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: 7598618A2
Solicitation Title: STATE HOUSE ELEVATORS MODERNIZATION - ADD #2

Bid Proposal Submission
Deadline Date & Time: 3/27/2019 10:00 AM

RIVIP Vendor ID #: 9271
Bidder Name: East Coast Masonry And Restoration Inc.
Address: 515 Greenville Ave.

Johnston, RI 02919 USA

Telephone: (401) 232-0562
Fax: (401) 349-2409
Contact Name: Michael St.Angelo Jr
Contact Title: President
Contact Email: ecmri@aol.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.
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.

MICHAEL ST ANGELO/PRESIDENT 100% OWNER 515 GREENVILLE AVE JOHNSTON, RI 02919 401-232-6562

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 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.

9. Bidder certifies that it is not currently engaged in and shall not during the duration of the contract (if awarded) engage in the boycott of any person, firm, or entity based in or doing business with any jurisdiction with whom the State of Rhode Island can enjoy open trade. Nor shall bidder participate in the boycott of any public agencies, entities, or instrumentalities of any jurisdiction with whom the State of Rhode Island can enjoy open trade. For the purposes of this certification "jurisdiction with whom the State of Rhode Island can enjoy open trade" means national governments who are members of the World Trade Organization.

10. Bidder has complied with and, if awarded a contract with the State of Rhode Island shall promptly comply with, the reporting requirements of the "Reporting of Political Contributions by State Vendors Act", R. I. Gen. Laws § 17-27-1, et seq.

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: 3/27/19

EAST COAST MASONRY & RESTORATION, INC

Name of Bidder

Signature in ink

MICHAEL ST. ANGELO / PRESIDENT

Printed name and title of person signing on behalf of Bidder
Solicitation #: 7598618
Solicitation Title: STATE HOUSE ELEVATORS MODERNIZATION
BID FORM

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

Bidder: EAST COAST MASONRY & RESTORATION, INC.

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 Allowances 1, 2, 3, 4 & 5, Bonds, and Addenda):

$1,313,250.00

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

ONE MILLION THREE HUNDRED THIRTEEN THOUSAND TWO HUNDRED FIFTY DOLLARS

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

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.

None

3. **Allowances**

The following Allowances are included in the Base Bid as described:
Solicitation #: 7598618
Solicitation Title: STATE HOUSE ELEVATORS MODERNIZATION

**Allowance No. 1:** Elevator Machine Room & Shaft Modifications
Modifications necessary to new construction due to unforeseen conditions: $50,000.00

**Allowance No. 2:** Elevator Cab & Entrance Modifications
Modifications to the elevator cab and entrances due to unforeseen conditions. $20,000.00

**Allowance No. 3:** Roof Repairs:
For repairs to copper flashing and roofing system. $10,000.00

**Allowance No. 4:** Contamination Cleanup:
For demolition and disposal of any contaminated hazardous materials encountered during construction. $5,000.00

**Allowance No. 5:** Afterhours Work Mandated by Owner:
For unanticipated afterhours work mandated by the Owner for convenience. $10,000.00

**Allowance No. 6:** Testing & Inspection Allowance
For testing concrete and structural steel as described in the Documents. $5,000.00

4. **Bonds**

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

The costs for Payment and Performance Bonds pertaining to each Alternate required by the solicitation are **included** in each Alternate price.

5. **Addenda**

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid and Alternate Prices **include** the costs of any modifications required by the Addenda.  
*All Addenda must be acknowledged.*

Addendum No. 1 dated: 3/6/19
Addendum No. 2 dated: 3/12/19
6. **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.

None

7. **CONTRACT TIME**

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

- Start of construction: Seven (7) calendar days after Purchase Order issued.
- Substantial completion: One hundred eighty (180) calendar days following issuance of Purchase Order
- Final completion: Fourteen (14) calendar days following issuance of Substantial Completion.

8. **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:

Five Hundred dollars ($ 500.00) per calendar day.
Solicitation #: 7598618
Solicitation Title: STATE HOUSE ELEVATORS MODERNIZATION

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.

Date: 3/27/19

BIDDER

EAST COAST MASONRY & RESTORATION, INC

Name of Bidder

Signature in ink: MICHAEL ST. ANGELO

Printed name and title of person signing on behalf of Bidder: 29479

Bidder’s Contractor Registration Number
BID BOND

CONTRACTOR:
(Name, legal status and address)
East Coast Masonry & Restoration Inc.
515 Greenville Avenue
Johnston, RI 02919

OWNER:
(Name, legal status and address)
State of Rhode Island, Division of Purchase
One Capitol Hill
Providence, RI 02908

SURETY:
(Name, legal status and principal place of business)
Great Midwest Insurance Company
800 Gessner Road Ste 600
Houston, TX 77024

BOND AMOUNT:
Five Percent (5%) of Total Amount Bid

PROJECT:
(Name, location or address, and Project number, if any)
State House Elevators Modernization #7598618

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.
Signed and sealed this 11th day of March 2019

(Carla Kuhn) (Witness)

East Coast Masonry & Restoration Inc.
(Principal) (Seal)
(Title)

Great Midwest Insurance Company
(Surety) (Seal)
(Title) Kenneth J. Coco, Attorney-in-Fact

The Company executing this bond vouches that this document conforms to American Institute of Architects Document A310, 2010 Edition
POWER OF ATTORNEY

Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that GREAT MIDWEST INSURANCE COMPANY, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint:

its true and lawful Attorney(s)-in-Fact to make, execute, seal and deliver for, and on its behalf as surely, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of GREAT MIDWEST INSURANCE COMPANY, on the 1st day of October, 2018 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed Four Million dollars ($4,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, GREAT MIDWEST INSURANCE COMPANY, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 15th day of October, 2018.

GREAT MIDWEST INSURANCE COMPANY

BY _

Peter B. Smith
President

ACKNOWLEDGEMENT

On this 15th day of October, 2018, before me, personally came Peter B. Smith to me known, who being duly sworn, did depose and say that he is the President of GREAT MIDWEST INSURANCE COMPANY, the corporation described in and which executed the above instrument, that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

CHRISTINA BISHOP
Notary Public, State of Texas
Comm. Expires 04-14-2021
Notary ID 131090488

BY _

Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of GREAT MIDWEST INSURANCE COMPANY, a Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this __11th_ Day of __March__, 2019__.

BY _

Leslie K. Shauntly
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."
Contractor's Qualification Statement

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED TO: STATE OF RI DEPARTMENT OF ADMIN, DIV OF PURCHASES
ADDRESS: 82 SMITH STREET PROVIDENCE, RI
SUBMITTED BY: East Coast Masonry & Restoration, Inc.
NAME: Michael St. Angelo
ADDRESS: 515 Greenville Ave

PRINCIPAL OFFICE:
[ ] Corporation X
[ ] Partnership
[ ] Individual
[ ] Joint Venture
[ ] Other « »

NAME OF PROJECT: RI STATE HOUSE ELEVATORS MODERNIZATION #7598618 A2

TYPE OF WORK: (file separate form for each Classification of Work)
[ ] General Construction X
[ ] HVAC
[ ] Electrical
[ ] Plumbing
[ ] Other: (Specify)

§ 1 ORGANIZATION
§ 1.1 How many years has your organization been in business as a Contractor? « » 23
§ 1.2 How many years has your organization been in business under its present business name? « » 23

§ 1.2.1 Under what other or former names has your organization operated?
« » N/A

§ 1.3 If your organization is a corporation, answer the following:
§ 1.3.1 Date of incorporation: « March 13, 1996
§ 1.3.2 State of incorporation: RI
§ 1.3.3 President's name: Michael St. Angelo
§ 1.3.4 Vice-president's name(s)
   « »
   Michael St. Angelo

§ 1.3.5 Secretary's name: Michael St. Angelo
§ 1.3.6 Treasurer's name: Michael St. Angelo

§ 1.4 If your organization is a partnership, answer the following:
   N/A
   § 1.4.1 Date of organization:
   § 1.4.2 Type of partnership (if applicable):
   § 1.4.3 Name(s) of general partner(s)
   « »

§ 1.5 If your organization is individually owned, answer the following:
   N/A
   § 1.5.1 Date of organization:
   § 1.5.2 Name of owner:
   « »

§ 1.6 If the form of your organization is other than those listed above, describe it and name the principals:
   N/A

§ 2 LICENSING
§ 2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and
   indicate registration or license numbers, if applicable.
   Rhode Island Contractors Board # 29479
   « »
   MA

§ 2.2 List jurisdictions in which your organization's partnership or trade name is filed.
   Rhode Island
   « »
   MA

§ 3 EXPERIENCE
§ 3.1 List the categories of work that your organization normally performs with its own forces.
   General Contracting, Historical Masonry Restoration, Sealants, Coatings, Damp-proofing,
   « »
   Waterproofing & Caulking

§ 3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)
   § 3.2.1 Has your organization ever failed to complete any work awarded to it?
   « » NO

   § 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against
   your organization or its officers?
   NO

   § 3.2.3 Has your organization filed any law suits or requested arbitration with regard to construction
   contracts within the last five years?
   « » No

§ 3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of
another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)
   « » NO

User Notes:
§ 3.4 On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent complete and scheduled completion date.

See Attached Project Sheet

§ 3.4.1 State total worth of work in progress and under contract:

$ 1.4 Million

§ 3.5 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

See Attached Project Sheet

§ 3.5.1 State average annual amount of construction work performed during the past five years:

$10 Million

§ 3.6 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

Resumes available upon request

§ 4 REFERENCES

§ 4.1 Trade References:
Spaulding Brick
Cranston, RI 02910
401-467-2220

Contractors Supply
East Providence, RI 02915
401-434-4300

Sterry Street Towing
Attleboro MA 02703
508-761-4777

§ 4.2 Bank References:
Citizens Bank - Douglas McEwen
401-641-5488
480 Jefferson Blvd Warwick RI 02886

§ 4.3 Surety:
§ 4.3.1 Name of bonding company:
GREAT MIDWEST INSURANCE CO

§ 4.3.2 Name and address of agent:
800 GREENER ROAD
HOUSTON TX 77024
Northeast Surety, LLC
1 Forest Park Drive Farmington CT 06032

§ 5 FINANCING

§ 5.1 Financial Statement.
§ 5.1.1 Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

Available upon request

Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);

Net Fixed Assets; upon request

Other Assets; upon request

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes); upon request

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User Notes:

(92/14/0047)
Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings). N/A

§ 5.1.2 Name and address of firm preparing attached financial statement, and date thereof:

« » Carl Weinberg & Co., LLP
300 Centerville Road Suite 350W Warwick, RI 02886-0217

§ 5.1.3 Is the attached financial statement for the identical organization named on page one?

« » Yes, Upon Request

§ 5.1.4 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).

« »

§ 5.2 Will the organization whose financial statement is attached act as guarantor of the contract for construction?

« » Yes

§ 6 SIGNATURE

§ 6.1 Dated at this « » day of « » 3/27/2019

Name of Organization: « » East Coast Masonry & Restoration, Inc

By: « » Michael St. Angelo

Title: « » President

§ 5.2

« »

M « » being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

27th MARCH, 2019

Subscribed and sworn before me this « » day of « »

» Notary Public: « » Carla Kuhn

My Commission Expires: « » 3/14/22
General Contractor Apprenticeship Certification Form

This form MUST be completed and submitted at the time of bidding and is available on the Department of Labor and Training's Website at www.delr.gov, under Workforce Regulation and Safety, Prevailing Wage, Publications and Forms.

Bid/RFP Number: #7598618

Bid/RFP Title: STATE HOUSE ELEVATORS MODERNIZATION

RIVIP Vendor ID#: 9271

Vendor Name: EAST COAST MASONRY & RESTATION, INC

Address: 515 GREENVILLE AVE JOHNSTON, RI 02919

Telephone: 401-232-0562

Fax: 401-349-2409

E-Mail: MIKE@ECMRI.NET

Contact Person and Title: MICHAEL ST. ANGELO / PRESIDENT

EAST COAST MASONRY & RESTORATION, INC (Company Name & Address) (hereafter "bidder") hereby certifies that bidder meets the general contractor apprenticeship requirements of R. I. Gen. Laws § 37-13-3.1 because bidder meets one of the following qualifications (check):

A. __ Bidder sponsors a current and duly approved Rhode Island Department of Labor and Training Apprenticeship Program and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing on the contract (attach apprenticeship program standards and apprenticeship agreement);

B. __ Bidder sponsors a current and duly registered Rhode Island Department of Labor and Training reciprocal apprenticeship program pursuant to R. I. Gen. Laws § 28-45-16 and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach apprenticeship program standards, apprenticeship agreement and Rhode Island Department of Labor and Training Reciprocal Apprenticeship Program Approval);
C. **X** Bidder has entered into a current collective bargaining agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the collective bargaining agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of collective bargaining agreement and signature page);

D. **_** Bidder has entered into a current labor agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the labor agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of labor agreement and signature page);

E. **_** Bidder will not perform work on the awarded contract except through subcontractors (non performance);

F. **_** Bidder has received approval from the Rhode Island Department of Labor and Training that it satisfies the general contractor requirements of R. I. Gen. Laws §37-13-3.1 for purposes of a particular bid (attach Rhode Island Department of Labor and Training correspondence).

**MICHAEL ST.ANGELO/ PRESIDENT**

Printed Name and Title of Authorized Representative

[Signature]

**3/27/18**

Date

[Signature] Authorized Representative
AGREEMENT

between the

BRICKLAYERS & ALLIED CRAFTSMEN
LOCAL UNION 3
RHODE ISLAND

and

RHODE ISLAND MASON
CONTRACTORS ASSOCIATION

Effective: June 1, 2013
Expires: May 31, 2018
ARTICLE XIV

Equal Employment Opportunity

The Union and the Employer agree that no Employee shall be denied employment, penalized, disciplined or in any way disadvantaged because of age, race, religion, gender, national origin, veteran status, handicap/disability or sexual orientation.

ARTICLE XV

Plan Of Arbitration

Section 1.

Both parties to this Agreement agree to settle all disputes pertaining to or arising out of this Agreement, through the grievance procedure outlined below.

Step 1 – Grievance and Meeting

The party aggrieved shall notify the other party no later than sixty (60) days following the occurrence of the action giving rise to the grievance or the date the grievant became aware of the cause of the grievance in writing, and a meeting involving a representative of the Union and a representative of the Employer to consider and to act upon the matter, shall take place within five (5) days.

Step 2 – Arbitration Board

If the grievance is not settled at the meeting outlined in Step 1 above, then the grievance shall be referred to a Committee of not more than four (4) individuals appointed as an Arbitration Board and consisting of two (2) members from the Union and two (2) members from the Rhode Island Mason Contractors Association. Each side shall have equal voting power. The Arbitration Board shall meet to consider and act on the matter within thirty (30) days. The decision of such Arbitration Board shall be final and binding on both parties. The Arbitration Board shall make its decision within 72 hours.

Step 3 – Independent Contractor

In the event the Arbitration Board is unable to arrive at a decision, the matter in dispute shall be referred to an Independent Arbitrator chosen by the parties whose decision shall be final and binding. If an Impartial Arbitrator cannot be agreed upon by the parties within five (5) days, the
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: President

Subscribed and sworn before me this 27 day of March, 2019

______________________________
Notary Public
My commission expires 3/14/22

An Equal Opportunity Employer/Program. /Auxiliary aids and services are available upon request to individuals with disabilities.
TTY via RI Relay 711
THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A $50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)
Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

05 0489545

NAME

East Coast Masonry & Restoration, Inc.

ADDRESS

515 Greenville 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

Michael J. Duffy

TITLE

President

DATE

3/27/19

TEL NO

401-232-0562

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

09/15/2015
State of Rhode Island and Providence Plantations

Contractors' Registration and Licensing Board

Chairman

Registration No. 29479

IN THE STATE OF RHODE ISLAND

COMMERCIAL CONTRACTOR

has met the requirements of the law and has been granted this certificate of registration as a

BE IT KNOWN THAT

East Coast Masonry & Restoration
Michael St. Angelo

Issued: 2/14/19

Building Code Commissioner

Expires: 2/1/21
Date: 3/27/19

ANTI-COLLUSION CERTIFICATE FOR CONTRACT AND FORCE ACCOUNT
SWORN AFFIDAVIT

To the: State of RI -Dept of Administration
Division of Purchases 2nd Floor
One Capitol Hill, Providence 02908

State of: RI

I, Michael St. Angelo, President, being duly sworn, do depose and say; on behalf of East Coast Masonry & Restoration Inc. that said contractor has not, either directly or indirectly, entered into any agreement, participated in collusion or otherwise taken any action in restraint of free competitive bidding in connection with
STATE OF RI ELEVATORS MODERIZATION
East Coast Masonry & Restoration Inc.
(Contractor)

[Signature]
Michael St. Angelo / President

Sworn to me this 27th day of March , 2019

My commission expires: March 14, 2022

[Signature and Seal of Notary Public]