



City of Woburn

PURCHASING DEPARTMENT
Orazio DeLuca, MCPPO
Chief Procurement Officer

City Hall
10 Common Street
Woburn, MA 01801
Tel.: 781-897-5950
Fax: 781-897-5954

February 9, 2026

Lisa M. Tremblay, Manager
T4 Construction, LLC
4 Autumn View
Salem, MA 01970

Re: Concrete Skate Park Pad
Contract Award

Miss Tremblay, congratulations! **T4 Construction, LLC** has been awarded the contract for the **Concrete Skate Park Pad**, for the City of Woburn. Over the next week or so, our City Solicitor's office will be compiling the front end of your contract which will be emailed to you with instructions for completing the required paperwork. In the meantime, Theresa Borelli (tborelli@cityofwoburn.com) Of the Solicitor's office, copied on this message, will be requiring the following items:

1. **An updated Certificate of Insurance (attached)**
2. **A completed w-9 form (attached)**
3. **a signed prevailing wage compliance form (attached)**

Your contract will be for \$ **86,500.00** Effective **March 1, 2026 thru December 31, 2026**

Kind Regards,

Orazio DeLuca, MCPPO
Chief Procurement Officer
City of Woburn
10 Common Street
Woburn, MA 01801
odeluca@cityofwoburn.com

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)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ ☐ Other (see instructions) ▶ _____	
	☐ Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code 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 the "Name" line 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								
				-				
Employer identification number								
				-				

Part II 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: (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
3. I am a U.S. citizen or other U.S. person (defined below).

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 ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

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

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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.

WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at www.mass.gov/dols/pw and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE

_____, 20____

I, _____,
(Name of signatory party) (Title)

do hereby state:

That I pay or supervise the payment of the persons employed by

_____ on the _____
(Contractor, subcontractor or public body) (Building or project)

and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature _____

Title _____

INSURANCE SPECIFICATIONS
INSURANCE REQUIREMENTS FOR AWARDED VENDOR ONLY:

Prior to commencing performance of any work or supplying materials or equipment covered by these specifications, the contractor shall furnish to the Office of the Purchasing Director a Certificate of Insurance evidencing the following:

A. GENERAL LIABILITY - Comprehensive Form

Bodily Injury Liability.....\$ One Million
Property Damage Liability.....\$ One Million

**B. COVERAGE FOR PAYMENT OF WORKER'S COMPENSATION BENEFIT
PURSUANT TO CHAPTER 152 OF THE MASSACHUSETTS GENERAL LAWS IN
THE AMOUNT AS LISTED BELOW:**

WORKER'S COMPENSATION.....\$ Statutory
EMPLOYERS' LIABILITY.....\$ Statutory

C. AUTOMOBILE LIABILITY INSURANCE AS LISTED BELOW:

BODILY INJURY LIABILITY.....\$ Statutory

1. A contract will not be executed unless a certificate (s) of insurance evidencing above described coverage is attached.
2. Failure to have the above-described coverage in effect during the entire period of the contract shall be deemed to be a breach of the contract.
3. All applicable insurance policies shall read:
"CITY OF WOBURN" as a certificate holder and as an additional insured for general liability only along with a description of operation in the space provided on the certificate.

Certificate Should Be Made Out To:

**City Of Woburn
Purchasing Department
10 Common St.
Woburn, MA 01801**

Note: If your insurance expires during the life of this contract, you shall be responsible to submit a new certificate(s) covering the period of the contract. No payment will be made on a contract with an expired insurance certificate.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****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
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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)

DESCRIPTION OF PROJECT, SOLICITATION NUMBER AND THAT THE CITY OF WOBURN IS A CERTIFICATE HOLDER AND ADDITIONAL INSURED

CERTIFICATE HOLDER**CANCELLATION**

CERTIFICATES SHOULD BE MADE OUT TO:

CITY OF WOBURN
PURCHASING DEPARTMENT
10 COMMON ST
WOBURN, MA 01801

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



City of Woburn

PURCHASING DEPARTMENT

City Hall
10 Common Street
Woburn, MA 01801

Tel.: 781-897-5950
Fax: 781-897-5954

To: Potential Contractors
From: Orazio DeLuca, Chief Procurement Officer
Date: December 23, 2025
Re: Addendum #1 to IFB 26-12 Concrete Pad

CORRECTION TO BID DUE DATE AND TIME

The City is issuing Addendum #1 to IFB 26-12 Concrete Pad
to **clarify** the **Bid Due Date**.

***** The Due date for this bid will be February 5, 2026 @ 11:00 AM**

Be sure to acknowledge the addendum in your response or it will be deemed non responsive

Acknowledgement: Addendum #1 acknowledged 2/5/26

Orazio DeLuca, MCPPO
Purchasing Agent, City of Woburn

+2
LMT

CERTIFICATIONS

Statements below shall be submitted with each Bid or Proposal and shall be duly dated and signed with an **original signature** and all other information, or, the Bid or Proposal will be **rejected**.

In witness whereof, the undersigned certifies, under the pains and penalties of perjury that:

- 1.**STATE TAXES PAID:** Pursuant to M.G.L. Chapter 62C, s. 49A, the undersigned certifies that, to the best of my knowledge and belief, have complied with all the laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
- 2.**CERTIFICATE OF NON-COLLUSION:** M.G.L. C. 30, s. 39M and/or C. 30B, s.10 : Any person submitting a bid or proposal for the procurement or disposal of supplies or services to any governmental body shall certify in writing, on the bid or proposal, as follows: The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.
- 3.**PUBLIC CONTRACTS - DEBARMENT:** M.G.L. C. 550, Acts of 1991: The undersigned certifies that the said "person" is not presently debarred from doing public construction work in the Commonwealth of Massachusetts under the provisions of C. 29, s. 29F, or any other applicable debarment provision of any other Chapter of the General Laws, or any Rule or Regulation promulgated thereunder. Additionally, the undersigned is not presently debarred by any Agency of the Federal Government.
- 4.**HEALTH & SAFETY ON PUBLIC CONSTRUCTION PROJECTS OVER \$ 10000:** Chapter 306 of the Acts of 2004: The undersigned certifies that the firm is able to furnish labor that can work in harmony with all other elements of labor employed or to be employed in the work;(2) that all employees to be employed at the worksite will have successfully completed a course in construction safety and health approved by the U.S. OSHA that is at least 10 hours in duration at the time that the employee begins work and who shall furnish documentation of successful completion of said course with the first certified payroll report for each employee; and(3) that all employees to be employed in the work subject to this bid have successfully completed a course in construction safety and health approved by the U.S. OSHA that is at least 10 hours in duration.
- 5.**COMPLIANCE :** The undersigned is in compliance with all of the provisions, and shall remain in full compliance with the provisions for the life of any Contract resulting from this solicitation. That the bidder is qualified to perform any such Contract and possesses, or shall obtain, all requisite licenses and/or permits to complete performance; shall maintain all

unemployment, workers' compensation, professional and personal liability insurance policies sufficient to cover its performance under any such Contract; and shall comply with relevant prevailing wage rates and employment laws. To the best of its knowledge and belief has paid all local taxes, tax titles, utilities, motor vehicle excise taxes, water and wastewater bills in MA as required by Law.

Print Name T4 Construction, LLC

Circle: Corporation Partnership **Individual**

Authorized Signature Lisa M. Tremblay

Print Name Lisa M. Tremblay

Title of Person Signing Bid or Proposal Manager

Date 2/5/26

Company Federal ID # or Social Security # 81-132-4561

State of Incorporation MA

Approval of a Contract, or other Agreement, will not be granted unless this form is signed and fully complete.

EMAIL ADDRESS: T4Construction@comcast.net

T4 Construction, LLC Bid Amount:
\$86,500.00

FORM FOR GENERAL BID
Concrete Pad IFB 26-12

BID FORM

Bid of T4 Construction, LLC (herein after
called the "Bidder), a corporation / a partnership /an individual
(strike out inapplicable terms) doing business as
T4 Construction, LLC
To City of Woburn (hereinafter called the "City"):

The undersigned hereby declares to have carefully examined the Contract Invitation to Bid, Information for Bidders, form of Contract and General, Supplementary, and Special Conditions, Specifications and Contract Drawings referred to and also the site upon which the proposed work is to be performed.

The undersigned also hereby declares that the winning Bidder is the only person interested in the bid: that it is made without any connection with any person making any bid for the same work; that no person acting for, or employed by the City of Woburn is directly or indirectly interested in this Bid, or in any contract which may be made under it, or in expected profits to arise there from: that it is bona fide and made without directly or indirectly influencing or attempting to influence any other person or corporation to bid or to refrain from bidding or to influence the amount of the bid of any other person or corporation, and without collusion or fraud with any other person or connection with any other person bidding for the same work; and that this Bid is made with distinct reference and relation to the plans and specifications prepared for this contract and herein mentioned. The undersigned declares that in regard to the conditions affecting the work to be done and the labor and materials needed, this Bid is based solely on its own investigation and research and not in the reliance upon any representations of any employee, officer or agent of the City. As used herein, the word "person" shall mean any natural person, joint venture, partnership, corporation or other business or legal identity.

No oral, written or telegraphic amendments to this Bid will be accepted. A bidder wishing to amend this Bid after transmittal to the City may do so only by amending this Bid itself prior to the time for opening the bids.

Drainage Structure

C. The undersigned propose to furnish all labor, equipment and material required for the **"Concrete Pad for the Skate Park" IFB 25-06**, located in Woburn, Massachusetts, in accordance with the accompanying Contract Documents, Plans and Specifications prepared by the Woburn Engineering Department, within the time set forth herein for the Contract Prices specified below, subject to additions and deductions according to the terms of the Contract Documents. These prices are to cover all expenses incurred in performing the work required under the Contract Documents, of which this Bid is a part.

This Bid includes the Addenda numbered #1 +2.

- D. In submitting this Bid, the Bidder understands that the City reserves the right to reject any or all of the bids, and to waive any informalities in the bidding. The City further reserves the right to award the base bid contract and any or all of the alternates indicated above.
- E. The Bidder agrees that this Bid shall be good and may not be withdrawn for a period of Sixty (60) calendar days after scheduled closing time for receiving bids.
- F. Upon receipt of written notice of the acceptance of this bid, Bidder will execute a contract within 10 days.
- G. The undersigned further certifies under the penalties of perjury that the said undersigned is not presently debarred from doing public construction work in the Commonwealth under provisions of §29F of MGL c.29 or any other applicable debarment provisions of any chapter of federal or Massachusetts General Laws or any rule or regulation promulgated thereunder.
- H. The undersigned further certifies that they are able to furnish labor that can work in harmony with all other elements of labor employed or to be employed on the work and that they will comply fully with all laws and regulations applicable to awards made subject to Davis-Bacon regulations.
- I. The undersigned agrees that all sub-contractors that perform work on this project will do so under a written agreement with the Contractor.

Respectfully submitted:

(Seal – if bid is by a corporation)

T4 Construction, LLC

(Name of General Bidder)

By Lisa M. Tremblay

(Name of Person Signing Bid and Title)

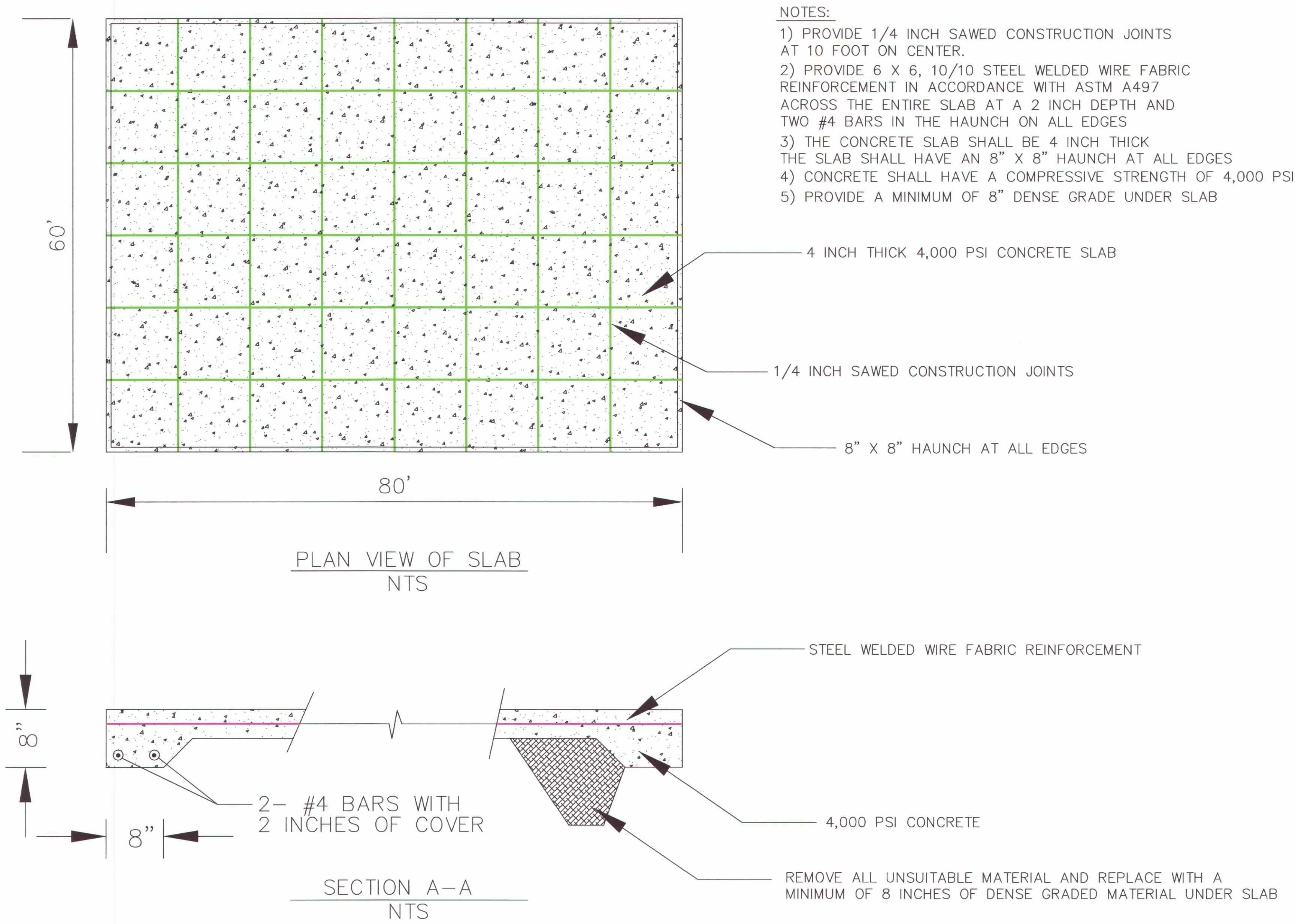
4 Autumn View

(Business Address)

Federal ID# 81-132-4561

Salem, MA 01970

(Municipality and State)



SITE PLAN
NTS



CITY OF WOBURN
ENGINEERING DEPARTMENT
10 COMMON STREET
WOBURN, MASSACHUSETTS 01801

CAD/Parks/Skateboard

Layout Plan

Green St. Skateboard Concrete Pad

Prepared for:

Woburn Recreation Department

LOCATED IN

WOBURN, MASSACHUSETTS

DATE: OCTOBER 25, 2025
SCALE: AS NOTED

DESIGNED BY: JEC
CHECKED BY: AJR

REVISIONS

SHEET 1 OF 1

SECTION 3.0 INVOICING REQUIREMENTS

3.1 General

Each invoice shall be mailed to the designated billing office at the following address after completion of order:

Department	Address
City	Woburn Department of Recreation Attn: Rory Lindstrom 10 Common Street Woburn, MA 01801 rlindstrom@cityofwoburn.com

To ensure a proper invoice, the invoice must include the following information and/or attached documentation:

- Name of the business concern, invoice number and invoice date;
- Contract number, or authorization for delivery of property or performance of services;
- Description, price, and quantity and services actually delivered or rendered; Receipts of parts and materials verifying actual costs
- Shipping and payment terms;
- Name (where practicable), title, phone number, and complete mailing address of responsible official to whom payment is to be sent;
- Other substantiating documentation or information as required by the contract.

A Services Activity Report (SAR) shall be submitted to Project Manager and Purchasing Agent that includes: Dates of services, type of service, quantity, personnel, hours and supplies used for standard service, and the dates, type of service, quantity, personnel, hours and supplies used for emergency service. This information should exactly reflect work submitted for payment on invoice.

Per M.G.L. c. 149, §§26-27D, certified payrolls are to be submitted to the Purchasing Agent upon submission of each invoice.

SECTION 4.0

STATEMENT OF WORK (SOW)

- Concrete should be poured to a minimum thickness of 4 inches (100 mm) with thickened 8 inches (200 mm) edges
- Finish: Finish should be smooth, with a power trowel.
- Recommend **EIGHT (8) inches** (100 mm) of subbase compacted to 90% of its maximum unit weight.
- Cement shall meet the requirements of ASTM C150.
- Concrete shall be reinforced using #4 rebar spaced at 16 inches (400mm).
- Air content should be 4-6%
- Slump shall be 1-4 inches (25.4-100 mm) and compressive strength shall be at least **4000psi** (24.13 MPa) (238.16 atm) after 28 days.
- Concrete shall contain at least six sacks of cement per cubic yard of concrete (4 1h sacks of cement per cubic meter of concrete).
- Soft and yielding soils shall be excavated and replaced with suitable soils.
- Forms shall extend the full depth of the concrete. Forms shall be of sufficient strength and staked to prevent springing or yielding after placement of concrete.
- Concrete shall be deposited to the proper depth and spaded or vibrated to ensure proper consolidation.
- Control Crack Joints: should be sawed approx. every **TEN (10) feet** (3660 mm) square or as to fit the park
- Joints shall not vary more than 1/4 inch (6.5 mm) from their designated position.
- Concrete should have a 1% grade in one direction. A crowned grade is not acceptable.
- The top edges of the slab and all transverse joints shall be rounded with a finishing tool having a radius of 1/8 inch (3 mm).
- Pavement surfaces shall not vary more than 3/8 inch (9.5 mm) from the alignment and typical cross section.
- Concrete shall not be placed when the air temperature is less than 35 degrees F (1.5 degrees C) or higher than 85 degrees F (29.5 degrees C).

- Concrete shall be protected from damage caused by freezing or rain.
- The Contractor shall provide sufficient barricading and security to protect fresh concrete from accidental damage or vandalism. Damaged concrete shall be removed to a joint and replaced at the Contractor's expense.
- Excavation; grading; filling; replacing unstable soils; furnishing, placing and compacting a sand base (where required); forming; placing and finishing concrete; joint construction, form removal; backfilling; protection of uncured concrete; and barricading; and all included in the work.
- If concrete becomes damaged, including by accident or vandalism, prior to curing; the Contractor at no cost to the Owner shall replace it.

CERTIFICATE OF AUTHORITY

At a duly authorized meeting of the Board of Directors of T4 Construction, LLC
(Name of Corporation)

held on 1/5/26 it was VOTED that:
(Date)

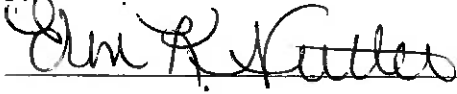
Lisa M. Tremblay
(Name)

Manager
(Officer)

of this corporation, be and he/she hereby is authorized to submit bids and proposals, execute contracts, deeds and bonds in the name and on behalf of said corporation, and affix its corporate seal hereto; and such execution of any contract, deed or obligation in this corporation's name on its behalf by such Manager under seal of the company, shall be valid
(Officer)

and binding upon this corporation.

A True Copy,

ATTEST: 

TITLE: Project Administrator

PLACE OF BUSINESS: Salem, MA 01970

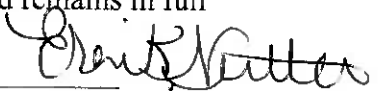
DATE OF THIS CERTIFICATE: 2/5/26

I hereby certify that I am the clerk of the T4 Construction, LLC
(Corporation)

that Lisa M. Tremblay is the duly elected Manager of
(Name) (Office)

said corporation, and that the above vote has not been amended or rescinded and remains in full force and effect as of the date of this contract.

Erin K. Nutter
(Clerk)



CORPORATE SEAL:



CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Lisa M. Tremblay

Signature of individual submitting bid or proposal

T4 Construction, LLC

Name of Business (please type or print)

CERTIFICATE OF TAX COMPLIANCE

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, the undersigned acting on behalf of the Contractor*, certify under penalties of perjury that to the best knowledge and belief, the Contractor* is in compliance with all laws of the Commonwealth relating to taxes, reporting of employee and contractors, and withholding and remitting child support.

Individual
Lisa M. Tremblay

2/5/26

Signature

Date

Lisa M. Tremblay

016-60-5367

Name (please print or type)

Social Security Number

Corporate

T4 Construction, LLC

Corporate Name (please print or type)

Lisa M. Tremblay

2/5/26

Signature of Corporate Officer

Date

Lisa M. Tremblay

Manager

Name of Corporate Officer (please print or type)

Title

81-132-4561

Taxpayer Identification Number

- As used in this certification, the word "Contractor" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.