

PROJECT TEAM FORM

Submittal Date: 9/25/2024

The Project Team Form is to be submitted with each stage of review. If no changes to the Project Team have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

ATTORNEY *This entity should be copied on all project correspondence* **YES** **NO**

Name: Blish & Cavanagh, LLP

Name of Primary Contact (if attorney is an organization): Matthew J. Landry, Esq.

Address: 30 Exchange Terrace, Providence, RI 02903

Phone: (401) 831-8900 Email: mjl@blishevlaw.com

ENGINEER *This entity should be copied on all project correspondence* **YES** **NO**

Name: DiPrete Engineering

Name of Primary Contact (if engineer is an organization): Eric Prive, P.E.

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000 Email: eprive@diprete-eng.com

SURVEYOR *This entity should be copied on all project correspondence* **YES** **NO**

Name: DiPrete Engineering

Name of Primary Contact (if surveyor is an organization): Robert Babcock, P.L.S.

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000 Email: rbabcock@diprete-eng.com

LANDSCAPE ARCHITECT *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Name of Primary Contact (if landscape architect is an organization): _____

Address: _____

Phone: _____ Email: _____

ARCHITECT *This entity should be copied on all project correspondence* **YES** **NO**

Name: HDS Architecture, Inc.

Name of Primary Contact (if architect is an organization): Hans D. Strauch, LEED AP

Address: 625 Mount Auburn Street, Cambridge, MA 02138

Phone: (617) 714-5870 x108 Email: hstrauch@hdsarchitecture.com

OTHER *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Role on Project: _____

Name of Primary Contact (if entity is an organization): _____

Address: _____

Phone: _____ Email: _____