

Professional Experience and Staffing

Staff education/training

Licenses

Certifications

APPENDIX A

STAFFING UPDATED JANUARY 2021

Corey Fontaine – Vice President - General Foreman – Master Electrician – IBEW Local #99 Union schooling/training – State of Rhode Island General Contractor. Has worked for K Electric for 22 years

Ed Laquale – Foreman – Journeyman Electrician - IBEW Local #99 Union schooling/training. Has worked for K Electric for 23 years

Gary Resendes – Foreman – Journeyman Electrician - IBEW Local #99 Union schooling/training. Has worked for K Electric for 7 years

Alfred Detri – Foreman - Journeyman Electrician – IBEW Local #99 Union School Training. Has worked at K Electric 2 years

Christopher Hartell – Master Electrician - IBEW Local #99 Union schooling/training. Has worked at K Electric 2 years

Ann Marie Maccarone – Journeyman Electrician – IBEW Local #99 Union School Training. Has worked at K Electric 2 years

Mark Shanley - Journeyman Electrician – IBEW Local #99 Union School Training. Has worked at K Electric 1 year

James Wheeler – Journeyman Electrician – IBEW Local #99 Union School Training. Has worked at K Electric 2 years

Tylor Doherty – Diesel Mechanic and Delivery Driver. Has worked at K Electric for 1 year

Connie Kirk – Sr. Vice President – Has worked for K Electric for 38 years

Julie Little – Office Manager – Has worked for K Electric for 34 years

Tina Fontaine – Administrative Assistant – Has worked for K Electric for 5 years

PLEASE SEE ADDITIONAL TRAINING AND CERTIFICATIONS UNDER LICENSES AND CERTIFICATIONS

LICENSES/CERTIFICATIONS
UPDATED JANUARY 2021

COREY FONTAINE:

PRESIDENT –
GENERAL FOREMAN
RI MASTER ELECTRICIAN – A-004856
RI JOURNEYMAN ELECTRICIAN – B-012739
MA JOURNEYMAN ELECTRICIAN – 54905-B
RI GENERAL CONTRACTORS – GC-45033
HYDRAULIC CRANES – 00013935
EXCAVATION EQUIPMENT – 00013935
OSHA 10 HOUR
OSHA 30 HOUR – 600333022
OSHA 29 CFR 1910.269
UNDERGROUND SAFETY CERTIFICATION
CONFINED SPACE CERTIFICATION
NFPA 70E CERTIFICATION
NCSCB MEDIUM VOLTAGE CABLE SPLICER # 1066
CPR TRAINING
FOREMAN TRAINING
CODE OF EXCELLENCE TRAINING
RI CDL DRIVERS LICENSE CLASS A # 9672599
TRANSPORTATION WORKER IDENTIFICATION CREDENTIAL

EDWARD LAQUALE JR:

RI JOURNEYMAN ELECTRICIAN – B-011382
OSHA 10 HOUR
OSHA 29 CFR 1910.269
CONFINED SPACE CERTIFICATION
NFPA 70E CERTIFICATION
NCSCB MEDIUM VOLTAGE CABLE SPLICER # 1065
CPR TRAINING
FOREMAN TRAINING
CODE OF EXCELLENCE TRAINING
MASS CDL DRIVERS LICENSE CLASS BM # S64943960

GARY RESENDES:

RI JOURNEYMAN ELECTRICIAN – B-014439
OSHA 10 HOUR – 001210474
OSHA 29 CFR 1910.269
CODE OF EXCELLENCE TRAINING
CONFINED SPACE CERTIFICATION
NFPA 70E CERTIFICATION
NCSCB MEDIUM VOLTAGE CABLE SPLICER # 1339
RI CDL DRIVERS LICENSE CLASS B # 2099760

ALFRED DETRI:

RI JOURNEYMAN – B-013978
EXCAVATION EQUIPMENT – 00020041
OSHA 10 HOUR – 001034132
UNDERGROUND SAFETY CERTIFICATION
CONFINED SPACE CERTIFICATION
MV CABLE PREP
MV (5-35 KV) COLD APPLIED TERMINATIONS
MV (5-35 KV) COLD APPLIED SPLICES
RI CDL DRIVERS LICENSE CLASS B # 9696266

CHRISTOPHER HARTELL:

RI MASTER ELECTRICIAN – A-004916
RI JOURNEYMAN ELECTRICIAN – B-012689
OSHA 10 HOUR
OSHA 30 HOUR – 11-600750513
CONFINED SPACE CERTIFICATION
QUALIFIED OPERATOR LICENSE - 957891
FOR ITW RAMSET/RED HEAD POWDER ACTUATED TOOL SYSTEMS
HILTI POWER ACTUATED TOOL - 4650647
HILTI FIRESTOP SYSTEMS - 0506177
CPR TRAINING
RI DRIVERS LICENSE CLASS 10 # 9112093

ANN MARIE MACCARONE –

RI JOURNEYMAN ELECTRICIAN – B-014632
OSHA 10 HOUR - 002332476
OSHA 10 HOUR SAFETY AND HEALTH ET & D – 11-006013326
CONFINED SPACE CERTIFICATION
COACHING SYSTEMS LIFT TRUCK 2 COURSE FORK LIFT
RI DRIVERS LICENSE CLASS 10 #8405079

MARK D. SHANLEY:

RI JOURNEYMAN ELECTRICIAN – B-014687

OSHA 10 HOUR

RI DRIVERS LICENSE CLASS 10 #2792707

JAMES WHEELER:

RI JOURNEYMAN ELECTRICIAN – B-015081

OSHA 10 HOUR – 11-00496719

CODE OF EXCELLENCE TRAINING

CONFINED SPACE CERTIFICATION

RI DRIVERS LICENSE CLASS 10 # 9422429

Rhode Island
USA

COMMERCIAL
DRIVER LICENSE



3 DOB 11/08/1980 4d LIC # 9672599
4b Exp 11/08/2023 4a ISS 11/09/2018

1 FONTAINE
2 COREY R

8 16 ARROWWOOD DR
COVENTRY, RI 02816-4636

9 CLASS: A
9a END: M
12 RESTR: A

15 SEX: M

16 HGT: 5'-11"

17 WGT: 275 lb

18 EYES: BRO

19 HAIR: BRO

5 ID: 4317317



Rev 01/26/2016
11/08/1980

09872599
RIMTGM01

www.dmv.ri.gov

♥ on front=Organ Donor

CLASS: A-Combination >
26,000 / Tow > 10,000

END: M-Motorcycle

RESTR: A-Corrective Lenses

The law requires the DMV to be notified of any change of name or address within 10 days.
Please print change of address below in permanent ink.

Rhode Island

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

ELECTRICAL CORP AC004856
A-004856 B-012739
K ELECTRIC INC

COREY R FONTAINE
2646 WARWICK AVE
WARWICK RI 02889


Assistant Director


~~11/30/2022~~
Expiration Date

**PHOTO I.D. REQUIRED
WITH THIS LICENSE**



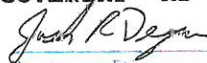
Not valid without signature.

If found, please return to:
DLT, 1511 Pontiac Avenue, Cranston, RI 02920-0943
Ph: (401) 462-8580 www.dlt.ri.gov/profregs
Fax: (401) 462-8528 Email: dlt.profregs@dlt.ri.gov

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

HYDRAULIC CRANES 00013935
EXCAVATION EQUIPMENT 00013935

COREY R FONTAINE
16 ARROWWOOD DRIVE
COVENTRY RI 02816


Assistant Director

11/30/2020
Expiration Date

COREY FONTAINE
16 ARROWWOOD DR
COVENTRY, RI 02816

(EL)

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF

ELECTRICIANS
ISSUES THE FOLLOWING LICENSE
REG JOURNEYMAN ELECTRICIAN

COREY FONTAINE
16 ARROWWOOD DR
COVENTRY, RI 02816



LICENSEE SIGNATURE

54905 B

07/31/2022

699415

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

Certificate of Attendance and Successful Completion

5 Hour CRLB Pre-Registration Course
Education Provider Code #1

Corey Fontaine

Course Date: November 19, 2020

Instructor's Email: info@ribuilders.org

Michael Weydt

MICHAEL WEYDT

Instructor's Signature

Rhode Island Builders Association Training Institute

450 Veterans Memorial Parkway | Suite #301 | East Providence, Rhode Island 02914
Phone (401) 438-7400 | Fax: (401) 438-7446





**STATE OF RHODE ISLAND
CONTRACTORS' REGISTRATION AND LICENSING
BOARD**

560 Jefferson Blvd. Warwick, RI 02886



BE IT KNOWN THAT

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

Residential/Commercial Contractor

IN THE STATE OF RHODE ISLAND

Issue Date

November 25, 2020

Expiration Date

November 25, 2022

Registration Number

GC-45033

A handwritten signature in black ink, appearing to read "JC Cambio".

James Cambio
State Building Officer

A handwritten signature in black ink, appearing to read "Thomas E. Furey".

Thomas E. Furey, Chair
Contractors' Registration and Licensing Board

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-48A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name** FONTAINE **First Name** COREY in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties,
 I find this person is qualified, and, if applicable, only when (check all that apply):

- ☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

03/03/2022

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature

Medical Examiner's Telephone Number

(401)738-8100

Date Certificate Signed

03/03/2020

Medical Examiner's Name (please print or type)

Clement, Scott

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number

APR01669

Issuing State

RI

National Registry Number

2041362174

Driver's Signature

Driver's License Number

9672599

Issuing State/Province

RI

Driver's Address

Street Address: 16 Arrowwood Dr

City: COVENTRY

State/Province: RI

Zip Code: 02816

CLP/CDL Applicant/Holder
☒ Yes ☐ No

OSHA

600333022



U.S. Department of Labor
Occupational Safety and Health Administration

COREY FORTNINE

has successfully completed a 30-hour Occupational Safety and Health
Training Course in

Construction Safety & Health

Michael C. ...

(Training)

1-2-89



PRYOR
Learning · Solutions

FRED PRYOR SEMINARS
CAREERTRACK

pryor.com

OSHA Compliance

.6 CEUs (6 contact hours)

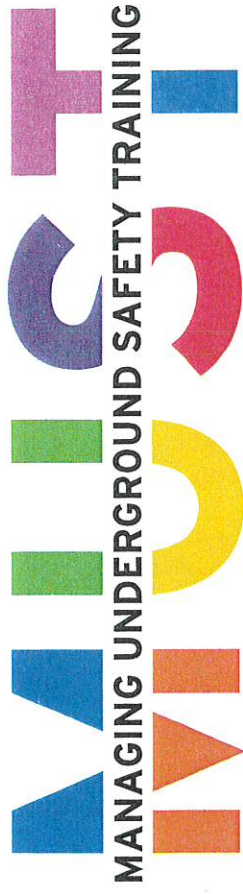
Presented to: COREY R. FONTAINE Date: 4/9/18



Mill B. Hayes
Executive Director & CEO

The recipient earned continuing education units in accordance with the guidelines established by the National Task Force on Continuing Education for completion of the program.

TOZ1706



Underground Safety Seminar Certificate of Attendance

3.5 hour program included the following topics:

- Overview of the "Dig Safe" law
- Interpretation of typical utility marks
- How to work safely around gas distribution, electric, telecommunications and propane facilities
- What to do if an underground facility is damaged
- The regulation and enforcement process
- Common Ground Alliance's best practices for preventing damage to buried facilities
- Endorsed by the Rhode Island Public Utilities Commission

Awarded to:

Corey R. Fontaine

Company:

K Electric, Inc.

February 13, 2020

Twin Rivers Casino

Lincoln, RI

7:30am to 11:00am

MUST Chair:

Lisa M. Powers



PRYOR
Learning · Solutions

FRED PRYOR SEMINARS
CAREERTRACK

pryor.com

Understanding Financial Statements

.6 CEUs (6 contact hours)

Presented to: Corey R. Fontaine Date: 10/15/18



Mill B. Hay
Executive Director & CEO

The recipient earned continuing education units in accordance with the guidelines established by the National Task Force on Continuing Education for completion of the program.

TFS1705



*The Trustees
Of*

*The Joint Apprenticeship and Training Committee
and the*

International Brotherhood of Electrical Workers, Local Union 99 JATC
Do hereby present this certificate to

Corey Fontaine

Attesting he has satisfactorily completed training on

Electrical Safety Training

- **CFR 1910.269**
- **National Electrical Safety Code**
- **NFPA 70E**

Presented this 15th day of November 2017


JATC Instructor/Provider


JATC Director





IBEW Local 99 JATC Certificate of Completion



CONFINED SPACES TRAINING CERTIFICATE

This is to certify that Corey Fontaine has successfully completed classroom instruction and practical training as required by OSHA's Permit Required Confined Spaces Regulation 29 CFR 1910.146.

John T. O'Brien

Trainer Signature

March 5, 2014

Date



The Trustees
of



The National Joint Apprenticeship and Training Committee

for the
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS.

and the
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

upon the Recommendation of the
Local Union 99 Electrical

JOINT APPRENTICESHIP AND TRAINING COMMITTEE

do hereby present this certificate to

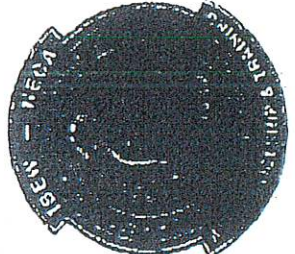
Corey Fontaine

indicating they have satisfactorily completed a Training Program in

NFPA 70 E

which is herewith acknowledged by the signatures of the Trustees
on this fifteenth of January in the year 2013

John M. Dyer
President, IBEW
John M. Dyer
6800, 1866



John M. Dyer
J. M. Dyer, Chairman
John M. Dyer
J. M. Dyer, Secretary



Corey B. Fontaine



Certificate of Qualification

Corey B. Fontaine
Is Hereby Certified as a Qualified
Medium Voltage Cable Splicer

Cert # **1066**
Valid Through
12/31/2021

demonstrating a competency through
comprehensive validated written and
practical examination



Record of Certification(s) for:
Corey B. Fontaine
1066

Cable Splicing Certification Categories
(Medium Voltage Shielded Cables)

Manufactured Kits **3/31/2009**

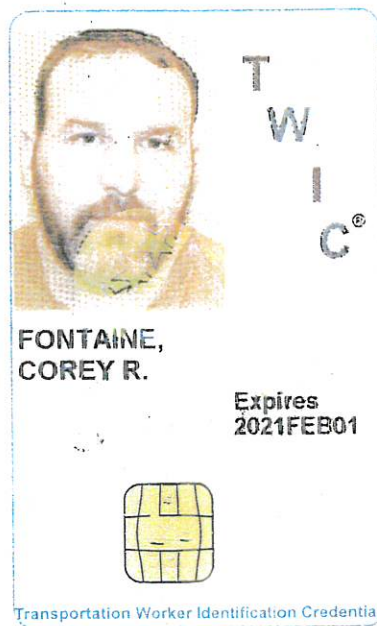
Hand Applied Tapes

NCSCB certification is valid as long as the renewal date is current

NCSCB Inc.
P.O. Box 13389
Chesapeake, VA 23325
ncscbnc.com

Phone
678-498-2884

George Arros
President NCSCB



ID-One PIV (1107253) TWIC v2.3 03.14 4820-502B-1253-02026667

This credential is issued under authority of the United States Government.
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FORM 156C

IBEW®

109

X

Member Signature

This card is the property of the
International Brotherhood of Electrical Workers.

www.ibew.org

If found please mail to:

900 Seventh Street, N.W.
Washington, D.C. 20001



IPAM06-02

00034

Burgess USA Training

Certificate of Course Completion Presented to:

Corey Fontaine

**For having successfully completed the following course:
Confined Space Entry**

Course Hours:

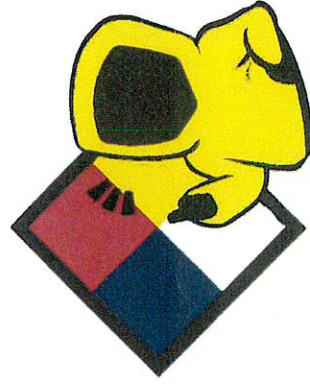
8

Completion Date:

8/18/2018

Sponsor:

K Electric



Burgess USA

— Training LLC —

Priscilla A. Lourd
Instructor/Course Coordinator
James E. B.
CEO Burgess USA Training LLC.

HEARTSAVER FIRST AID CPR AED

Heartsaver®
First Aid CPR AED



American
Heart
Association

Corey Fontaine

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:
Child CPR AED Infant CPR Written test

12/16/2015
Issue Date

12/2017
Recommended Renewal Date

HEARTSAVER FIRST AID CPR AED

Training Center Name Pawtuxet Valley Educators Inc. Inst. ID #

TC Info City, State PO BOX 149
Hope, RI 02831 401-641-5055

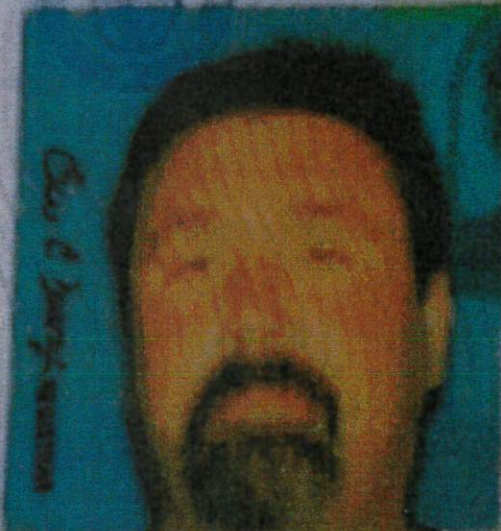
Course Location REM

Instructor Name Eric Wineman Inst. ID #

Holder's
Signature

MASSACHUSETTS

COMMERCIAL
DRIVER'S LICENSE



ISS 08/29/2016

EXP 08/18/2021

CLASS BM FEET NONE

ENDORSEMENT S64943960

DOB 08/18/1971

END NONE

LAQUALE

EDWARD J JR

40 ERMILINDA DR
SEEKONK, MA 02771

Edward J. Jr. Laquale

SEX M HGT 5'-11"

DD 08/30/2016 Rev 02/22/2016

08/18/71

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

JOURNEY ELECTRICIAN **B-011382**

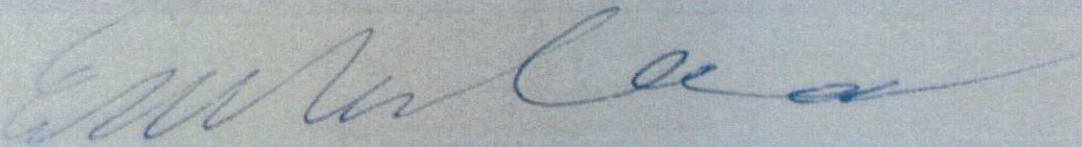
EDWARD J LAQUALE JR
40 ERIMLINDA STREET
SEEKONK MA 02771

Josh R. Deegan

Assistant Director

08/31/2021
Expiration Date

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WITH THIS LICENSE**



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DLT, 1511 Pontiac Avenue, Cranston, RI 02920-0943

Ph: (401) 462-8580

www.dlt.ri.gov/profregs

[illegible]

NAME	EDWARD
BOY NAME	EDWARD
DATE	1890

On 17 June 2006, the respondent was interviewed by the author with the assistance of the interviewing police officer and the respondent's solicitor. The respondent was interviewed in the presence of his solicitor, and the respondent was interviewed in the presence of his solicitor.

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO PRESS

[illegible]

Medical Examiner's Certificate of Position and

10 202

Mr. J. W. Smith

Miguel Ángel Méndez

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40 Erminda De Sa Costa

100

This document contains sensitive information and is for official use only. Improper handling of this information could severely affect our ability to secure this information, potentially to protect national security. By copying this document under the terms of a license between you and this document, you no longer are required to be maintained by security requirements.

OSHA

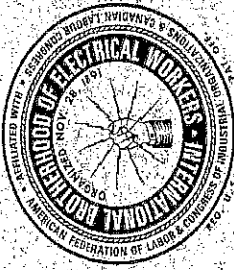
U.S. Department of Labor
Occupational Safety and Health Administration

This is to certify that

Ed Laquale, Jr.
has successfully completed a 10-hour Occupational Safety and
Health Training Course in

Construction Safety & Health

John W. O'Leary 10/20
(Weiner)



*The Trustees
Of*

*The Joint Apprenticeship and Training Committee
and the*

*International Brotherhood of Electrical Workers, Local Union 99 JATC
Do hereby present this certificate to*

Edward Laquale

Attesting he has satisfactorily completed training on

Electrical Safety Training

- *CFR 1910.269*
- *National Electrical Safety Code*
- *NFPA 70E*

Presented this 15th day of November 2017

[Signature]
JATC Instructor/Provider

[Signature]
JATC Director





The Trustees
of



The National Joint Apprenticeship and Training Committee

for the
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

and the
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

upon the Recommendation of the
Local Union 99 Electrical

JOINT APPRENTICESHIP AND TRAINING COMMITTEE

do hereby present this certificate to

Edward Laquale

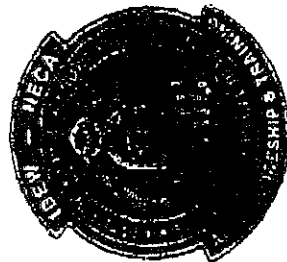
indicating they have satisfactorily completed a Training Program in

NFPA 70 E

which is herewith acknowledged by the signatures of the Trustees
on this fifteenth of January in the year 2013

John M. Lyle
President, IBEW

John M. Lyle
President, NECA



George A. ...
President, NECA
Wendy D. ...
Secretary, NECA



Certificate of Qualification

Edward J.
LaQuale Jr.
Cert # **1065**
Valid Through
12/31/2021

Edward J. LaQuale Jr.
Is Hereby Certified as a Qualified
Medium Voltage Cable Splicer

demonstrating a competency through
comprehensive validated written and
practical examination



Record of Certification(s) for:
Edward LaQuale Jr.
1065

Cable Splicing Certification Categories
(Medium Voltage Shielded Cables)

Manufactured Kits 3/31/2009

Hand Applied Tapes

NCSCB certification is valid as long as the renewal date is current

NCSCB Inc.
P.O. Box 13389
Chesapeake, VA 23325
ncscbinc.com

Phone
678-498-2884

George Arhos
President NCSCB

IBEW MEMBER

Card No. D880176

Construction & Maintenance



**Edward J
Laquale Jr.**

CERTIFIED
Code of Excellence

This IBEW member is certified in
the Code of Excellence Training
Program and supports the principles
and values contained therein.

Burgess & Associates

Hot Zone USA

Certificate of Course Completion

Presented to:

Edward Laquale

For having successfully completed the following course:

Confined Space Entry

Course Hours:

8

Completion Date:

9/19/2018

Sponsor:

K Electric



Patricia M. Bourke
Instructor/Course Coordinator

James E. Burgess
CEO Burgess & Associates, Inc.

HEARTSAVER FIRST AID CPR AED

Heartsaver®
First Aid CPR AED



American
Heart
Association®

Edward Laquale

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED

Infant CPR

Written test

11/18/2015

Issue Date

11/2017

Recommended Renewal Date

HEARTSAVER FIRST AID CPR AED

Training
Center Name

Pawtuxet Valley Educators Inc.

TC
Info

**PO BOX 149
Hope, RI 02831 401-641-5055**

Course
Location

REM

Instructor
Name

Eric Wineman ID #

Holder's
Signature

Rhode Island
USA

**COMMERCIAL
DRIVER LICENSE**



Gary Resendes

3 DOB **08/28/1984**
4b EXP **08/28/2022**

4d LIC # **2099760**
4a ISS **08/16/2017**

1 **RESENDES**
2 **GARY L**

8 **99 CIRCUIT DR**
RIVERSIDE, RI 02915

9 CLASS **B**
9a END **NONE**
12 RESTR **NONE**

15 SEX **M**
16 HGT **5'-08"** 17 WGT **220 lb**
5 IDO **331101**

18 EYES **BRO**
19 HAIR **BRO**

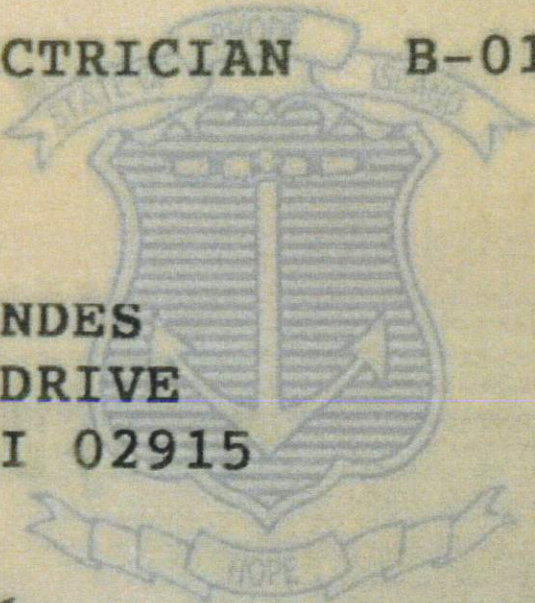


Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

JOURNEY ELECTRICIAN

B-014439

GARY L RESENDES
99 CIRCUIT DRIVE
RIVERSIDE RI 02915



Josh R. Degan

Assistant Director

08/31/2022
Expiration Date

OSHA

001210474



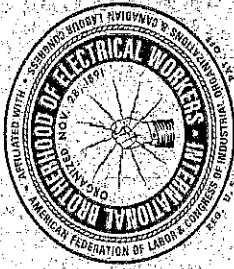
Judy Rosendo

Completed a 10-hour Occupational Safety & Health
Course

Construction Safety & Health

[Signature]

1-15-07



*The Trustees
Of
The Joint Apprenticeship and Training Committee
and the*

*International Brotherhood of Electrical Workers, Local Union 99 JATC
Do hereby present this certificate to*

Gary Resendes

Attesting he has satisfactorily completed training on

Electrical Safety Training

- **CFR 1910.269**
- **National Electrical Safety Code**
- **NFPA 70E**

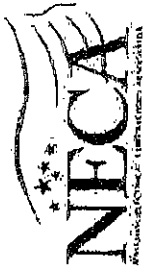
Presented this 15th day of November 2017

[Signature]
JATC Instructor/Provider

[Signature]
JATC Director



The Trustees
of



The National Joint Apprenticeship and Training Committee

for the
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

and the
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

upon the Recommendation of the
Local Union 99 Electrical

JOINT APPRENTICESHIP AND TRAINING COMMITTEE

do hereby present this certificate to

Gary Resendes

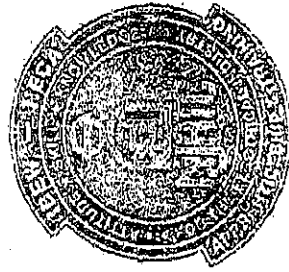
indicating they have satisfactorily completed a Training Program in

NFPA 70 E

which is herewith acknowledged by the signatures of the Trustees
on this twenty-first of February in the year 2013

Edwin D. White
President, NFPA 70 E

John M. Ryan
Vice President



Ray White
J. C. White

Wendy DeLong
J. C. DeLong



Gary Resendes



Certificate of Qualification

Gary Resendes
Is Hereby Certified as a Qualified
Medium Voltage Cable Splicer

Cert # **1339**
Valid Through
12-31-2021

demonstrating a competency through
comprehensive validated written and
practical examination



Record of Certification(s) for:
Gary Resendes
1339

Cable Splicing Certification Categories
(Medium Voltage Shielded Cables)

Manufactured Kits **11/4/2017**

Hand Applied Tapes

NCSCB certification is valid as long as the renewal date is current

NCSCB Inc.
P.O. Box 13389
Chesapeake, VA 23325
ncscb.nc.com

Phone
678-498-2884

George Arhos
President NCSCB

IBEW MEMBER

Card No. 7044791
Construction & Maint



**Gary
Resendes**

CERTIFIED
Code of Excellence

This IBEW member is certified in the Code of Excellence Training Program and supports the principles and values contained therein.

Burgess USA Training

Certificate of Course Completion

Presented to:

Gary Resendes

For having successfully completed the following course:

Confined Space Entry

Course Hours:

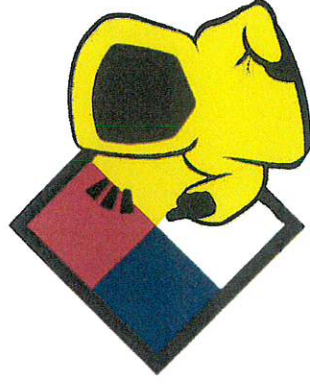
8

Completion Date:

8/18/2018

Sponsor:

K Electric



Burgess USA

— Training LLC —

Patricia M. Rouds

Instructor/Course Coordinator

James E. Burgess

CEO Burgess USA Training LLC.

HEARTSAVER FIRST AID CPR AED

Heartsaver®
First Aid CPR AED



American
Heart
Association

Gary Resendes

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:

Child CPR AED

Infant CPR

Written test

12/16/2015

12/2017

Issue Date

Recommended Renewal Date

HEARTSAVER FIRST AID CPR AED

Training
Center Name

Pawtuxet Valley Edgemoor Inc.

TC

Info

City, State

PO BOX 149

Hope, RI 02831 401-641-5055

ZIP

Phone

Course
Location

REM

Instructor
Name

Eric Winebaum

Inst ID #

Holder's
Signature

Medical Examiner's Statement

A Federal Motor Carrier Safety Regulation (49 CFR 391.41-391.49) and, with knowledge of the driving duties, find this person is qualified, and, if applicable, only when (check all that apply) OR
 including the time for reviewing instructions, gathering the information collection of information is estimated to be approximately 1 minute per response.
 other aspect of this collection of information, including suggestions for reducing this burden, send comments regarding this burden estimate or any
 U.S. Department of Transportation
 Federal Motor Carrier
 Safety Administration

Medical Examiner's Certificate
 (for Commercial Driver Medical Certification)

I certify that I have examined Last Name Resendes First Name gary in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a ☐ waiver/exemption ☐ Driving within an exempt intrastate zone (49 CFR 391.43) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
2/3/2022

Medical Examiner's Signature [Signature] **Medical Examiner's Telephone Number** 401-438-3170 **Date Certificate Signed** 2/3/2020
Medical Examiner's Name (please print or type) Danella Taracova
☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number 10178 **Issuing State** RI **National Registry Number** 3797757420

Driver's Signature [Signature] **Driver's License Number** 12099760 **Issuing State/Province** RI
Driver's Address 99 Grant Drive **State/Province** RI **Zip Code** 02915 **CDL/CDL Applicant/Holder** ☒ Yes ☐ No

**This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required by regulatory requirements.

APPROVED RI DMV
 04/02/2022
 [Signature]

Rhode Island
USA

COMMERCIAL
DRIVER LICENSE



3 DOB 10/06/1980
4b EXP 10/06/2023

4d LIC # 9696266
4a ISS 10/05/2018

1 DETRI
2 ALFRED J. III

6 30 BIRCH ST
CHEPACHET, RI 02814

9 CLASS B
9a END N
12 RESTR NONE

15 SEX M
16 HGT 6'-00"
5 DD 3838334

17 WGT 265 lb

18 EYES BRO
19 HAIR BRO



Alfred J. Detri

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

JOURNEY ELECTRICIAN B-013978



ALFRED J DETRI
30 BIRCH STREET
CHEPACHET RI 02814

Frank R. Dege
Assistant Director

~~10/31/2022~~
Expiration Date

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

EXCAVATION EQUIPMENT - 80020041



ALFRED J DETRI
30 BIRCH STREET
CHEPACHET RI 02914

Josh R. Deegan

Assistant Director

10/31/2022
Expiration Date



OSHA 001034132

U.S. Department of Labor
Occupational Safety and Health Administration

Alfred Dettri
has successfully completed a 10-hour Occupational Safety and Health
Training Course at

Construction Safety & Health

Alfred Dettri

6/17/06
(Date)

Burgess USA Training

Certificate of Course Completion

Presented to:

Alfred Detri

For having successfully completed the following course:

Confined Space Entry

Course Hours:

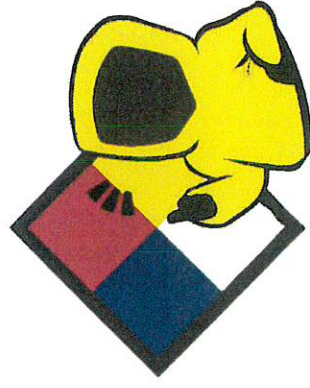
8

Completion Date:

8/18/2018

Sponsor:

K Electric



Burgess USA

— Training LLC —

Prima M. Louch
Instructor/Course Coordinator
Joseph E. B.
CEO Burgess USA Training LLC.

10/6/80

Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a survey or collection of information unless it displays a current valid OMB control number. The OMB control number for this collection of information is 2125-0006. Public reporting burden for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing this collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20503.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: De Fe First Name: Alfred in accordance with (please check only one):

- ☒ The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ☐ The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

8/26/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Max Rosenberg

Medical Examiner's State License, Certificate, or Registration Number

09624

Medical Examiner's Telephone Number

401-767-1594

Date Certificate Signed

8/26/2020

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
- ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

NY

National Registry Number

8776462931

Driver's Signature

Alfred J De Fe

Driver's Address

30 Birch St

Driver's License Number

9696266

Issuing State/Province

RI

Street Address: 30 Birch St City: Charlestown State/Province: RI Zip Code: 02814

CLP/CDL Applicant/Holder

Yes ☐ No ☐

COMPLETED

Alfred Detri

Has successfully completed training in techniques of application, installation and inspection of the following TE Connectivity Products:

MV cable Preparation
MV (5-35 kV) Cold Applied Terminations
MV (5-35 kV) Cold Applied Splices

Expires 3 years after certification date



Karl Grabenstetter, Area Sales Manager

December 11th, 2017

Completion Date



COMPLETED

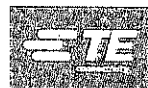


24/7 Support 800.327.6996

te.com

energy.te.com

Fax#: 800.527.8350



Certificate of Completion
Alfred Detri

has successfully completed training in techniques of application, installation,
and inspection of the following TE Connectivity products

MV Cable Preparations

MV (5-35 kV) Cold Applied Terminations

MV (5-35 kV) Cold Applied Splices

Trainer: Karl Grabenstetter Area Sales Manager

Rhode Island DRIVER LICENSE

USA



3 DOB 01/28/1975 4d LIC # 9112093
4b EXP 01/28/2023 4a ISS 12/16/2017

1 HARTELL
2 CHRISTOPHER P
3 52 BARNES LN
WEST GREENWICH, RI 02817

9 CLASS 10
9a END M
12 RESTR NONE

13 SEX M 18 EYES BLU
16 HGT 6'-04" 17 WGT 235 lb 19 HAIR UNK
5 DD 1303914

Christopher P. Hartell

01/28/1976

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

ELECTRICAL CONTRACTOR A-004916
JOURNEY ELECTRICIAN B-012689

CHRISTOPHER P HARTFELL
52 BARNES LANE
WEST GREENWICH RI 02817

Josh R Degan

Assistant Director

01/31/2021

Expiration Date

OSHA



U.S. Department of Labor
Occupational Safety and Health Administration

CHRISTOPHER HARTELL

has successfully completed a 10-hour Occupational Safety and Health
Training Course in

Construction Safety & Health

Patrick Brady
(Trainer)

01/19/01
(Date)



11-600750613

This card acknowledges that the recipient has successfully completed a
30-hour Occupational Safety and Health Training Course in
Construction Safety and Health

Christopher Hartell

John DiBiase
(Trainer name – print or type)

3/17/12
(Course end date)

Burgess USA Training

Certificate of Course Completion Presented to:

Christopher Hartell

For having successfully completed the following course:
Confined Space Entry

Course Hours:

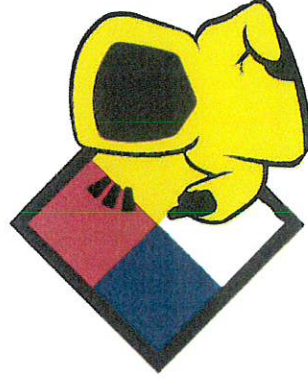
8

Completion Date:

9/19/2018

Sponsor:

K Electric



Burgess USA

— Training LLC —

Patricia M. Louch
Instructor/Course Coordinator
Gregory E. B.
CEO Burgess USA Training LLC.

CPR
for Family
and Friends



Christopher Hendel

Has participated in a basic orientation to CPR and the Chain of Survival.

CPR for Family and Friends is an orientation to CPR and is not a certifying or credentialing course. For credentialled courses in CPR and AED call 1-877-AHA-4CPR or log on to www.cpr-ecc.americanheart.org.

QUALIFIED OPERATOR LICENSE

ITW Ramset/Red Head

Powder Actuated Tool Systems

Date 1/24/01 Soc. Sec. No. 036-52-8095

This certifies that CHRISTOPHER HARTON
has received the prescribed training in the
operation of tool models D60, HAD0, VIPER

Authorized Instructor [Signature]

I have received instruction in the safe operation of
the above listed tools and I agree to the rules and
regulations governing their use.

Operator Signature [Signature]

No. 957891

No.



FS 0506177

**Firestop Systems**
Saving Lives through Innovation and Education

Date Issued

1/30/14

CHRISTOPHER HARTELL

has attended a training seminar covering the basic fundamentals of
firestopping and proper selection of HILTI tested firestop systems.

SIGNATURE OF AUTHORIZED INSTRUCTOR

INSTRUCTOR CARD NUMBER

I have been apprised of all general instructions and precautions customarily provided by
HILTI to entities involved in the proper use of HILTI Firestop Products/Systems.

Signature of Seminar Participant

Christopher Hartell

4650647

3004631 F121 05/10

DATE: 3/16/12

QUALIFIED OPERATOR — Powder Actuated Tools

EMPLOYEE ID #

this certifies that

CHRISTOPHER HARTELL

(NAME OF OPERATOR - PRINT)

Has received the prescribed training in the operation of powder operated tools manufactured by

CHECK APPLICABLE TOOLS

☐ DX E37 / DX E32☐ DX 450 / DX 451☐ DX A70R☐ DX 36M☐ DX A40HM / A40CM☐ DX 350 / DX 35☐ DX 750 / DX 750MX☐ DX 600N☐ DX A40 / DX A41☐ DX 351 / DX 351-CT☒ DX 480☐ DX 800 - /IGN☐ DX 482HM / DX 482CM☐ DX 860ENP☐ DX 76 / DX 76MX☐ DX 120 / DX 100

(SIGNATURE OF AUTHORIZED INSTRUCTOR)

(INSTRUCTOR CARD NO.)

I have received the instruction in the safe operation and maintenance of powder actuated fastening tools from
HILTI and models specified and agree to conform to all rules and regulations governing their use.



SIGNATURE

Christopher Hartell

Revocation of card — Failure to comply with any of the rules and regulations for safe
operation of powder actuated fastening tools shall be cause for the immediate revocation
of this card, and it must be surrendered upon demand of the proper authority.

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** HARTELL **First Name:** CHRISTOPHER in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

12/18/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Regis P Burtas

Medical Examiner's Telephone Number

401-287-4440

Date Certificate Signed

12/18/2020

Medical Examiner's State License, Certificate, or Registration Number

DO00840

Issuing State

RI

National Registry Number

4755983393

Driver's Signature

Driver's Address

Street Address: 52 BARNES LANE

City: WEST GREENWICH

State/Province: RI

Zip Code: 02817

Driver's License Number

9112093

Issuing State/Province

RI

CLP/CDL Applicant/Holder

☐ Yes ☒ No

****This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.****

Rhode Island
USA

DRIVER LICENSE



Annmarie Maccarone

3 DOB 01/15/1965
4b EXP 01/15/2023

4d LIC # 8405079
4a ISS 02/10/2018

1 MACCARONE
2 ANNMARIE
8 95 PONTIAC ST
WARWICK, RI 02886-0501

9 CLASS 10
9a END M
12 RESTR A

15 SEX F
16 HGT 5'-01" 17 WGT 115 lb
5 DD 1650780

18 EYES BRO
19 HAIR BRO

01/15/1965



Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

JOURNEY ELECTRICIAN B-014632

ANN MARIE MACCARONE
PO BOX 770
COVENTRY RI 02816

Josh R. Deegan

Assistant Director

01/31/2021
Expiration Date

OSHA

002332476



U.S. Department of Labor
Occupational Safety and Health Administration

Ann Marie Maccarone

has successfully completed a 10-hour Occupational Safety and Health
Training Course in

Construction Safety & Health

J. T. [Signature]
(Trainer)

8/15/09
(Date)



11-006013326

This card acknowledges that the recipient has successfully completed:

10-hour Construction Safety and Health

ET & D

This card issued to:

Ann Maccarone

Douglas MacDonald

Trainer Name

9/1/2016

Date of Issue

Burgess USA Training

Certificate of Course Completion Presented to:

Ann Marie MacCarone

For having successfully completed the following course:
Confined Space Entry

Course Hours:

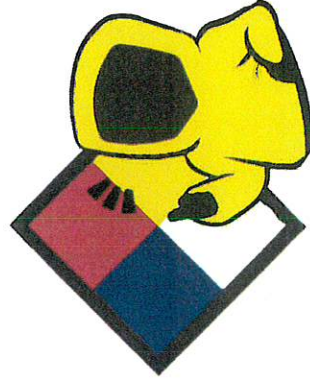
8

Completion Date:

8/18/2018

Sponsor:

K Electric



Burgess USA

— Training LLC —

Pamela M. Lough
Instructor/Course Coordinator
Joseph E. B.
CEO Burgess USA Training LLC.



Keene State College
Office of Continuing Education and Extended Studies

Hereby awards

Ann M Maccarone

this Certificate of Attendance to
**ELECTRICAL TRANSMISSION & DISTRIBUTION
PARTNERSHIP**

10 HOUR OSHA TRAINING COURSE

for 1.4 Continuing Education Units (CEUs)


Douglas V MacDonald
OSHA Authorized Construction Outreach Trainer
Region 1, Keene State College

September 2, 2016



Robert L. Baker
Director
Continuing Education and Extended Studies
Keene State College



This Is To Certify That

Ann Marie Macosone

Has Completed The
Coaching The® Lift Truck Operator 2™
Course
Sponsored By

LEWIS 99 JATC

Sponsoring Agency



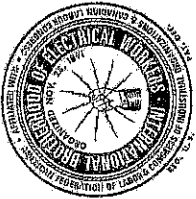
CS
COACHING
SYSTEMS®

Date *April 18, 2016*

Instructor *JL T. O'Brien*

Expiration Date *N/A*

Copyright © 2007 by Coaching Systems, LLC



The Trustees
of



The National Joint Apprenticeship and Training Committee

for the
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS.

and the
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION
upon the Recommendation of the

Toledo Electrical
JOINT APPRENTICESHIP AND TRAINING COMMITTEE
do hereby present this certificate to

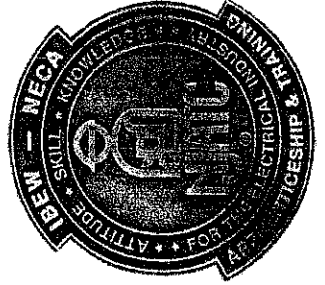
ANN MARIE MACCARONE
indicating they have satisfactorily completed a Training Program in

MODULE II MEDIUM HIGH VOLTAGE CABLE SPLICING
which is herewith acknowledged by the signatures of the Trustees

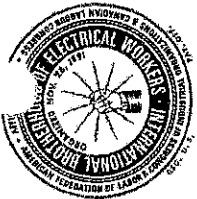
ON THIS THIRD DAY OF SEPTEMBER IN THE YEAR 2010

John D. H. H.
President, IBEW

John M. G. G.
CEO, NECA



John A. H. H.
NJATC Chairman
John M. G. G.
NJATC Secretary



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of



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INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

and the
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION
upon the Recommendation of the

Toledo Electrical
JOINT APPRENTICESHIP AND TRAINING COMMITTEE
do hereby present this certificate to

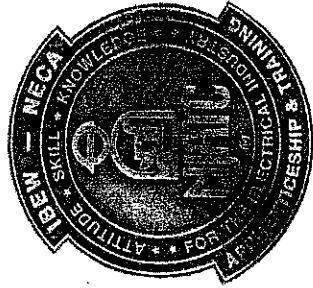
ANN MARIE MACCARONE
indicating they have satisfactorily completed a Training Program in

MODULE 1 COMPETENT CLIMBER / RESCUE
which is herewith acknowledged by the signatures of the Trustees

ON THIS THIRD DAY OF SEPTEMBER IN THE YEAR 2010

Erwin D. Helt
President, IBEW

John M. Ryan
CEO, NECA



K. R. Fisher
NJATC Chairman

Paul J. ...
NJATC Secretary



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of



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Toledo Electrical
JOINT APPRENTICESHIP AND TRAINING COMMITTEE
do hereby present this certificate to

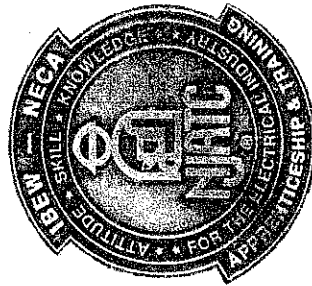
ANN MARIE MACCARONE
indicating they have satisfactorily completed a Training Program in

FIRST AID BLOODBORNE PATHOGENS/CPR/AED
which is herewith acknowledged by the signatures of the Trustees

ON THIS THIRD DAY OF SEPTEMBER IN THE YEAR 2010

Erwin Dohle
President, IBEW

John M. Ryan
CEO, NECA

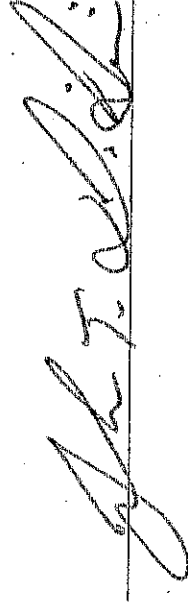


Ken K. Fisher
NJATC Chairman
Paul J. ...
NJATC Secretary

IBEW Local 99 JATC
Certificate of Completion

is hereby granted to
Ann Marie MacCarone

to certify that he/she has completed
16 hours of **N E C Code Review**
Granted on February 19, 2011

A handwritten signature in cursive script, appearing to read "John T. Carlini", is written over a horizontal line.

Instructor

IBEW Local 99 JATC Certificate of Completion

is hereby granted to
Ann Marie Maccarone

to certify that he/she has completed a 6 hour training
program in

Photovoltaic

Granted: January 9, 2010

John T. O'Brien

Instructor

IBEW Local 99 JATC
Certificate of Completion
is hereby granted to

Ann Marie Maccarone

to certify that he/she has completed a 8 hour training
program in

Green Code of Excellence
and Photovoltaic

Granted: July 28, 2010

David J. Basset

Instructor



**CS COACHING
SYSTEMS®**

This is to certify that

ANN MARIE MACCARONE

has completed the

Coaching The® Lift Truck Operator 2™ course.

Organization IBEW 99 Dept. JATC
Date of Training: Formal 4-18-16 Hands-on 4-18-16
Type(s) of Truck(s): FORK LIFT

Instructor's Signature John T. O'Sullivan

IBEW® Member



Card No. 7044823

**Ann Marie
Maccarone**



Public Disclosure Statement

A Federal Motor Carrier Safety Administration (FMCSA) form is required to be reported to the public. This form is used to collect information about the qualifications of individuals who are applying for a commercial driver's license (CDL) or a commercial operator's license (COL). The information collected on this form is used to determine if an individual is qualified to operate a commercial motor vehicle (CMV) and to issue a CDL or COL. The information collected on this form is also used to track the performance of individuals who are operating CMVs. The information collected on this form is used to determine if an individual is qualified to operate a CMV and to issue a CDL or COL. The information collected on this form is also used to track the performance of individuals who are operating CMVs.

Medical Examiner's Certificate

(For Commercial Driver's License Examination)

I certify that I have examined Last Name: Macaroni First Name: Ann Marie (in accordance with please check only one).

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

☒ I find this person is qualified, and, if applicable, only when (check all that apply):

- ☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

09/01/2022

Medical Examiner's Signature

KALSON FNP-BC

Medical Examiner's Telephone Number

401-385-8580

Date Certificate Signed

09/02/2020

KALSON A. SNOW

Medical Examiner's State License, Certificate, or Registration Number

APRN 08760

Issuing State

RI

National Registry Number

5512229001

Driver's Signature

Ann Marie Macaroni

Driver's License Number

8405019

Issuing State/Province

RI

Driver's Address

95 Pontiac Street

City: Warwick

State/Province: RI

Zip Code: 02881

CDL/COL Applicant/Holder

☐ Yes ☒ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rhode Island
USA

DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION



3 DOB 04/03/1988
4b EXP 04/03/2024

4d LIC # 2792707
4a ISS 04/15/2019

1 SHANLEY
2 MARK D

3 5 PLAINFIELD PIKE
FOSTER, RI 02825

9 CLASS 10
9a END NONE
12 RESTR A

15 SEX M

16 HGT 5-11"

17 WGT 215 lb

5 DD 5752886

18 EYES GRN

19 HAIR UNK

04/03/1988



Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

JOURNEY ELECTRICIAN B-014687

**MARK D SHANLEY
5 PLAINFIELD PIKE
FOSTER RI 02825**

Josh R Degan

Assistant Director

04/30/2022
Expiration Date

OSHA Occupational
Safety and Health
Administration

11-004320992

This card acknowledges that the recipient has successfully completed a
10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

Mark Shanley

John DiBiase
(Trainer name - print or type)

7-13-13
(Course end date)

Medical Examiner's Certificate

I certify that I have examined Last Name: Shanley First Name: Mark In accordance with (please check all that apply):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical condition is true and complete. A complete Medical Examination Report Form, MCSA-3075, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 11/11/2021

Medical Examiner's Signature	Medical Examiner's License Number	Date Certificate Signed
<u>Wayne Eske</u>	<u>001234567</u>	<u>11/11/21</u>
Medical Examiner's Name (please print or type)	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (Specify)	
Medical Examiner's State License, Certificate or Registration Number	Issuing State	
<u>PAJS</u>	<u>RI</u>	

Driver's Signature	Driver's License Number	Issuing State
<u>Mark Shanley</u>	<u>219 37 07</u>	<u>RI</u>
Driver's Address	State/Province	ZIP Code
<u>5 Plainfield Pike</u>	<u>RI</u>	<u>02250</u>
Street Address		

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Rhode Island
USA

DRIVER LICENSE



3 IDOB **03/24/1978**
4b EXP **03/24/2023**

4d LIC # **9422429**
4a ISS **04/04/2018**

1 **WHEELER**
2 **JAMES G, JR**

8 **46 HAZELWOOD ST**
CRANSTON, RI 02910-4407

9 CLASS **10**
9a END **NONE**
12 RESTR **A**

15 SEX **M**

16 HGT **5'-09"**

5 DD **2121508**

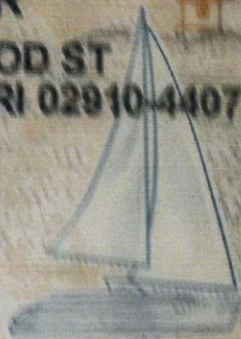
17 WGT **195 lb**

18 EYES **BRO**

19 HAIR **BAL**

03/24/1978

James G. Wheeler, Jr.



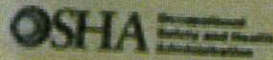
Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

JOURNEY ELECTRICIAN B-015081

**JAMES C WHEELER
46 HAZELWOOD STREET
CRANSTON RI 02910**


Josh R Degan
Assistant Director

03/31/2022
Expiration Date



11-00496719

This card acknowledges that the recipient has successfully completed a
10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

James Wheeler

John DiBlase

6/27/2015

(Trainer name - print or type)

(Course end date)



RCEM MEMBER

Card No. 7671249
Construction & Maint



**James
Wheeler**

CERTIFIED
Code of Excellence

The RCEM member is certified to
the Code of Excellence Training
Program and supports the principles
and values outlined therein.

Burgess USA Training

Certificate of Course Completion Presented to:

James Wheeler

For having successfully completed the following course:
Confined Space Entry

Course Hours:

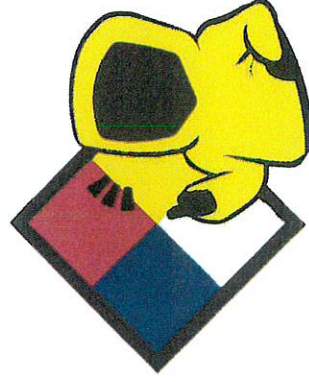
8

Completion Date:

8/18/2018

Sponsor:

K Electric



Burgess USA

— Training LLC —

Priscilla A. Lovell
Instructor/Course Coordinator
James E. Burgess
CEO Burgess USA Training LLC.

Rhode Island **COMMERCIAL DRIVER LICENSE**

USA

3 DOB 05/08/1995 4d LIC # 13214176
4b EXP 05/08/2023 4a ISS 09/03/2020

1 DOHERTY
2 TYLOR JAMES
8 98 HEATH AVE
WARWICK, RI 02888-1121

9 CLASS A
9a END NONE
12 RESTR ZO

15 SEX M 16 HGT 6'-01" 17 WGT 180 lb 18 EYES BRO
19 HAIR BRO

5 DD 9531320

05/08/1995



Rev 01/26/2016
05/08/1995

13214176
RIA0GM01

www.dmv.ri.gov



CLASS: A-Combination >
26,000 / Tow > 10,000

END: None

RESTR: Z-No full air brake equipped CMV; O-No Trac. Trl. CMV

The law requires the DMV to be notified of any change of name or address within 10 days.
Please print change of address below in permanent ink.

Rhode Island



11-002618593

This card acknowledges that the recipient has successfully completed a
10-hour Occupational Safety and Health Training Course in
Construction Safety and Health

TYLOR DOHERTY

Robert J. White

(Trainer name - print or type)

7/30/2012

(Course end date)

Certificate of Supervisory Training

This is to certify that

Julie Little

(trainee's name)

on

March 29, 2011

(date)

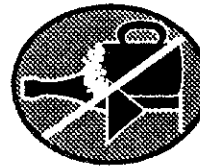
*completed the required 60 minutes of supervisor training on the
recognition of alcohol abuse in compliance
with 49 CFR Part 382.603.*

Program used:

☐ Recognizing Alcohol Abuse Video

☐ Dry Fleet

☐ Other Drug Testing Consultants Inc, Norwood Ma





PRYOR
Learning · Solutions

pryor.com

FRED PRYOR SEMINARS
CAREERTRACK

OSHA Compliance

.6 CEUs (6 contact hours)

Presented to: JULIE A. LITTLE Date: 4/9/18



Mill B. Hayes
Executive Director & CEO

The recipient earned continuing education units in accordance with the guidelines established by the National Task Force on Continuing Education for completion of the program.

TOZ1706

Certificate of Completion

This certifies that on: DECEMBER 6, 2017

TINA FONTAINE

successfully completed Reasonable-Suspicion Supervisor Training specified by the Department of Transportation - a minimum of one hour for alcohol and a minimum of one hour for drugs.

SUPERVISOR REASONABLE SUSPICION TRAINING

The curriculum completed corresponds with the requirements in 49CFR Part 382 requiring reasonable suspicion determinations to be based on "specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the safety sensitive individual. The observations may include indications of the chronic and withdrawal effects of controlled substances."

The course curriculum was provided by:

Foley Carrier Services, LLC.
140 Huyshope Ave
Hartford, CT 06106
1-800-253-5506

Arthur Daniel
Instructor (Supervisor)

[Signature]
Signature



pryor.com

Understanding Financial Statements

.6 CEUs (6 contact hours)

Presented to: Tina M. Fontaine Date: 10/15/18



Mill B. Hay
Executive Director & CEO

The recipient earned continuing education units in accordance with the guidelines established by the National Task Force on Continuing Education for completion of the program.

TFS1705

APPROACH TO PROJECT

K Electric is a 24-hour service electrical construction company with 63 years' experience. All personnel are on 24-hour call for emergencies. We own/maintain our own equipment to handle routine/emergency service calls. If during a major emergency that exceeds our equipment/staff, we have agreements with several companies for rental equipment. We are an IBEW Local #99 Union Company, therefore have access to any number of highly skilled electricians.

Local #99 JATC Office will train any manpower not certified for IMSA Roadway Lighting Level 1 and in OSHA 29CFR 1910.269.

We have ample space available in our warehouse to hold necessary inventory and can promptly access additional materials as needed from local supply houses.

We have worked for National Grid gas for over 30 years and have also dealt with National Grid electric for any and all service requirements needed by them. We are ISNetworld certified (safety program) through National Grid with an "A" rating and have a .81 experience modification rate with Beacon Mutual Insurance Company.

We have a vast experience with parking/streetlight maintenance and conversions, see our experience list in this package.

K Electric, Inc. _____ **ELECTRICAL CONTRACTOR**
2646 WARWICK AVENUE • WARWICK, RHODE ISLAND 02889
401-739-6000

K Electric has installed and maintained lighting systems on baseball, football, tennis courts, parking lots and highway lighting. (See Appendix D)

K Electric has the equipment and staff for this project, we are signatory to Local Union #99 when staff is needed, manpower is available. We have been in contact with Colvin;s Aerial Trucks to rent the bucket trucks needed for this project. (See Appendix A&B)

K Electric has been able to perform all work in house on past outdoor lighting projects including:

- All electrical work

- Excavation

- Asphalt repair

- Concrete bases, and repairs to sidewalks or new pads

Letters of reference. (See Appendix C)

K Electric on a weekly basis will give the cell phone # of an on-call person.

K Electric is on call for emergency services at the following locations with a quick response time:

- Brown University

- Rhode Island Hospital

- Miriam Hospital

- Roger Williams Medical Center

- VA Medical Center

- National Grid Gas

K Electric can respond to any service, whether a normal streetlight outage (within a 3 day response time) or a pole down Emergency response within 2 hours of getting the call

K Electric has an account with Lisa Torres at Complete Recycling Solutions, LLC at 1175 Airport Road, Fall River, MA phone # 508-402-7716. We will deliver all hazardous material for them to dispose of. (Certificate of Certification attached)

(See Appendix B for a complete list and pictures of K Electric's trucks and equipment, any other equipment needed for this project will be rented from Milton Cat, Sunbelt Rentals, ATS Rentals, and Pro Tool.

K Electric has a great reputation for customer satisfaction, price, consistency, and performance which is why our customers have been customers for so many years, most 20 to 30+ years.

(See Appendix C&E)

K Electric is a registered IBEW Local #99 Union shop and pay prevailing wages.



COMMERCIAL

INDUSTRIAL

K Electric has been in contact with John DiBiase, 401-946-9908, Local #99 JATC director to provide classes to get any personal not certified in Osha 29 CFR 1910.269.

K Electric has been in business for 63 years. Many of those years we have been installing and maintaining lighting systems, whether it's one light out or an emergency call because the whole parking lot is out.

K Electric has maintained the following lighting systems for 10+ years:

- Roger Williams Medical Center site lighting and completed the LED conversion in 2014
- Warwick Vets Memorial High School football field
- Pilgrim High School track and football field lighting
- Multiple baseball and football fields for Providence Parks
- National Grid LNG Facilities in Exeter and Cumberland along with Gate Stations around the state
- Pre-Flight Parking
- Bradley Hospital
- VA Medical Center
- Miriam Hospital
- Bishop Hendricken
- Toll Gate High School

See Appendix E for the reference names and contact numbers.

See Appendix C for a complete list of Letters of Recommendations.

See Appendix A for a current list of employees and all certifications they have. We have talked to Jeff Knight of ISMA in Mansfield, MA to get Roadway Level One Certified if awarded the Contract. K Electric is ISNetwork Certified with an "A" rating since 2010. (See attached Certificate) Which is required to work for National Grid.

K Electric has installed wood poles for site lighting for Providence Parks and many other places. Hung triplex and installed either Z brackets and flood lights or mast arms with cobra heads. We have installed Qualite system with concrete poles up to a depth of 14' at Davis Park, Cranston Stadium, and North Providence High School. We have installed the Musco system with metal poles and concrete bases and ball field lighting at many locations. I.E. Warwick Vets, Bucklin Park Providence, old Mountain Field, South Kingstown and we have installed Concrete bases and we have installed concrete bases and metal poles at many locations including RI Mall and Warwick Mall.

See Appendix D for references of related work.