

PROJECT TEAM FORM

Submission Date: 03/03/2025

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: _____

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

Address: _____

Phone: _____ Email: _____

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

Name: Garofalo & Associates, Inc.

Name of Primary Contact (if engineer is an organization): Samuel S. Hemenway, PE

Address: 85 Corliss St P.O. Box 6145 Providence, RI 02940

Phone: 401-273-6000 Email: shemenway@garofaloassociates.com

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

Name: Garofalo & Associates, Inc.

Name of Primary Contact (if surveyor is an organization): Samuel Jr. White, PLS

Address: 85 Corliss St P.O. Box 6145 Providence, RI 02940

Phone: 401-273-6000 Email: swhite@garofaloassociates.com

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

Name: Site Studios

Name of Primary Contact (if landscape architect is an organization): Brian Morgan, PLA

Address: P.O. Box 682 North East, MD 21901

Phone: 443-553-5455 Email: bmorgan@sitestudiosinc.com

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

Name: SLAM

Name of Primary Contact (if architect is an organization): Jeff Bento, AIA

Address: One Cedar St Suite 201 Providence, RI 02903

Phone: 401-563-7046 Email: jbento@slamcoll.com

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

Name: StudioJAED Architects & Engineers

Role on Project: Managing Architect

Name of Primary Contact (if entity is an organization): Philip R Conte, AIA

Address: 42 Weybosset St Suite 110

Phone: 401-648-0884 Email: contep@studiojaed.com