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: 7550714A1  
Solicitation Title: REPLACE EXISTING VCT TILE WITH FORBO FLOTEX AT CCE (URI) PROVIDENCE CAMPUS - ADDENDUM 1  

Bid Proposal Submission Deadline Date & Time: 7/7/2016 1:30 PM  
RIVIP Vendor ID #: 17124  
Bidder Name: Freeport General Contracting, Inc.  
Address: 8 Remington St. North Providence, RI 02904 USA  
Telephone: 401-439-7720  
Fax: 401-727-4780  
Contact Name: Kenneth A Bostic  
Contact Title: Vice-President  
Contact Email: freeportgeneralcontracting@gmail.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.

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.

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.

3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than $5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

4. 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):


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.

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 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, delinquency, 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.

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.

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.

8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: July 7, 2016

Freeport General Contracting, Inc.

Name of Bidder

Signature in ink

Kenneth L. Bostic President

Printed name and title of person signing on behalf of Bidder

2013-4 Page 3 of 3 3/18/2016
Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02008

CREATION DATE: 22-JUN-16
BID NUMBER: 7550714,1
TITLE: REPLACE EXISTING VCT TILE WITH FORBO FLOTEX AT CCE (URI) PROVIDENCE CAMPUS

BID CLOSING DATE AND TIME: 07-JUL-2016 01:30:00

BUYER: Cadero, David
PHONE #: 401-574-8131

URI ACCOUNTS PAYABLE
CARLOTTI ADMINISTRATION BLDG
75 LOWER COLLEGE ROAD, SUITE 1
KINGSTON, RI 02881

URI-CE-PROVIDENCE CENTER
SHAWHARD BUILDING
40 WASHINGTON STREET
PROVIDENCE, RI 02903

THIS ADDENDUM POSTS NOTES/CLARIFICATIONS FROM THE PRE BID CONFERENCE.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Replace existing VCT tile with Forbo Flotex at CCE Providence Campus per the attached specifications</td>
<td>1.00</td>
<td>Total</td>
<td>Lump Sum</td>
<td>$68,851.00</td>
</tr>
</tbody>
</table>

Sixty-Eight Thousand Eight Hundred Fifty-One Thousand and 00/100 DOLLARS.

Addendum Acknowledgement: Addendum #1 June 29, 2016

RI Contractor Registration Board Number: RI 11102

Freeport General Contracting, Inc.
8 Remington Street
North Providence, RI 02904

President

Kenneth L. Bostic

Delivery: Per Solicitation #7550714,1
Terms of Payment: Per Solicitation #7550714,1

It is the Vendor's responsibility to check and download any and all addenda from the RIVP. This offer may not be considered unless a signed RIVP 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.
# BID BOND

**CONTRACTOR:**
(Name, legal status and address)
Freeport General Contracting, Inc.
8 Remington Street
North Providence, RI 02904

**SURETY:**
(Name, legal status and principal place of business)
Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

**OWNER:**
(Name, legal status and address)
State of Rhode Island
RI Department of Administration
Division of Purchases
One Capital Hill, Second Floor
Providence, RI 02908-5855

**BOND AMOUNT:** $Five Percent of Attached Bid (5% of Bid)

**PROJECT:**
(Name, location or address, and Project number, if any)
Replace Existing VCT Tile With Forbo Glotex at CCE (URI) Providence Campus.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner 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. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety’s consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor’s bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

The Company executing this bond vouches that this document conforms to American Institute of Architects Document A310, 2010 Edition
Signed and sealed this 7th day of July, 2016.

D. Cicero
(Witness)

A. Boyt
(Witness)

Freeport General Contracting, Inc.
(Principal)
Kenneth Bosie, President
(Title)

Travelers Casualty and Surety Company of America
(Surety)
Karen E. Lowe, Attorney-in-fact
(Title)

The Company executing this bond vouches that this document conforms to American Institute of Architects Document A310, 2010 Edition
KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

J. Theodore Ray, Karen E. Lowe, and Adam M. Ray

of the City of ________________, State of ________________, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereeto affixed, this ________________ day of ________________, 2016.

[Seals of the Companies]

State of Connecticut
City of Hartford ss.

By: ____________________________
    Robert L. Raneys, Senior Vice President

On this the ________________ day of ________________, 2016, before me personally appeared Robert L. Raneys, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2016.

[Seal of the Notary]

58440-8-12 Printed in U.S.A.
State of Rhode Island  
Department of Administration / Division of Purchases  
One Capitol Hill, Providence, Rhode Island 02908-5855  
Tel: (401) 574-8100  Fax: (401) 574-8387

BID 7550714  
Replace Existing VCT Tile with Forbo Flotex at CCE (URI) Providence Campus

Acknowledgement of addendum(a):

I have received and reviewed the following addendum(a) that pertain to this bid. This sheet should be submitted with your bid proposal. Failure to do so may result in your bid being considered NON-RESPONSIVE.

Addendum Number 1 Dated 06-29-2016
Addendum Number Dated
Addendum Number Dated
Addendum Number Dated
Addendum Number Dated
Addendum Number Dated

Signed ___________________________ Dated July 7, 2016
Kenneth L. Bostic
Title President
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: 

Kenneth L. Bostic
Title: President

Subscribed and sworn before me this 7th day of July, 2016

[Signature]
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
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 (TIN)**
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, Rhode Island 02904

**PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE**

**ADDRESS**

(same)

**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**

Kenneth L. Bostic

**TITLE** President

**DATE** 7-7-2016

**TEL** 401-727-0455

**BUSINESS DESIGNATION:**

Please Check One: Individual ☐ Corporation ☑ Trust/Estate ☐ Government/Nonprofit Corporation ☐ Partnership ☐ Medical Services Corporation ☐ Legal Services Corporation ☐

MLG 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: dcp.purrsuppliercoordinator@purchasing.ri.gov

**For State Use Only:**

IRS ☐ RI SOS ☐ FED ☐ Other ☐

RI Supplier # __________ Approved __________

Date Entered __________ Entered By __________

RIFANS Supplier Registration Package 09/15/2015