBER: 7550490  
TITLE: HVAC SYSTEM MAINTENANCE - DOT TRAIN STATIONS  
  
BLANKET START : 01-JUL-18  
BLANKET END : 30-JUN-19  
BID CLOSING DATE AND TIME:04-MAY-2018 11:00:00

BUYER: HHI, Llea  
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 PROPERTY & MANAGEMENT  
360 LINCOLN AVENUE  
WARWICK, RI 02886  
US

Requisition Number: 1452134

Line	Description	Quantity	Unit	Unit Price	Total
15	7/1/18 - 6/30/19 HOURLY RATE ON SITE FOR REPAIRS AT ALL FACILITIES	1.00	Each	\$92.45	\$92.45
16	7/1/18 - 6/30/17 OVERTIME HOURLY RATE ON SITE FOR REPAIRS AT ALL FACILITIES	1.00	Each	\$122.45	\$122.45
17	7/1/17 - 6/30/18 OVERTIME HOURLY RATE ON SITE FOR REPAIRS AT ALL FACILITIES	1.00	Each	\$124.45	\$124.45
18	7/1/18 - 6/30/19 OVERTIME HOURLY RATE ON SITE FOR REPAIRS AT ALL FACILITIES	1.00	Each	\$126.45	\$126.45

PARTS DISCOUNT FROM LIST: 20 %

PARTS PAID AT \$1.00 PER \$1.00 OF ALLOWABLE EXPENSE.

Delivery: 4 Weeks After Approved Submittals

Terms of Payment: 30 Days

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

# THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

## Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we **CAM HVAC & CONSTRUCTION, INC.**, of 116 Lydia Ann Road, Smithfield, Rhode Island

as Principal, hereinafter called the Principal, and **BERKLEY INSURANCE COMPANY** a corporation duly organized under the laws of the State of **Delaware** as Surety, hereinafter called the Surety, are held and firmly bound unto **STATE OF RHODE, DIVISION OF PURCHASES, ONE CAPITOL HILL, SECOND FLOOR, PROVIDENCE, RI 02908**

as Obligee, hereinafter called the Obligee, in the sum of **Five Percent of the Amount of the Attached Bid** Dollars (**5% of Bid**), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

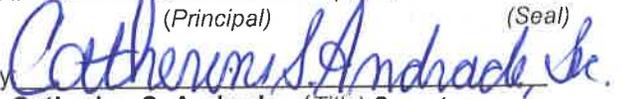
WHEREAS, the Principal has submitted a bid **HVAC Maintenance – DOT Train Stations, Project #7550490**

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee 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.

Signed and sealed this 4<sup>th</sup> day of **May, 2016**.

  
\_\_\_\_\_  
(Witness)

**CAM HVAC & CONSTRUCTION, INC.**

(Principal) (Seal)  
By:   
\_\_\_\_\_  
**Catherine S. Andrade, (Title) Secretary**

**BERKLEY INSURANCE COMPANY**

(Surety) (Seal)  
By:   
\_\_\_\_\_  
**Denise A. Chianese, (Title) Attorney-in-Fact**

POWER OF ATTORNEY  
BERKLEY INSURANCE COMPANY  
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *David J. Byrne, III; Charles A. Byrne or Denise A. Chianese of Starkweather & Shepley, Inc. of East Providence, RI* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed *Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00)*, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

**RESOLVED**, that, with respect to the Surety business written by Berkley Surety Group, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

**RESOLVED**, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

**RESOLVED**, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

**RESOLVED**, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 10 day of May, 2013.

Attest:

(Seal)

By

Ira S. Lederman  
Senior Vice President & Secretary

Berkley Insurance Company

By

Jeffrey M. Hafter  
Senior Vice President

**WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.**

STATE OF CONNECTICUT )

) ss:

COUNTY OF FAIRFIELD )

Sworn to before me, a Notary Public in the State of Connecticut, this 10 day of May, 2013, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Senior Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

Kathleen Corey  
Notary Public, State of Connecticut  
KATHLEEN COREY  
NOTARY PUBLIC  
CONNECTICUT  
MY COMMISSION EXPIRES OCTOBER 31, 2017

**CERTIFICATE**

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 4th day of May, 2016.

(Seal)

Andrew M. Tuma  
Andrew M. Tuma

WARNING - Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and confirmation (on reverse) must be in blue ink.

## Cathy Andrade

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**From:** Cathy Andrade [cathy@camhvac.com]  
**Sent:** Tuesday, May 03, 2016 2:50 PM  
**To:** 'doa.pursuppliercoordinator@purchasing.ri.gov'  
**Subject:** HVAC Maintenance -- RIDOT Train Stations  
**Attachments:** 1996\_001.pdf

As requested.

*Catherine S. Andrade, Secretary*



CAM H.V.A.C. & Construction Inc.  
116 Lydia Ann Road  
Smithfield, RI 02917  
P: 401-232-7230  
F: 401-232-7290  
E: [cathy@camhvac.com](mailto:cathy@camhvac.com)  
[www.camhvac.com](http://www.camhvac.com)

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**From:** [bizhub@camhvac.com](mailto:bizhub@camhvac.com) [mailto:[bizhub@camhvac.com](mailto:bizhub@camhvac.com)]  
**Sent:** Tuesday, May 03, 2016 3:08 PM  
**To:** Cathy  
**Subject:** Attached Image



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)

N/A	N/A	N/A
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NAME CAM HVAC & CONSTRUCTION INC.

ADDRESS 116 LYDIA ANN ROAD

CITY, STATE AND ZIP CODE SMITHFIELD, RI 02917

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:

SIGNATURE Catherine S. Andrade, Sec TITLE SECRETARY DATE 5/4/16 TEL NO 401-232-7230  
*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 _____



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: Catherine S. Andrade, Sec.  
CATHERINE S. ANDRADE, SECRETARY  
Title: SECRETARY

Subscribed and sworn before me this 4TH day of MAY, 2016

Amedeo A. Petronio  
Notary Public AMEDEO A. PETRONIO, NOTARY PUBLIC  
My commission expires: 6/19/17

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





*Cam H.V.A.C. & Construction Inc.*

116 LYDIA ANN RD.  
SMITHFIELD, RI 02917  
(401) 232-7230  
FAX (401) 232-7290

**REFERENCES**

**ORGANIZATION NAME:** BROCKTON PUBLIC SCHOOLS  
**ADDRESS:** 43 CRESCENT STREET, BROCKTON, MA 02301  
**CONTACT NAME:** ALEX SUAREZ  
**TELEPHONE NUMBER:** 508-580-7010  
**E-MAIL ADDRESS:** [alexandersuarez@bpsma.org](mailto:alexandersuarez@bpsma.org)  
**CONTRACT PRICE:** ON GOING CONTRACT

**ORGANIZATION NAME:** OLD ROCHESTER REGIONAL SCHOOL DISTRICT  
**ADDRESS:** 135 MARION ROAD, MATTAPOISETT, MA 02739  
**CONTACT NAME:** GENE JONES  
**TELEPHONE NUMBER:** 508-758-2772 X. 1954  
**E-MAIL ADDRESS:** [ejones@orr.mec.edu](mailto:ejones@orr.mec.edu)  
**CONTRACT PRICE:** ON GOING CONTRACT

**ORGANIZATION NAME:** URI FACILITIES SERVICES  
**ADDRESS:** 523 PLAINS ROAD, KINGSTON, RI 02881  
**CONTACT NAME:** SHAWN DIEBLER  
**TELEPHONE NUMBER:** 401-874-2558  
**E-MAIL ADDRESS:** [sdieblo@uri.edu](mailto:sdieblo@uri.edu)  
**CONTRACT PRICE:** ON GOING CONTRACT

**ORGANIZATION NAME:** MYSTIC VALLEY REGIONAL CHARTER SCHOOL  
**ADDRESS:** 770 SALEM STREET, MALDEN, MA 02148  
**CONTACT NAME:** KENNETH ANTONUCCI  
**TELEPHONE NUMBER:** 781-324-1824  
**E-MAIL ADDRESS:** [kantonucci@mvracs.org](mailto:kantonucci@mvracs.org)  
**CONTRACT PRICE:** ON GOING CONTRACT

**ORGANIZATION NAME:** BOSTON RENAISSANCE CHARTER SCHOOL  
**ADDRESS:** 1415 HYDE PARK AVE., HYDE PARK, MA 02136  
**CONTACT NAME:** CRAIG ENGERMAN  
**TELEPHONE NUMBER:** 617-357-0900  
**E-MAIL ADDRESS:** [cengermani@bostonrenaissance.org](mailto:cengermani@bostonrenaissance.org)  
**CONTRACT PRICE:** ON GOING CONTRACT

**ORGANIZATION NAME:** TOWN OF MANSFIELD SCHOOL  
**ADDRESS:** 250 EAST STREET, MANSFIELD, MA 02048  
**CONTACT NAME:** WALTER PARKER  
**TELEPHONE NUMBER:** 508-261-7412  
**E-MAIL ADDRESS:** [walter.parker@mansfieldschools.com](mailto:walter.parker@mansfieldschools.com)  
**CONTRACT PRICE:** ON GOING CONTRACT



# *Cam H.V.A.C. & Construction Inc.*



**LICENSES**



# Cam H.V.A.C. & Construction Inc.



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

REFRIG/MASTER 1 00006572  
PIPEFITTER/MASTER 1 00006572  
SHEETMETAL MASTER 1 00006572

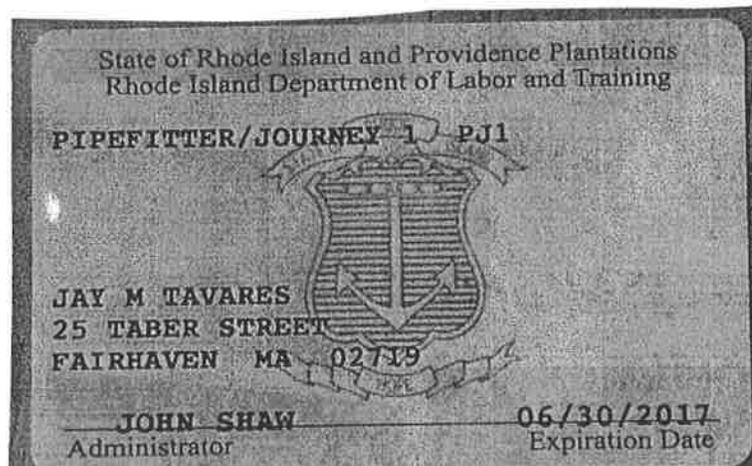
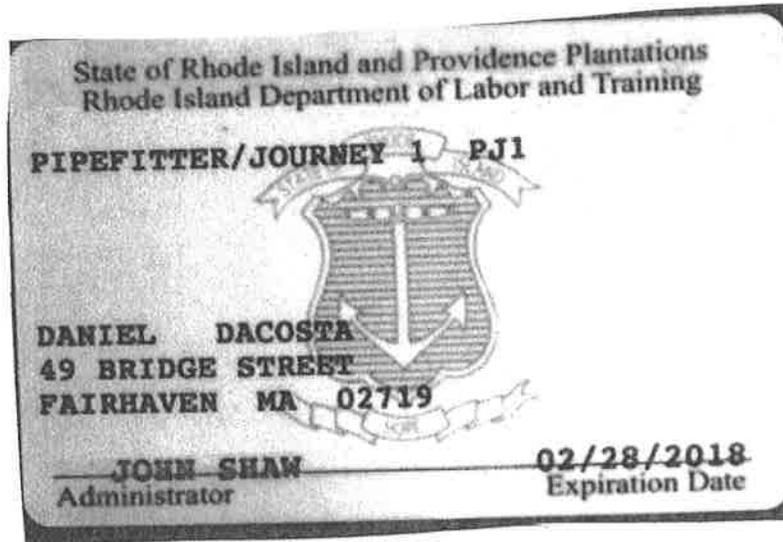
CAM HVAC CONSTRUCTION INC  
MICHAEL J MONTI  
116 LYDIA ANN ROAD  
SMITHFIELD RI 02917

~~JOHN SHAW~~  
Administrator

~~03/31/2017~~  
Expiration Date



# Cam H.V.A.C. & Construction Inc.





# Cam H.V.A.C. & Construction Inc.



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

REFRIG/JOURNEY 1 RJ1



THOMAS J TWIGGS  
108 POLE BRIDGE RD  
NORTH SCITUATE RI 02857

JOHN SHAW  
Administrator

08/31/2017  
Expiration Date

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

REFRIG/MASTER 2 00007467



ALEXANDER BOHRAN  
108 WEST WRETHAM ROAD  
CUMBERLAND RI 02864

JOHN SHAW  
Administrator

07/31/2016  
Expiration Date

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

REFRIG/JOURNEY 2 RJ2  
PIPEFITTER/JOURNEY 2 PJ2



SCOTT A PETRANCA  
45 ABERDEEN STREET  
WEST WARWICK RI 02893

JOHN SHAW  
Administrator

11/30/2016  
Expiration Date

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

PIPEFITTER/MASTER 2 00008173  
OIL BURNER ADV. SHORER PJP



ILIAS STAMATHOPOULOS  
1776 BICENTENNIAL WAY #111  
NORTH PROVIDENCE RI 02911

JOHN SHAW  
Administrator

01/31/2018  
Expiration Date



Commonwealth of Massachusetts  
Department of Public Safety

License: **PMU-000506**  
**Pipefitter Unrestricted Master**

**FRANK O MONTI**  
116 LYDIA ANN ROAD  
SMITHFIELD RI 02917



*Matthew Ci*  
Commissioner

Expiration:  
**12/05/2017**



Commonwealth of Massachusetts  
Department of Public Safety

License: **RT-005589**  
**Refrigeration Technician**

**FRANK O MONTI**  
116 LYDIA ANN ROAD  
SMITHFIELD RI 02917



*Matthew Ci*  
Commissioner

Expiration:  
**12/05/2017**



Commonwealth of Massachusetts  
Department of Public Safety

License: **RC-004525**  
**Refrigeration Contractor**

**FRANK O MONTI**  
116 LYDIA ANN ROAD  
SMITHFIELD RI 02917



*Matthew Ci*  
Commissioner

Expiration:  
**12/05/2017**

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

**MASTER MECHAN CONTRC 00001411**



**FRANK O MONTI**  
116 LYDIA ANN ROAD  
SMITHFIELD RI 02917

**JOHN SHAW**  
Administrator

**12/31/2017**  
Expiration Date



STATE OF RHODE ISLAND

CONTRACTORS' REGISTRATION  
AND LICENSING BOARD

REGISTRATION NO

EXP DATE

REGISTRANT'S NAME

9958

05/1/13

CAN HYAC & CONSTRUCTION INC

AUTHORIZED REPRESENTATIVE

FRANK D HOWE SR

DRIVER'S LICENSE #

RI B500K95

EXECUTIVE DIRECTOR

*Ray P. Blawie*

COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF PROFESSIONAL LICENSURE

BOARD OF  
SHEET METAL WORKERS  
ISSUES THE FOLLOWING LICENSE AS A  
BUSINESS

MICHAEL J. MONTI  
CAM HVAC AND CONSTRUCTION INC  
116 LYDIA ANN RD  
SMITHFIELD, RI 02917



450      06/24/2017      725

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER

*Michael Monti*  
LICENSEE SIGNATURE

COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF PROFESSIONAL LICENSURE

BOARD OF  
SHEET METAL WORKERS  
ISSUES THE FOLLOWING LICENSE AS A  
MASTER-UNRESTRICTED

MICHAEL J MONTI  
116 LYDIA ANN RD  
CAM HVAC INC  
SMITHFIELD, RI 02917-1939



403      03/28/2018      22115

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER

*Michael Monti*  
LICENSEE SIGNATURE

Commonwealth of Massachusetts  
Department of Public Safety

License: PMU-000428  
Pipfitter Unrestricted Master

Michael J Monti  
35 Vine Street Apt 204  
Winchester MA 01890

*Thomas D. Bligh*  
Commissioner

Expiration:  
03/13/2017



Commonwealth of Massachusetts  
Department of Public Safety

Refrigeration Technician  
License: RT-116188

Michael J Monti  
116 Lydia Ann Road  
Smithfield RI 02917

*Thomas D. Bligh*  
Commissioner

Expiration:  
03/13/2017



Commonwealth of Massachusetts  
Department of Public Safety

Hoisting Engineer  
License: HE-078053

MICHAEL J MONTI  
31 NORTH GATEWAY  
Winchester MA 01890

*Thomas D. Bligh*  
Commissioner

Expiration:  
03/13/2016



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

REFRIG/MASTER 1 OF 000006572  
PIPEFITTER/MASTER 080006572  
SHEETMETAL MASTER 000006572

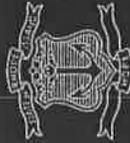
CAM HVAC CONSTRUCTION INC  
MICHAEL J MONTI  
116 LYDIA ANN ROAD  
SMITHFIELD RI 02917

*John Shaw*  
Administrator

Expiration Date  
03/31/2017

STATE OF RHODE ISLAND

CONTRACTORS REGISTRATION  
AND LICENSING BOARD



REGISTRATION NO. 99153

EXP. DATE 03/13/16

REGISTRANT'S NAME

AUTHORIZED REPRESENTATIVE

DRIVER'S LICENSE #

EXECUTIVE DIRECTOR  
*Thomas D. Bligh*



**COMMONWEALTH OF MASSACHUSETTS**  
**DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF SHEET METAL WORKERS  
 ISSUES THE FOLLOWING LICENSE  
 AS A MASTER-UNRESTRICTED

CAM HVAC INC  
 MICHAEL J MONTI  
 CAM HVAC INC  
 116 LYDIA ANN RD  
 SMITHFIELD  
 RI 02917-1939

403      03/28/16      184807

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER



LICENSEE SIGNATURE

**COMMONWEALTH OF MASSACHUSETTS**  
**DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF SHEET METAL WORKERS  
 ISSUES THE FOLLOWING LICENSE AS A  
 BUSINESS

MICHAEL J. MONTI  
 CAM HVAC AND CONSTRUCTION INC  
 116 LYDIA ANN RD  
 SMITHFIELD, RI 02917

450      06/24/2017      725

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER



LICENSEE SIGNATURE

**COMMONWEALTH OF MASSACHUSETTS**  
**DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF PLUMBERS AND GASFITTERS  
 ISSUES THE FOLLOWING LICENSE AS A  
 LICENSED JOURNEYMAN GASFITTER

MICHAEL J MONTI  
 116 LYDIA ANN RD  
 SMITHFIELD  
 RI 02917-1939

4075      05/01/16      219914

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER



LICENSEE SIGNATURE



Massachusetts - Department of Public Safety  
 Board of Building Regulations and Standards  
 Construction Supervisor

License: CS-070137

Michael J Monti  
 116 Lydia Ann Road  
 Smithfield RI 02917



*Thomas D. Bligh*  
 Commissioner

Expiration  
 03/13/2017

**OSHA**



U.S. Department of Labor  
 Occupational Safety and Health Administration

**Michael Monti**

has successfully completed a 10-hour Occupational Safety and Health  
 Training Course in

Construction Safety & Health

*Peter Brewer*  
 (Trainer)

*Nov. 10, 01*  
 (Date)

**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF  
SHEET METAL WORKERS  
ISSUES THE FOLLOWING LICENSE  
AS A MASTER-UNRESTRICTED

ANTHONY CENTRELLA

82 ROCKMEADOW RD

UXBRIDGE MA 01569-1416  
1268 04/28/16 226405

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER



**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF  
PLUMBERS AND GAS FITTERS  
ISSUES THE FOLLOWING LICENSE  
REGISTERED AS A PLUMBING CORP

ANTHONY CENTRELLA  
CAM H.V.A.C & CONSTRUCTION INC  
82 ROCKMEADOW RD

UXBRIDGE MA 01569-1416  
2998 05/01/16 207497

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER



Commonwealth of Massachusetts  
Department of Public Safety  
Oil-Burner Technician Certificate  
License: BU-118331

ANTHONY CENTRELLA  
82 ROCK MEADOW RD  
Uxbridge MA 01569



*Thomas D. Blige*  
Commissioner

Expiration  
04/28/2015

**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF  
PLUMBERS AND GAS FITTERS  
ISSUES THE FOLLOWING LICENSE  
LICENSED AS A MASTER PLUMBER

ANTHONY CENTRELLA

82 ROCKMEADOW RD

UXBRIDGE MA 01569-1416  
15380 05/01/16 226404

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER



Commonwealth of Massachusetts  
Department of Public Safety

License: PJ-297190  
Pipefitter Specialty Journeyman

ANTHONY CENTRELLA  
82 ROCK MEADOW RD  
Uxbridge MA 01569



*Thomas D. Blige*  
Commissioner

Expiration:  
04/28/2016

**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF  
PLUMBERS AND GAS FITTERS  
ISSUES THE FOLLOWING LICENSE  
LICENSED AS A JOURNEYMAN PLUMBER

ANTHONY CENTRELLA

82 ROCKMEADOW RD

UXBRIDGE MA 01569-1416  
26664 05/01/16 226406

LICENSE NUMBER      EXPIRATION DATE      SERIAL NUMBER



**Compliance Training Online™**  
a division of **KRIST INC.**  
hereby certifies that  
**Anthony Centrella**  
has successfully completed  
**Permit required Confined Space Entry**  
OSHA 29 CFR 1910.146 Training  
Valid Thru: 1/2/18

OSHA 000980403

U.S. Department of Labor  
Occupational Safety and Health Administration

**Tony Centrella**

has successfully completed a 10-hour Occupational Safety and Health  
Training Course in  
Construction Safety & Health

*[Signature]*  
(Trainer)

*[Date]*  
(Date)

COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE - BOARD OF  
PLUMBERS AND GASFITTERS  
REGISTERED AS A PLUMBING CORP

ISSUES THE ABOVE LICENSE TO:

ANTHONY CENTRELLA  
CAM H.V.A.C & CONSTRUCTION INC  
82 ROCKMEADOW RD

UXBRIDGE MA 01569-1416

2998 05/01/14 141279

LICENSE NO. EXPIRATION DATE SERIAL NO.

*Anthony Centrella*

COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE - BOARD OF  
PLUMBERS AND GASFITTERS  
LICENSED AS A JOURNEYMAN PLUMBER

ISSUES THE ABOVE LICENSE TO:

ANTHONY CENTRELLA

82 ROCKMEADOW RD

UXBRIDGE MA 01569-1416

26664 05/01/14 111157

LICENSE NO. EXPIRATION DATE SERIAL NO.

*Anthony Centrella*



Commonwealth of Massachusetts  
Department of Public Safety

Oil Burner Technician Certificate  
License: BU-118331

ANTHONY CENTRELLA  
82 ROCKMEADOW RD  
Uxbridge MA 01569



*Thomas D. Bligh*  
Commissioner

Expiration:  
04/28/2015

COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE - BOARD OF  
PLUMBERS AND GASFITTERS  
LICENSED AS A MASTER PLUMBER

ISSUES THE ABOVE LICENSE TO:

ANTHONY CENTRELLA

82 ROCKMEADOW RD

UXBRIDGE MA 01569-1416

15380 05/01/14 151456

LICENSE NO. EXPIRATION DATE SERIAL NO.

*Anthony Centrella*

MASSACHUSETTS

DRIVER'S  
LICENSE

04-27-2012 NONE S35399292  
04-28-2017 04-28-1960

CENTRELLA  
ANTHONY  
82 ROCKMEADOW RD  
UXBRIDGE, MA 01569-1416

V.9. DD 04-28-2013 Rev 07-16-2006

