State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF CORPORATION

I,_____, Secretary of_____, under (
(state full name of corporation)
oath make affidavit and say that the following, the officers and directors of said _____
(identify as business, non-business, professional) having been duly elected and/or appointed to:

President _____

Vice President _____

Treasurer _____

Secretary _____

State of Incorporation _____

Principle Place of Business
_____

DIRECTORS

Name	Address

STOCKHOLDERS

Name	Address

_____ _____

_____ _____

Property under lease to/from the State of Rhode Island covered by this certificate:

Location:

_____ State Offices Occupying Property (if any):

_____

_____

In witness whereof I have hereunto set my hand and the seal of the said_____ _____, (hereunto duly authorized) this___day of_____2017.

By_____, its Secretary. STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me at_____this_____day of_____2019.

State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF AUTHORITY
(CORPORATION)

I, _____ , certify that I am the _____ of _____ the corporation described in and which executed the foregoing instrument with the State of Rhode Island; that the said corporation is organized under the laws of the State of Rhode Island; that the corporate seal affixed to said instrument is the seal of said corporation; that _____ who executed said instrument as _____ of said corporation was then _____ of said corporation and has been duly authorized to execute said instrument in behalf of said corporation; that I know the signature of said _____; and that the signature affixed to such instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of said corporation, this _____ day of _____ 2019.

State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF PARTNERSHIP

1. Name of partnership (if any)

_____

2. Type or character of business

_____

3. Location of Principal Place of Business

_____

4. Name of individuals having legal title to the property under lease to the State of Rhode Island: (complete only when subject partnership is landlord)

_____

_____

_____

_____

_____

5. Property under lease to / from the State of Rhode Island covered by this certificate:

Location:

_____

State Offices Occupying Property (if any):

_____

6. Name and place of residence of each partner, general and limited partners being respectively designated: NAME

	RESIDENCE ADDRESS	
	TYPE OF ADDRESS	

_____ _____ _____

_____ _____ _____

I hereby under oath make affidavit in my capacity as a partner and state that this certificate of disclosure is complete, true, and correct.

_____ _____

Signature of Partner Filing Certificate Date

STATE OF

RHODE

ISLAND

COUNTY

OF

Subscribed and sworn to before me at_____this_____day of _____2019.

_____

Notary Public

State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF AUTHORITY
(PARTNERSHIP)

I, _____, certify that I am _____ of _____ the partnership described in and which executed the foregoing instrument with the State of Rhode Island; that the said partnership is organized under the laws of the State of Rhode Island; that the partnership seal affixed to said instrument is the seal of said partnership; that _____ who executed said instrument as _____ of said partnership was then _____ of said partnership and has been duly authorized to execute said instrument in behalf of said partnership; that I know the signature of said _____; and that the signature affixed to such instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the partnership seal of said partnership, this _____ day of _____ 2019.

State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATION OF DISCLOSURE OF LIMITED LIABILITY COMPANY

The undersigned hereby certifies to the State Properties Committee under oath that _____, LLC is a limited liability company authorized by the Secretary of State to conduct business in Rhode Island and that the following information is true and accurate:

Business address: _____

Agent for Service: _____
(Name) (Address)

Member(s): _____
(Name) (Address)

_____
(Name) (Address)

_____
(Name) (Address)

The property under consideration for purchase or lease covered by this certificate is identified as:

IN WITNESS THEREOF, I hereby set my hand this ____ day of _____, 2018.

_____
(Member)

STATE OF RHODE ISLAND
COUNTY OF _____

Signed and sealed before me in the City/Town of _____ on this ____ day of _____, 2019.

_____
NOTARY PUBLIC
My commission expires:

State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF AUTHORITY
(LIMITED LIABILITY COMPANY)

I, _____, certify that I am the _____ of _____ the limited liability company described in and which executed the foregoing instrument with the State of Rhode Island; that said limited liability company is organized under the laws of the State of Rhode Island; that the limited liability company seal affixed to said instrument is the seal of said limited liability company; that _____ who executed said instrument as _____ of said limited liability company was the _____ of said limited liability company and has been duly authorized to execute said instrument in behalf of said limited liability company; that I know the signature of said _____;

and that the signature affixed to such instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the limited liability company seal of said limited liability company, this _____ day of _____ 2019.

_____

_____
Secretary

AFFIDAVIT OF NON-COLLUSION

I, _____ of _____
(Name) (City/Town, State)

being of lawful age, duly sworn, state that I am an Agent authorized by the Offeror to submit the attached Request for Proposals on the Offeror's behalf. That the proposal filed herewith is not made in the interest of or on the behalf of any undisclosed person, partnership, company, association, organization or corporation. That such proposal is genuine and not collusive or a sham; that said Offeror has not, directly or indirectly induced or solicited any other Offeror to put in false or sham
proposal, and has not, directly or indirectly, colluded, conspired, connived, or agreed with any Offeror or anyone else to put in a sham proposal, or that anyone else shall refrain from proposing. That said Offeror has not in any manner, directly or indirectly, sought by agreement, communication, or conference with any to fix the proposal price of said proposal or to fix any cost element of such proposal price of said Offeror or any other Offeror, or to secure any advantage against anyone interested in the proposal. That there has been no discussion between the Offeror and any official or employees of the Rhode Island Department of Administration concerning exchange of money or other things of value for special consideration in submitting a sealed proposal. That all statements contained in such proposal are true; that Offeror has not, directly or indirectly, submitted his proposal price or any breakdown thereof of the contents thereof, or divulged information or data relative thereto to other parties.

Offeror: _____

By: _____

Name: _____
(typed or printed)

Title: _____

Date: _____

Signed and sworn before me this _____ day of _____, 2019.

_____
Notary Public
My Commission expires _____

Affix seal

AFFIDAVIT OF NON-CONVICTION

I HEREBY AFFIRM THAT:

I am the _____ and the duly authorized representative of
(Title)

_____
(Business, Organization, or Corporation)

and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

I FURTHER AFFIRM THAT: Neither I, nor, to the best of my knowledge, information and belief, the above business as above-described in this proposal, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, have been convicted of, or has had probation before judgment, or has pleaded nolo contendere to a charge of bribery, attempted bribery, or conspiracy to bribe in violation of Rhode Island State Law or the law of any other state or the Federal government. (Indicate below the reason(s) why affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, sentence or disposition, name(s) of person(s) involved, and their current positions and responsibilities with the business.)

_____

_____

_____

_____

I FURTHER AFFIRM THAT: Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has:

(a) Been convicted under state or federal statute of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property;

(b) Been convicted of any current violation of a state or federal antitrust statute;

(c) Been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, 18 U.S.C. §§1961, et seq., or the Mail Fraud Act, 18 U.S.C. §§1341, et seq., for acts arising out of the submission of bids or proposals for a public or private contract;

(d) Been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsection (a), (b), (c), or (d) above;

(e) Admitted in writing or under oath, during the course of an official investigation or other proceedings, acts or omissions that would constitute grounds for conviction or liability under any law or statute described above, except as follows (indicate reasons why the affirmation cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment):

_____

_____

_____

_____

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

By: _____

Signed and sworn before me this _____ day of _____, 2019.

_____
Notary Public
My Commission expires _____

Name: _____
(typed or printed)

Title: _____

Date: _____

Affix seal

DIVISION OF CAPITAL ASSET MANAGEMENT AND MAINTENANCE
STATE OF RHODE ISLAND

OFFEROR BACKGROUND SURVEY

Federal identification / Social Security Number: _____

Main Office Address: _____

Telephone Number: _____

Address Inquiries To: _____

Telephone Number: _____

Type of Organization:
( ) Individual Proprietorship ( ) Partnership ( ) Corporation
( ) Non-profit organization ( ) Public ( ) Private

( ) Division of _____

Subsidiary of _____

If incorporated, in which state: _____ Date: _____
( ) Small business certified by the Rhode Island Department of Administration as a "Minority Business Enterprise".

If a foreign corporation (e.g., incorporated other than in Rhode Island), do you have the authority to transact business in the State of Rhode Island, in accordance with Title 7 Chapter 1 (RIGL)?
( ) Yes ( ) No

Type of Business:
( ) Owner ( ) Broker ( ) Management Corporation
( ) Owner representative ( ) Agent

Line (s) of business: (Other properties owned/rented to the State Of Rhode Island)

_____

_____

_____

_____

Business Background:

Years in business: _____ Full-time employees: _____ Plants/Location: _____

Previous year's gross billings: _____

Territory (ies) covered: _____

Other clients currently served / significant contracts undertaken:

Description	Client	Value

Outline of professional qualifications:

License (s), Permit (s): _____

MANAGEMENT

RESPONSIBILITY:	NAME
Chief Executive Officer/Owner:	_____
General/Operations Manager:	_____
Controller/Chief Financial Officer:	_____
Sales/Marketing Manager:	_____
Local/Account Representative:	_____

Disclosure (s):	Yes	No
1. Has your firm re-organized or re-incorporated within the past five (5) years?	( )	( )

2. Has your firm ever filed for protection under Chapters 11 or 12 of the Federal Bankruptcy Code? ( ) ( )
3. Has your firm (or any principal) been subject to any of the following findings by the State of Rhode Island, or any other jurisdiction?

- Suspension ( ) ( )
- Debarment ( ) ( )
- Criminal conviction ( ) ( )

<u>If you have answered yes to any of questions 1-3, provide details and current status.</u>

( ) No principal, officer, or manager of this firm is now, or has ever been an employee of the State of Rhode Island.

( ) No employee of the State of Rhode Island has an equity or ownership relationship with this firm.

( ) No principal, officer, or manager of this firm has a direct familial relationship with any procurement official of the state of Rhode Island.

( ) I/we certify compliance with the drug-free workplace policy set forth in Executive Order No. 91-14.

( ) I/we are unable to certify to these statements for the following reasons:

_____

_____

_____

_____ _____

(Signature) (Name: typed or printed)

_____ _____

(Title) (Date)