

RHODE ISLAND AIRPORT CORPORATION

IFB No. 27116 - Apron Rehabilitation
Quonset State Airport, North Kingstown, RI

Pre-Bid Meeting Attendance Sign-In
Thursday, March 28, 2019 - 10:00 AM
Quonset Air National Guard Base
(Please Print Clearly)

1	Company Name:	Northern Const Serv-	Name:	William Viveiros
	Address:	1520 Park St	Primary Point of Contact (check below)	
	City, State, Zip:	Palmer MA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	781-340-9440		
	Email:	wviveiros@northernconstruction.com		
2	Company Name:	Indus	Name:	
	Address:	825 Granite Street	Primary Point of Contact (check below)	
	City, State, Zip:	Braintree, Ma	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	617.590.4865		
	Email:	bill.walford@indusinc.com		
3	Company Name:	J. H. Lynch	Name:	Samuel Poirier
	Address:	50 Lynch Pl	Primary Point of Contact (check below)	
	City, State, Zip:	Cumshurton Ri	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Telephone:	401-333-4300		
	Email:	sales@JHLynch.com		
4	Company Name:	New England Building + Bridge	Name:	Jason Laforge
	Address:	388 Venetia St	Primary Point of Contact (check below)	
	City, State, Zip:	Providence RI 02904	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	401-648-8000		
	Email:	JLaforge@NEBBCO.com		
5	Company Name:	RIAC Rep. - Jeff Wiggin - WPD	Name:	
	Procurement Address:	Jeff Goulart, Carla Ottaviano	Primary Point of Contact (check below)	
	City, State, Zip:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	401-691-2000		
	Email:	Procurement@prdaairport.com		

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6	Company Name:	R.I.A.L	Name:	
	Address:	2000 Post Rd	Primary Point of Contact (check below)	
	City, State, Zip:	Warwick RI	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	401-691-2000		
	Email:	gadsSTEPHEN@ quonset quonsetairport.com		
7	Company Name:	143 CCS	Name:	Kathleen Mahoney
	Address:	2 Hercules Dr	Primary Point of Contact (check below)	
	City, State, Zip:	N. Kingstown, RI 02882	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	401-267-3903		
	Email:	Kathleen.mahoney2.mil@mail.mil		
8	Company Name:	D'Ambra Const Co	Name:	Lee Taylor
	Address:	50 center of NE Bldg	Primary Point of Contact (check below)	
	City, State, Zip:	Cranston RI	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	401-737-1300		
	Email:	ltaylor@d-ambra.com		
9	Company Name:	Antonelli & Son's Constr.	Name:	Dean Antonelli
	Address:	4 Susan Circle	Primary Point of Contact (check below)	
	City, State, Zip:	Johnston RI 02919	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	401-641-1728 421-2133 office		
	Email:	DmAntonelli@ucrizian.NET		
10	Company Name:	Trac Builders Inc	Name:	Bob Long
	Address:	29 Wolcott St.	Primary Point of Contact (check below)	
	City, State, Zip:	Providence RI 02909	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Telephone:	401 825 2400		
	Email:	estimating@tracbuilders.com		

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11	Company Name:	TRAC BUILDERS	Name:	Brian Ross
	Address:	28 Wolkott St	Primary Point of Contact (check below)	
	City, State, Zip:	Providence RI 02908	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	401 580 1909		
	Email:	ESTIMATOR@TRACBUILDERS.COM		
12	Company Name:	RI Air National Guard	Name:	Scott Burton
	Address:	-	Primary Point of Contact (check below)	
	City, State, Zip:	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Telephone:	401 267 3489		
	Email:	scott.burton@2.nfg@mail.mil		
13	Company Name:	McFarland Johnson	Name:	David Brouillet
	Address:	53 Regional Dr.	Primary Point of Contact (check below)	
	City, State, Zip:	Concord NH 03301	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:	(603) 225-2970		
	Email:	dbrouillet@mjinco.com		
14	Company Name:		Name:	
	Address:		Primary Point of Contact (check below)	
	City, State, Zip:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:			
	Email:			
15	Company Name:		Name:	
	Address:		Primary Point of Contact (check below)	
	City, State, Zip:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Telephone:			
	Email:			