



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration

STATE PROPERTIES COMMITTEE
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF CORPORATION

I, _____, Secretary of _____, under oath make affidavit
(state full name of corporation)

and say that the following, the officers and directors of said _____ corporation,
(identify as business, non-business, professional)

having been duly elected and/or appointed to:

President _____

Vice _____ President _____

Treasurer _____

Secretary _____

State of Incorporation _____

Principle Place of Business _____

DIRECTORS

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STOCKHOLDERS

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

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

Location: _____

State Offices Occupying Property (if any): _____

In witness whereof I have hereunto set my hand and the seal of the said _____,
(hereunto duly authorized) this _____ day of _____ 2018.

By _____, its Secretary.

STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me at _____ this _____ day of _____ 2018.



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CERTIFICATE OF DISCLOSURE OF PARTNERSHIP

- 1. Name of partnership (if any)
2. Type or character of business
3. Location of Principal Place of Business
4. Name of individuals having legal title to the property under lease to the State of Rhode Island: (complete only when subject partnership is landlord)

Four horizontal lines for providing names of individuals having legal title to the property.

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

Location:

State Offices Occupying Property (if any):

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

Table with 3 columns: NAME, RESIDENCE ADDRESS, TYPE OF ADDRESS. Includes five rows for partner information.

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

Signature of Partner Filing Certificate Date

STATE OF RHODE ISLAND

COUNTY OF

Subscribed and sworn to before me at this day of 2018.

Notary Public

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATION OF DISCLOSURE OF LIMITED LIABILITY COMPANY

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

Business address: _____

Agent for Service: _____
(Name) (Address)

Member(s):

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

(Member)

STATE OF RHODE ISLAND
COUNTY OF _____

Signed and sealed before me in the City/Town of _____ on this ____ day of _____, 2018.

NOTARY PUBLIC
My commission expires:

AFFIDAVIT OF NON-COLLUSION (Form 1)

**Sale of 96 Pine Swamp Road
Cumberland, Rhode Island
Lot 43 of Tax Assessor Plat 49**

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

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

Signed and sworn before me this _____ day
of _____, 2018.

By: _____

Name: _____
(typed or printed)

Title: _____

Date: _____

Notary Public
My Commission expires _____

Affix seal

AFFIDAVIT OF NON-CONVICTION (Form 2)

**Sale of 96 Pine Swamp Road
Cumberland, Rhode Island
Lot 43 of Tax Assessor Plat 49**

I HEREBY AFFIRM THAT:

I am the _____ and the duly authorized representative of
(Title)
_____ and that I possess the legal authority to make this Affidavit on behalf
of myself and the business for which I am acting.

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

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

- (a) Been convicted under state or federal statute of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property;
- (b) Been convicted of any current violation of a state or federal antitrust statute;
- (c) Been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, 18 U.S.C. §§1961, et seq., or the Mail Fraud Act, 18 U.S.C. §§1341, et seq., for acts arising out of the submission of bids or proposals for a public or private contract;

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

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

Proposer: _____

Signed and sworn before me this ____ day
of _____, 2018.

By: _____

Name: _____
(typed or printed)

Notary Public
My Commission expires _____

Title: _____

Date: _____

Affix seal