

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: 7550540
Solicitation Title: STEAMFITTER WORK - MPA #199 (32 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 5/13/2016 11:30 AM

RIVIP Vendor ID #: 404
Bidder Name: Atlantic Control Systems Inc.
Address: P.O. Box 313

Exeter, RI 02822
USA

Telephone: (401) 294-1560
Fax: (401) 294-1561
Contact Name: James Grundy
Contact Title: President
Contact Email:

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.
- Y 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.

Disclosure details (continue on additional sheet if necessary):

State Housing Board
State Housing Appeals Board
State PW Board

SECTION 3 - OWNERSHIP DISCLOSURE

Bidders must provide all relevant information. Bid proposals submitted without a complete response may be deemed nonresponsive.

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; otherwise, complete ownership disclosure is required.

List each officer, director, manager, stockholder, member, partner, or other owner or principle 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.

James Grundy NK . RI 100%

SECTION 4 - 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



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: 19-APR-16
 BID NUMBER: 7550540
 TITLE: Steamfilter Work, MPA-199
 BLANKET START : 01-JUL-16
 BLANKET END : 30-JUN-17
 BID CLOSING DATE AND TIME: 13-MAY-2016 11:30:00

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Requstion Number:

Line	Description	Quantity	Unit	Unit Price	Total
	<p>Blanket Requirement: July 1, 2016 - June 30, 2017.</p> <p>THE TITLE FOR STATEWIDE PREVAILING WAGE RATE FOR THIS WORK IS: SPRINKLER FITTERS AND PLUMBERS.</p> <p>SERVICES AS REQUESTED BY AGENCY. INVOICE MONTHLY AT END OF MONTH AND FORWARD TO RECEIVING AGENCY. ANY UNUSED BALANCE AT THE END OF FISCAL YEAR WILL AUTOMATICALLY BE CANCELLED.</p> <p>TO PROVIDE STEAMFITTINGS, PIPING, AND ASSOCIATED SERVICE INCLUDING CERTIFIED WELDING FOR UNDERGROUND AND OTHER HIGH PRESSURE STEAM SYSTEMS.</p> <p>TO PROVIDE MISCELLANEOUS MATERIALS AS DESIGNATED BY THIS AGENCY. VENDOR MUST HAVE THE FOLLOWING CERTIFICATION THROUGH A.S.M.E.</p> <p>"H" HEATING: ASSEMBLE AND "S" STEAM BOILERS, AS WELL AS CERTIFICATION THROUGH NATIONAL BOARD OF BOILER AND PRESSURE VESSELS INSPECTION. "R" REPAIRS AND SERVICE BEYOND FACILITIES AND MAINTENANCE PERSONNEL CAPABILITIES.</p> <p>IN NO EVENT WILL ANY INDIVIDUAL WORK ORDER EXCEED \$30,000.00 WITHOUT PRIOR APPROVAL OF THE OFFICE OF PURCHASES.</p>				

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
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CREATION DATE : 19-APR-16
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BUYER: Ohara 2nd, John F
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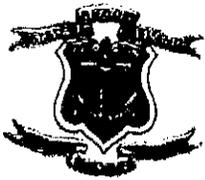
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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
1	<p>STEAM LINE REPAIR SPECIFICATIONS:</p> <p>1. CONSTRUCTION MUST BE COMPLETED WITHIN A PERIOD OF NO MORE THAN (3) WORKDAYS UNDER NORMAL CIRCUMSTANCES; HOWEVER, EACH SITUATION WILL BE EVALUATED ON AN INDIVIDUAL BASIS.</p> <p>2. VENDOR CONTRACTOR TO RESPOND WITHIN FOUR HOURS OF INITIAL NOTICE FROM OWNER AGENCY.</p> <p>3. VENDOR CONTRACTOR ESTIMATES MAY BE REQUIRED ON A "NOT" TO EXCEED COST BASIS.</p> <p>Steamfitter Work - Utility Contractor - General Repairs and Maintenance MPA #199 FOR THIS BID TO BE CONSIDERED, JOB WILL BE STAFFED BY PERSONNEL WHO POSSESS APPROPRIATE LICENSING AND CERTIFICATION FOR THE TASK BEING PERFORMED. THESE LICENSES WILL BE AVAILABLE AT THE JOB SITE.</p> <p>HOURLY RATES TO REFLECT THE NET COST OF LABOR. NO ADDITIONAL CHARGE FOR TRAVEL, MILEAGE, ETC., WILL BE PERMITTED.</p> <p>PROJECT MANAGER WILL MEET AT THE AGENCY TO REVIEW THE SCOPE OF WORK AND THE PROJECT MANAGER WILL DIRECT THE CREW TO ACCOMPLISH THE SCOPE OF WORK.</p> <p>VENDOR WILL RESPOND WITH ALL NECESSARY TOOLS TO COMPLETE THE JOB.</p> <p>MPA-199 7/1/16-6/30-17 HOURLY RATE FOR STEAMFITTER ON SITE.</p>	1,400.00	Hour	101 ⁹⁰	142,660 ⁻
2	MPA-199 7/1/16-6/30-17 OVERTIME RATE FOR STEAMFITTER ON SITE.	40.00	Hour	151 ⁹⁰	6076 ⁻
3	MPA-199 7/1/16-6/30-17 HOURLY RATE FOR HOLIDAYS	40.00	Hour	151 ⁹⁰	6076 ⁻

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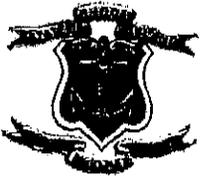
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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	AND SUNDAYS FOR STEAMFITTER ON SITE.				
4	MPA-199 7/1/16-6/30-17 HOURLY RATE FOR PLUMBER ON SITE	300.00	Hour	101 ⁹⁰	30570 ⁻
5	MPA-199 7/1/16-6/30-17 OVERTIME RATE FOR PLUMBER ON SITE.	10.00	Hour	151 ⁹⁰	1519 ⁻
6	MPA-199 7/1/16-6/30-17 HOURLY RATE FOR HOLIDAYS AND SUNDAYS FOR PLUMBER ON SITE.	10.00	Hour	151 ⁹⁰	1519 ⁻
7	MPA-199 7/1/16-6/30-17 HOURLY RATE FOR EQUIPMENT: DIGGER WITH OPERATOR ON SITE.	200.00	Hour	131 ⁹⁰	26,380 ⁻
8	MPA-199 7/1/16-6/30-17 OVERTIME RATE FOR EQUIPMENT: DIGGER WITH OPERATOR ON SITE.	1.00	Hour	161 ⁹⁰	161 ⁹⁰
9	MPA-199 7/1/16-6/30-17 HOURLY RATE FOR HOLIDAYS AND SUNDAYS FOR EQUIPMENT: DIGGER WITH OPERATOR ON SITE. 7/1/16-6/30/17. NMCE List Materials are to be provided at cost plus the following (applicable) fee for overhead, pickup and delivery. No additional charges will be acceptable. \$0-500 NO FEE \$501-750 \$75.00 \$751-1000 \$98.00 \$1001-1500 \$125.00 \$1501-2500 \$180.00 \$2501-5000 \$300.00 \$5001-7500 \$438.00 Over \$7501. \$525.00. I/WE CERTIFY THAT THE LICENSED INDIVIDUAL IS A FULL-TIME EMPLOYEE OF THIS COMPANY	10.00	Each	161 ⁹⁰	1619 ⁻

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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	<p>NAME _____</p> <p>SUCCESSFUL BIDDER MUST PRODUCE WELDING CERTIFICATION AND A.S.M.E. CERTIFICATION AS MAY BE REQUIRED BY THE AGENCY.</p> <p>DELIVERY/SERVICES AS REQUESTED BY AGENCY.</p> <p>WELDING CERTIFICATION AND A.S.M.E. CERTIFICATIONS AS MAY BE REQUIRED BY THE AGENCY.</p> <p>SHOW YOUR RI LICENSE NUMNER - STEAMFITTER <u>6163</u></p> <p>SHOW YOUR RI LICENSE NUMBER - PLUMBER <u>27</u></p> <p>Note: All vendors responding to the within solicitation must complete the attached prompt payment discount "PPD" form as part of this master price agreement solicitation.</p>				

Delivery: Upon Award

Terms of Payment: Net 30

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

Prompt Payment Discount Form
(Invoice discounts for receiving fast payments)

Appendix A

Note: All vendors doing business with the State of Rhode Island must complete a Prompt Payment Discount ("PPD") form as part of this Master Price Agreement solicitation.

Bidder Name: Atlantic Control Systems Inc

RFQ/RFP Bid Solicitation Number: 7550540

Prompt Payment Discounts ("PPD"): Vendors benefit from PPD by increased, usable cash flow as a result of fast and efficient payments for commodities or services rendered. While Bidders/Contractors have flexibility in determining the actual % discount(s) offered to the State, the discount(s) must be identified in 10 days or more for Payment Issuance Date. The State may use the prompt pay discounts submitted as a basis for selection and may negotiate discounts as deemed in the best interest of the State.

All discounts offered will be automatically deducted from payment when the issue date is within the specified number of days listed below and in accordance with the State's Prompt Payment Law. Payment days will be measured **from** the date goods are received and accepted/performance was completed OR the date an invoice is received by the Office of the DOA Controller, whichever is later **to** the date the payment is issued via ACH or mailed by the State Treasurer. The date of payment "issue" is the date a payment is considered "paid" not the date a payment is "received" by a vendor.

Enter the Prompt Payment Discount percentage (%) off the invoice payment, for the available payment issue dates listed below. Note: Vendors are allowed up to three different prompt payment options. Example prompt payment options are:

- 5% - 10 Days
- 3% - 20 Days
- 1% - 25 Days

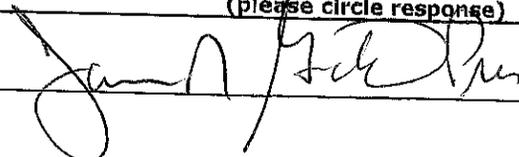
Discount %	Payment Issue Date Within
%	10 Days
%	15 Days
%	20 Days
%	25 Days

By checking this box, we certify that we will not offer any Prompt Payment Discounts

ACH Payments/Supplier Portal: Vendors are highly encouraged to enroll for ACH payments. This payment method will increase the prompt pay benefit since funds are paid directly to designated bank accounts, thus eliminating the delay of check clearance policies and traditional mail lead time. The form required for ACH enrollment can be found at <http://controller.admin.ri.gov/Forms/index.php>.

The State also highly encourages Vendors to use the RIFANS Supplier Portal which includes the functionality to electronically submit invoices against open Purchase Orders. This efficient invoicing method eliminates handling time, mailing expenses, and will further expedite the payment process. Information on the portal can be found at <http://controller.admin.ri.gov/Supplier/sup/index.php>.

We will sign up for ACH payment. (please circle response)	Yes	<input type="radio"/>	No <input checked="" type="radio"/>
We will utilize the State's Supplier Portal to electronically submit invoices. (please circle response)	Yes	<input type="radio"/>	No <input checked="" type="radio"/>

Signature  Date 5/11/16



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

TTY:

Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

STATE CONTRACT ADDENDUM

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

**PREVAILING WAGE REQUIREMENTS
(37-13-1 ET SEQ.)**

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars (\$1,000).

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;
2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);
3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at www.dlt.ri.gov/pw/Posters.htm or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;
4. Access the Department of Labor and Training website, at www.dlt.ri.gov on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1st of each year in compliance with RIGL §37-13-8;
5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any

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 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

- subcontractors and their assignees for prevailing wage work performed pursuant to this contract;
6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;
 7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at www.dlt.ri.gov/pw.forms/htm, as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;
 8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.
 9. For general or primary contracts one million dollars (\$1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.
 10. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars (\$100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL § 37-23-1;
 11. Employ apprentices for the performance of the awarded contract when the contract is valued at one million dollars (\$1,000,000) or more, and comply with the apprentice to journey person ratio for each trade approved by the apprenticeship council of the Department of Labor and Training in compliance with RIGL §37-13-3.1;
 12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and

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TTY via Rf Relay 711



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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.

By: *[Signature]*
Title: President

Subscribed and sworn before me this 11th day of May 2011.

[Signature]
Notary Public
My commission expires: 6/16/17

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



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)

[Empty SSN boxes]

05 0467053

NAME Atlantic Control Systems Inc

ADDRESS PO Box 313

CITY, STATE AND ZIP CODE Exeter RI 02852

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 [Signature] TITLE President DATE 5/11/16 TEL NO 401-294-1560
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.)

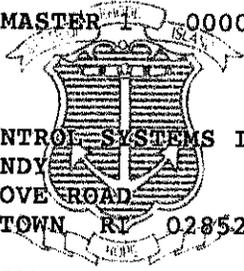
Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: doabursuppliercoordinator@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
Rhode Island Department of Labor and Training

PIPEFITTER/MASTER 00006163

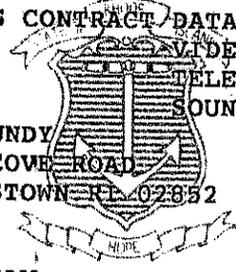


ATLANTIC CONTROL SYSTEMS I
JAMES R GRUNDY
131 SHADY COVE ROAD
NORTH KINGSTOWN RI 02852

JOHN SHAW 11/30/2016
Administrator Expiration Date

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

TELECOM SYS CONTRACT/DATA TSC
VIDEO TSC
TELEP TSC
SOUND TSC
LIC# 260

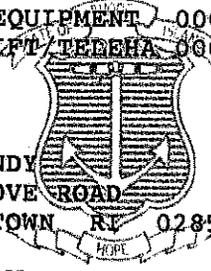


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NORTH KINGSTOWN RI 02852

JOHN SHAW 11/30/2016
Administrator Expiration Date

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

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CONST. FORKLIFT/TERRHA 00010007

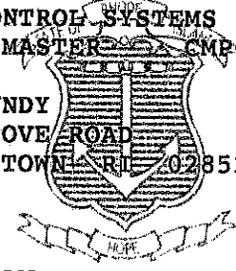


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ATLANTIC CONTROL SYSTEMS INC
CONTRACTOR MASTER CMP00027



JAMES R GRUNDY
131 SHADY COVE ROAD
NORTH KINGSTOWN RI 02852

JOHN SHAW 11/30/2016
Administrator Expiration Date

STATE OF RHODE ISLAND
CONTRACTORS' REGISTRATION
AND LICENSING BOARD

REGISTRATION NO. **9160** EXP. DATE **10/1/15**

REGISTRANT'S NAME
ATLANTIC CONTROL SYSTEMS, INC

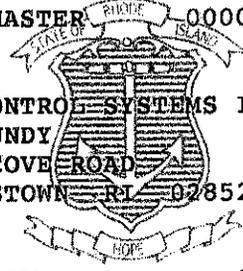
AUTHORIZED REPRESENTATIVE
JAMES R GRUNDY

DRIVER'S LICENSE #
RI 8243216

EXECUTIVE DIRECTOR
John A. Shaw

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

FIRE PROT MASTER 00000076



ATLANTIC CONTROL SYSTEMS I
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