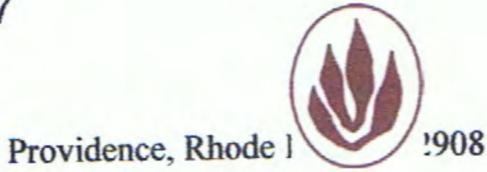


2/27/17



**RHODE ISLAND  
COLLEGE**

**PURCHASING DEPARTMENT**  
600 Mt. Pleasant Avenue, Building #5

Phone: 401-456-8047 Fax: 401-456-8528

**INVITATION TO BID**

SOLICITATION NUMBER: **44563**

SOLICITATION TITLE: **Thorp, Weber, and Willard Hall Interior Painting—RIC**

**BID PROPOSAL SUBMISSION DEADLINE: MARCH 28, 2017 at 10:00 AM MANDATORY PRE-BID/PROPOSAL CONFERENCE: DATE: MARCH 9, 2017 AT 10:00 AM LOCATION OF PRE-BID: THORP HALL—MAIN LOBBY SURETY REQUIRED: YES BOND REQUIRED: YES**

**Note to Bidders: Questions concerning this solicitation may be emailed to [LDECESARE@RIC.EDU](mailto:LDECESARE@RIC.EDU) no later than 3/16/17 @ 2:00 PM (EST). Please reference the Bid # on all correspondence. Questions received if any, will be posted on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download the information.**

FEIN:	<u>16169075</u>
VENDOR NAME:	<u>JM Painting &amp; Plaster</u>
ADDRESS:	<u>20 Ruby St Cranston RI 02907</u>
TELEPHONE:	<u>401 741 2344</u>
FAX:	<u>401 467 1633</u>
CONTACT PERSON:	<u>Jose Marciano</u>
EMAIL:	<u>JMpaintingco@verizon.net</u>
TITLE:	<u>President</u>

**NOTICE TO VENDORS:**

Each bid proposal for a *public works project* must include a "public copy" to be available for public inspection upon the opening of bids. **Bid proposals that do not include a copy for public inspection will be deemed nonresponsive.** For further information on how to comply with this statutory requirement, see R.I. Gen. Laws §§ 37-2-18(b) and (j). Also see Procurement Regulations 5.11, and in addition, for highway and bridge projects, also see Procurement Regulations 5.13, accessible at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

**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. \_\_\_\_\_ 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.

Tese Mancano  
20 Ruby St  
Cranston RI 02907  
President

### SECTION 4 – CERTIFICATIONS

**Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.**

Indicate Yes (Y) or No (N) 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 the 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 any contract awarded pursuant to this solicitations 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 licenses 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 the 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.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principles, 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.
- Y 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.
- Y 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):

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**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 reviews 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 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: 3-22-17

JM Painting & Plaster  
Name of Bidder  
[Signature]  
Signature in ink  
Jose Marrano President  
Printed name and title of person signing on behalf of Bidder

**RETURN OF BID INVITATION - Bids must be mailed/delivered to RHODE ISLAND COLLEGE PURCHASING DEPARTMENT, BUILDING #5 in a sealed envelope furnished, by the time and date specified for the opening of responses. Bids misdirected to other locations or which are not present at the time of opening for whatever cause will be considered to be late, and will be returned unopened. For the purposes of this requirement the official time and date shall be that of the date/time stamp in the reception area.**

orm W-9 (Rev. 3/7/11)

State of Rhode Island  
**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 Social Security No. (SSN) Employer ID No. (EIN) in the appropriate box. For most

number. TIN#  
16169075

individuals, this is your social security

**NAME**

**ADDRESS** 20 Ruby St Cranston RI 02907

**(REMITTANCE ADDRESS, IF DIFFERENT)** \_\_\_\_\_

**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 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

**Certification Instructions** -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were

subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

**PLEASE SIGN HERE**

SIGNATURE [Signature] TITLE President DATE 3-22-17 TEL NO. 4017412344

**BUSINESS DESIGNATION:**

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

**NAME:** Be sure to enter your full and correct name as listed in the IRS file for you or your business.

**ADDRESS, CITY, STATE AND ZIP CODE:** Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. 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 T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

**CERTIFICATION --** Sign the certification, enter your title, date, and your telephone number (including area code and extension).

**BUSINESS TYPE CHECK-OFF --** Check the appropriate box for the type of business ownership.

Mail to: Rhode Island College, Purchasing Department, Building #5  
600 Mt. Pleasant Avenue, Providence, RI 02908

## INVITATION TO BID

### Electronic Solicitation Bidding Information

#### Downloading and Accessing Additional Electronic Solicitation Files

Accessing electronic files on the purchasing website will require Adobe viewer. All bid solicitations that include a "D" in the "Info" column will require WinZip 8.1 software. The WinZip file may contain one or more files. These files may require additional software such as Microsoft Office.

Specifications that have a file for download are marked with a "D" in the "Info" field of the bid search results page located on the Purchasing website. The "D" will indicate an active link to the WinZip file until the bid reaches its opening date. Clicking on the active "D" link will allow you to open or save the WinZip file associated with the bid. Opening the WinZip file will offer you the option of saving to your local computer.

Once saved, you can open the WinZip file and view the files. The individual files can be saved to your computer in a location such as "Desktop" or "My Documents".

Solicitation #: 44563

Solicitation Title: Thorp, Weber, and Willard Hall Interior Painting  
Rhode Island College

**BID FORM**

To: Rhode Island College  
Purchasing Office, Building 5 – East Campus  
600 Mt. Pleasant Avenue, Providence, RI 02908

Bidder: JM Painting & Plaster  
Legal name of entity  
20 Ruby St Cranston RI 02907  
Address (street/city/state/zip) Jose Mancano  
JMPaintingCo@verizon.net Contact  
name Contact email  
401741-2344 401467-1663 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):

\$379,918.  
(base bid price in figures printed electronically, typed, or handwritten legibly in ink)  
Three hundred seventy nine Thousand nine hundred eighteen dollars  
(base bid price in words printed electronically, typed, or handwritten legibly in ink)

• **Allowances**

There are no allowances for this project.

• **Bonds**

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

Solicitation #: 44563

Solicitation Title: Thorp, Weber, and Willard Hall Interior Painting  
Rhode Island College

• **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: 3-10-17

Addendum No. 2 dated: 3-13-17

Addendum No. 3 dated: 3-23-17

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

There are no alternates for this project.

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.

1. None

4. **CONTRACT TIME**

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

- Start of construction: May 13, 2017
- Final completion: August 15, 2017

Solicitation #: 44563

Solicitation Title: Thorp, Weber, and Willard Hall Interior Painting  
Rhode Island College

**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:

**\$750.00 per calendar day**

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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: 3-22-17

JM Painting & Plaster  
Name of Bidder

[Signature]  
Signature in ink

Jose Willard  
Printed name and title of person signing on behalf of Bidder

# 14230  
Bidder's Contractor Registration Number

Solicitation #: 44563

Solicitation Title: Thorp, Weber, and Willard Hall Interior Painting

Rhode Island College

2014-12 (Bid Form)

Page 3 of 3

Revised: 4/24/15



RI Department of Labor and Training  
Workforce Regulation and Safety Division  
**Professional Regulation - Prevailing Wage**

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.dlt.ri.gov](http://www.dlt.ri.gov), under Workforce Regulation and Safety, Prevailing Wage, Publications and Forms.

**Bid/RFP Number:** 44563  
**Bid/RFP Title:** Thorp Weber Willard Hall Paint  
**RIVIP Vendor ID#:** 81357  
**Vendor Name:** JM Painting & Plaster  
**Address:** 20 Ruby St Cranston RI 02907  
**Telephone:** 401 741 2344  
**Fax:** 401 467 1663  
**E-Mail:** JM PAINTING CO @ VERIZON.NET  
**Contact Person and Title:** Jose Marcano President

JM PAINTING & PLASTER 20 RUBY ST CRANSTON RI (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.  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).

Jose Marciano President  
 Printed Name and Title of Authorized Representative

3-22-17  
 Date

[Signature]  
 Signature of Authorized Representative



**RI Department of Labor and Training  
Workforce Regulation and Safety Division  
Professional Regulation • Prevailing Wage**

Subcontractor Apprenticeship Certification Form

This form MUST be completed and submitted to the General Contractor BEFORE any work commences on the project. This form is available on the Department of Labor and Training's website at [www.dlt.ri.gov](http://www.dlt.ri.gov), Workforce Regulation and Safety, Prevailing Wage, Publications and Forms.

Bid/RFP Number: 44563  
Bid/RFP Title: Thorp Weber Willard Hall Paint  
RIVIP Vendor ID#: 81357  
Vendor Name: JM Painting & Plaster  
Address: 20 Ruby St Cranston RI 02907  
Telephone: 401 741 2344  
Fax: 401 467 1663  
E-Mail: JMPaintingCO@VERIZON.NET  
Contact Person and Title: Jose Marcano President

JM Painting & Plaster 20 Ruby St Cranston RI (Company Name & Address) (hereafter "subcontractor") hereby certifies that it meets the apprenticeship requirements of R.I. Gen. Laws §37-13-3.1 because subcontractor meets one of the following qualifications (check):

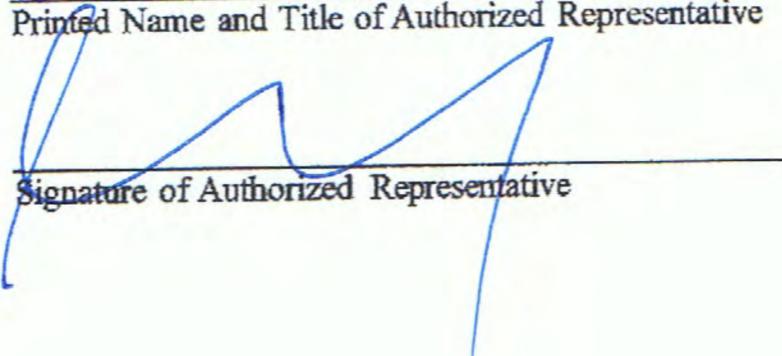
- A. Subcontractor sponsors a current and duly approved Rhode Island Department of Labor and Training Apprenticeship Program and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing on the contract (attach apprenticeship program standards and apprenticeship agreement);
- B.  Subcontractor 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.  Subcontractor 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.  Subcontractor 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.  Subcontractor will not perform work on the awarded contract except through subcontractors (non performance);
- F.  Subcontractor has received approval from the Rhode Island Department of Labor and Training that it satisfies the subcontractor 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).

JM Painting & Plaster 20 Roby St Cranston RI (Company Name & Address) (hereafter "Subcontractor") hereby certifies that its subcontractor(s) meet the apprenticeship requirements of R. I. Gen. Laws § 37-13-3.1.

Jose Marcano President  
 Printed Name and Title of Authorized Representative

3-22-17  
 Date

  
 Signature of Authorized Representative



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

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

Telephone: (401) 462-8000  
TTY: Via RI Relay 711

Lincoln D. Chafee  
Governor  
Charles J. Fogarty  
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at [www.dlt.ri.gov/pw](http://www.dlt.ri.gov/pw).

CERTIFICATION

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

By: Jose Yarcana  
Title: President/owner

Subscribed and sworn before me this 28<sup>th</sup> day of March, 2017



Teto O. Moulton  
Notary Public  
My commission expires: April 21, 2020

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

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2:	Name (as shown on your income tax return) <b>JM Painting &amp; Plastering</b>	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) <b>20 Ruby Street</b>	
City, state, and ZIP code <b>Cranston, RI 02905</b>		
List account number(s) here (optional)		
Requester's name and address (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
1	6	1	6	9	0	6	7	5

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding because: (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, and
- I am a U.S. person (including a U.S. resident alien).

**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. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here      Signature of U.S. person ▶       Date ▶ 2-30-17

#### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
  - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
  - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,

**Policy Information Page**

<p><b>[1] Named Insured and Mailing Address</b>          JM Painting LLC          20 Ruby St          Providence, RI 02905</p>	<p><b>Agency</b>          AUTOMATIC DATA PROCESSING INSURANCE AGENCY, INC.          1 ADP Boulevard          Roseland, NJ 07068          Agency Code: NJADPI11</p>
<p><b>Federal Employer's ID</b>    16-1690675</p>	<p><b>Insured is</b>    Limited Liability Co. (LLC)</p>

<b>[2]</b>	<p><b>Policy Period</b>          From March 1, 2017 to March 1, 2018, 12:01 AM, standard time at the insured's mailing address.</p>
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<b>[3]</b>	<p><b>Coverage</b></p> <p>A. Workers' Compensation Insurance - <b>Part One</b> of this policy applies to the Workers' Compensation Law of the following states: Rhode Island</p> <p>B. Employer's Liability Insurance - <b>Part Two</b> of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:</p> <table style="margin-left: 40px;"> <tr> <td>Bodily Injury by Accident - each accident</td> <td align="right">\$100,000</td> </tr> <tr> <td>Bodily Injury by Disease - each employee</td> <td align="right">\$100,000</td> </tr> <tr> <td>Bodily Injury by Disease - policy limit</td> <td align="right">\$500,000</td> </tr> </table> <p>C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.</p> <p>D. This policy includes these endorsements and schedules:              See Extension of Information Page - Schedule of Forms</p>	Bodily Injury by Accident - each accident	\$100,000	Bodily Injury by Disease - each employee	\$100,000	Bodily Injury by Disease - policy limit	\$500,000
Bodily Injury by Accident - each accident	\$100,000						
Bodily Injury by Disease - each employee	\$100,000						
Bodily Injury by Disease - policy limit	\$500,000						

<b>[4]</b>	<p><b>Premium</b>          The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)</p>
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<b>Total Estimated Policy Premium</b>	<b>\$</b>	<b>22,241</b>
<b>Total Surcharges/Assessments</b>	<b>\$</b>	<b>0.00</b>
<b>Total Estimated Cost</b>	<b>\$</b>	<b>22,241.00</b>

INTERNAL USE...J5  
MGA : JMWC866942  
Date : 02/28/2017

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



Department of Administration  
Office of Diversity, Equity and Opportunity (ODEO)  
**Minority Business Enterprise Compliance Office**  
One Capitol Hill, 3<sup>rd</sup> Floor  
Providence, RI 02908-5860

Office: (401) 574-8670  
<http://odeo.ri.gov/>

February 28, 2017

Mr. Jose Marcano  
JM Painting & Plastering, LLC  
20 Ruby Street  
Cranston, RI 02905

Dear Mr. Marcano:

Based on the annual review package provided by you, a determination has been made that your firm remains eligible for certification as an MBE for the State of Rhode Island Minority Business Enterprise Program. Your "Minority Business Certification Number" which you can utilize as proof of your status is MBCN 1230. Your company has been approved as an MBE to conduct business primarily as a "contractor specializing in drywall and plastering, wood framing, rough and finish carpentry, exterior insulation & framing systems (EIFS), painting, acoustical ceilings, hollow metal doors, and insulation; licensed lead contractor" firm under primary NAICS Code 238320 and additional NAICS Codes 236118, 238130, 238170, 238310, 238350.

Your certification remains valid until **2/28/2020** unless revoked sooner based on a determination of ineligibility. It is your responsibility to notify the Minority Business Enterprise Compliance Office of any changes in the ownership or control of your business within 30 days of such changes. At the end of your certification period, if you wish to recertify, your company will undergo a substantive review, including a new site visit, as applicable, as well as a review of personal financial information and economic disadvantaged status.

In order to maintain your certification during the certification period, you must submit your annual review package sixty (60) days prior to your annual review date which is **2/28/2018**. Your annual review package must include: a) a completed No Change Affidavit (b) current corporate federal tax returns, including all federal schedules and attachments, for the applicant firm and any affiliate firms as applicable; (c) copy of your current certification letter from your home state UCP if firm is not based in Rhode Island, and (d) copy of pertinent Rhode Island licenses if business is operating in a licensed industry. Failure to submit your annual review package will result in an administrative removal of your certification.

We wish you success in the State of Rhode Island's Minority Business Enterprise Program; and if we can be of further assistance to you, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Dorinda L. Keene".

Dorinda L. Keene  
Assistant Administrator – MBE Compliance

An Equal Opportunity Affirmative Action Employer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/30/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Loiselle Insurance Agency 279 Dexter Street P. O. Box 1148 Pawtucket RI 02862-1148		<b>CONTACT NAME:</b> Micki Veerman <b>PHONE (A/C No. Ext):</b> (401)723-8510 <b>FAX (A/C No.):</b> (401)728-1820 <b>E-MAIL ADDRESS:</b> micki@loiselleinsurance.com	
<b>INSURED</b> JM Painting & Plastering LLC & Jomar Painting LLC 20 Ruby Street Cranston RI 02905		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> United Ohio Insurance Co	<b>NAIC #</b> 13072
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 2017 without w/c REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BP 0017478	6/29/2016	6/29/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPP0014918	6/29/2016	6/29/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$			CX 0003117	6/29/2016	6/29/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Project: Sackett Street Recreation Center, Providence RI  
Maron Construction and the City of Providence are listed as additional insured per written & signed contract;

<b>CERTIFICATE HOLDER</b> mthomas@mccri.com  Maron Construction Co., Inc. 180 Buttonhole Drive Providence, RI 02909	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Lisa DeOliveira/LISA <i>Lisa M. DeOliveira</i>
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