

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: 7550588A1
Solicitation Title: FOGARTY SCHOOL OF NURSING LANDSCAPING - RI COLLEGE ADDENDUM #1 (3 PGS & ZIP FILE)
Bid Proposal Submission Deadline Date & Time: 6/14/2016 10:00 AM
RIVIP Vendor ID #: 4715
Bidder Name: Central Nurseries, Inc.
Address: 1155 Atwood Ave.
Johnston , RI 02919
USA
Telephone: 401-942-7511
Fax: 401-943-6598
Contact Name: Paul Pagliarini
Contact Title: President
Contact Email: office@centralnurseries.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

- Y 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.

Disclosure details (continue on additional sheet if necessary):

In January of 2016, company Executive Vice President Steven Pagliarini agreed to plead guilty to charges of falsification of a document and mail fraud in US District Court in Providence, RI. The settlement stems from a DOL investigation into activities that took place between 2007 and 2011. Central Nurseries fully cooperated with DOL throughout the investigation. During the period in question, and ever since, all projects were completed and the quality of service was never compromised. Since 2011, Central Nurseries has put in place a number of corrective actions to insure compliance with all current regulations. These include but are not limited to the hiring of a full time human resources manager as well as engaging a labor attorney. In addition, Mr. Pagliarini has voluntarily removed himself as an officer and director of the company. If there are any questions regarding this matter, please do not hesitate to contact Paul Pagliarini at ppag@centralnurseries.com or 401-323-7500.

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.

Directors: Paul A. Pagliarini, James Pagliarini, Greg Pagliarini

Stock holders: Paul A. Pagliarini 33 1/3% 1155 Atwood Ave, Johnston RI 02919

James Pagliarini 33 1/3% 1155 Atwood Ave, Johnston, RI 02919

Steven Pagliarini 33 1/3% 1155 Atwood Ave, Johnston RI 02919

Officers: Paul A. Pagliarini: President, Treasurer, James Pagliarini: Vice President, Secretary

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:

- 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

Solicitation #: 7550588

Solicitation Title: Rhode Island College – Fogarty School of Nursing Landscaping

BID FORM

To: The State of Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill, Providence, RI 02908-5855

Bidder:

Central Nurseries, Inc.

Legal name of entity

PO Box 19477, 1155 Atwood Ave, Johnston, RI 02919

Address (street/city/state/zip)

Paul A. Pagliarini, President

ppag@centralnurseries.com

Contact name

Contact email

401-942-7511

401-943-6598

Contact telephone

Contact fax

1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (*including the costs for all Allowances, Bonds, and Addenda*):

\$ 46,915.00

(base bid price *in figures* printed electronically, typed, or handwritten legibly in ink)

Forty six thousand nine hundred fifteen dollars & 00/100

(base bid price *in words* printed electronically, typed, or handwritten legibly in ink)

Allowances

The Base Bid Price includes the costs for the following Allowances:

1. Allowance 1: **Provide and Install Drip Irrigation System \$3,500**

Bonds

The Base Bid Price ***includes*** the costs for all Bid and Payment and Performance Bonds required by the solicitation.

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Addenda

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price ***includes*** the costs of any modifications required by the Addenda.

All Addenda must be acknowledged.

Addendum No. 1 dated: 6/3/16

Addendum No. 2 dated: _____

Addendum No. 3 dated: _____

Addendum No. 4 dated: _____

2. ALTERNATES (Additions/Subtractions to Base Bid Price)

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected. (Check "Add" or "Subtract")

Alternate 1 Add: x Subtract: _____

Base Bid: Work as indicated on drawings.

Alternate: Landscaping north of the parking lot (see drawing L-100)

\$ 16,130.00
(amount in *figures* printed electronically, typed, or handwritten legibly in ink)

Sixteen thousand one hundred thirty dollars & 00/100
(amount in *words* printed electronically, typed, or handwritten legibly in ink)

Alternate 2 Add: x Subtract: _____

Base Bid: Work as indicated on drawings.

Alternate: Landscaping in parking lot (see drawing L-100)

\$ 4,950.00
(amount in *figures* printed electronically, typed, or handwritten legibly in ink)

Four thousand nine hundred fifty dollars & 00/100
(amount in *words* printed electronically, typed, or handwritten legibly in ink)

Solicitation #: 7550588

Solicitation Title: Rhode Island College – Fogarty School of Nursing Landscaping

Alternate 3

Add: x Subtract: _____

Base Bid: Work as indicated on drawings.

Alternate: Landscaping north of building (see drawing L-100)

\$ 6,575.00

(amount in *figures* printed electronically, typed, or handwritten legibly in ink)

Six thousand five hundred seventy five dollars &00/100

(amount in *words* printed electronically, typed, or handwritten legibly in ink)

3. UNIT PRICES

The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include all costs, including labor, materials, services, regulatory compliance, overhead, and profit.

Not Used.

4. CONTRACT TIME

The Bidder offers to perform the work in accordance with the timeline specified below:

- Substantial completion: September 30, 2016
- Final completion: October 15, 2016

5. LIQUIDATED DAMAGES

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for each calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State:

\$250.00 per day

Two Hundred Fifty Dollars per Calendar Day

Solicitation #: 7550588

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This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

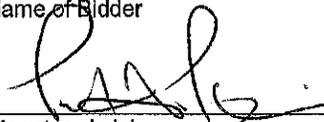
The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: 6/14/16

Central Nurseries, Inc.

Name of Bidder


Signature in ink

Paul A. Pagliarini, President

Printed name and title of person signing on behalf of Bidder

7870

Bidder's Contractor Registration Number



FORM W-9
REV 8/15

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)

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NAME Central Nurseries, Inc.

ADDRESS 1155 Atwood Ave

CITY, STATE AND ZIP CODE Johnston, RI 02919

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

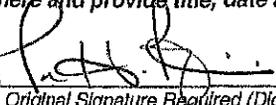
ADDRESS

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  **TITLE** President **DATE** 6/14/2016 **TEL NO** 401-942-7511
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

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.

CERTIFICATION

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

By: 

Title: Paul A. Pagliarini, President

Subscribed and sworn before me this 14th day of June, 2016


Notary Public
My commission expires: 6-27-19

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
CONTRACTORS' REGISTRATION
AND LICENSING BOARD

REGISTRATION NO.

REGISTRANT'S NAME

CENTRAL NURSERIES, INC.

AUTHORIZED REPRESENTATIVE

PAUL A. PASLIARINI

DRIVER'S LICENSE #

RI 7205987

EXECUTIVE DIRECTOR

A handwritten signature in black ink, likely belonging to the Executive Director, written over the printed title.

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we Central Nurseries, Inc. 1155 Atwood Avenue, Johnston, RI 02919 as Principal, hereinafter called the Principal, and Selective Insurance Company of America a corporation duly organized under the laws of the state of New Jersey as Surety, hereinafter called the Surety, are held and firmly bound unto State of Rhode Island - Division of Purchases 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 for Rhode Island College-Fogarty School of Nursing Landscaping Solicitation Number: 7550588

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 14th day of June, 2016

[Signature] (Witness)

Central Nurseries, Inc. (Principal) (Seal)

{ By: [Signature] PRESIDENT (Title)

[Signature] (Witness)

Selective Insurance Company of America (Surety) (Seal)

{ By: [Signature] Charles Byrne (Title) Attorney-in-Fact



SELECTIVE®

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

BondNo.B 1174555

POWER OF ATTORNEY

Public Bid

SELECTIVE INSURANCE COMPANY OF AMERICA, a New Jersey corporation having its principal office at 40 Wantage Avenue, in Branchville, State of New Jersey ("SICA"), pursuant to Article VII, Section 1 of its By-Laws, which state in pertinent part:

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation's seal, bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking, and any of said Officers may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby appoint **Charles Byrne**

, its true and lawful attorney(s)-in-fact, full authority to execute on SICA's behalf fidelity and surety bonds or undertakings and other documents of a similar character issued by SICA in the course of its business, and to bind SICA thereby as fully as if such instruments had been duly executed by SICA's regularly elected officers at its principal office, in amounts or penalties not exceeding the sum of: **Seven Million Dollars**

Signed this 14th day of June, 2016

SELECTIVE INSURANCE COMPANY OF AMERICA

By:

Brian C. Sarisky
Its SVP, Strategic Business Units, Commercial Lines



CERTIFIED COPY

STATE OF NEW JERSEY :

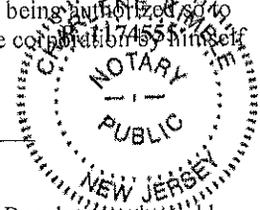
:ss. Branchville

COUNTY OF SUSSEX :

On this 14th day of June, 2016 before me, the undersigned officer, personally appeared Brian C. Sarisky, who acknowledged himself to be the Sr. Vice President of SICA, and that he, as such Sr. Vice President, being authorized to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation as Sr. Vice President and that the same was his free act and deed and the free act and deed of SICA.

Charlene Kimble
Notary Public of New Jersey
My Commission Expires 6/2/2021

Notary Public



The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of SICA at a meeting duly called and held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writing obligatory in the nature of a bond, recognizance or conditional undertaking."

CERTIFICATION

I do hereby certify as SICA's Corporate Secretary that the foregoing extract of SICA's By-Laws and Resolutions is in full force and effect and this Power of Attorney issued pursuant to and in accordance with the By-Laws is valid.

Signed this 14th day of June, 2016

Michael H. Lanza, SICA Corporate Secretary



Important Notice: If the bond number embedded within the Notary Seal does not match the number in the upper right-hand corner of this Power of Attorney, contact us at 973-948-3000.