From: Forsberg, Kristen

To: Steven Troiano

Subject: RE: Public Records Request : For Certified Payroll Records on Fernandes Masonry Inc. for their work on the New

Leicester Fire Station - EMS Headquarters

Date: Tuesday, April 04, 2017 3:33:00 PM

Attachments: 20170404113025197.pdf

Hi Steven,

Attached please find the certified payrolls we have received for Fernandes Masonry during the requested time period. Thanks,

Kristen L. Forsberg
Assistant to the Town Administrator
Town of Leicester
3 Washburn Square
Leicester, MA 01524
508-892-7000

From: Steven Troiano [mailto:mifwa@aol.com]

Sent: Tuesday, April 04, 2017 10:08 AM

To: Forsberg, Kristen <forsbergk@leicesterma.org>

Subject: Public Records Request: For Certified Payroll Records on Fernandes Masonry Inc. for their work on the New Leicester Fire Station - EMS Headquarters

Dear Ms. Forsberg;

My name is Steven Troiano I represent the Masonry Industry Fair Wage Alliance, In accordance with M.G.L. chapter 66, sec. 10, I am making request for payroll records on Fernandes Masonry Inc. for their work on the New Fire Station & EMS Headquarters. I will be looking for payrolls records from weekending 2/18/2017 thought March 31, 2017. Once the request is made the awarding authority has 10 days to produce the records. Please leave the address of the employees of Fernandes Masonry,that is Legal. No Social Security Numbers.

If there is a charge for these records I agree to pay accordilingly. Please send the and Invoice to the Masonry Industry Fair Wage Alliance at P.O. Box 3432 Worcester, MA 01613. or by e-mail mifwa@aol.com or by fax (508) 7979640. Any questions I can be reach by telephone (508) 397-0301.

Sincerely Steve Troiano Masonry Industry Compliance Investigator mifwa@aol.com



To: Town of Leicester Date: March 1, 2017
3 Washburn Square Attn: Kevin J. mizikar
Leicester, MA 01524 Town Adminstrator

Via: Mail

Re: Leicester Fire & EMS

Leicester, MA

| | | | Transmittal Information |
|-------|----------|-----|------------------------------------------------------------------|
| Pages | Date | No. | Description |
| 4 | 3/1/2017 | 1 | Please find attached an original of the Certified Payroll report |
| | | | for week ending WE 2/18/2017 |
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| Remarks: | |
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PLEASE FEEL FREE TO CALL WITH ANY QUESTIONS OR CONCERNS.

SINCERELY,

Molly Reid

In accordance with Massachusetts General Law c149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse side of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. This is required to be done on a weekly basis. Once collected, the awarding authority is also required to preserve those records for three years.

| STATEMEN | IT OF COMPLIANCE |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| | February 18, 2017 |
| I, <u>Vera Vadeboncoeur</u> , <u>Pa</u> | yroll Administrator |
| do hereby state: | |
| That I pay or supervise the payment of the pe | rsons employed by |
| Fernandes Masonry Inc on the (Contractor, subcontractor or public body) | 1610-00 Leicester Fire and EMS |
| and that all mechanics and apprentices, team project have been paid in accordance with wa twenty-six and twenty-seven of chapter one hi | sters, chauffeurs and laborers employed on said ges determined under provisions of sections undred and forty nine of the General Laws. |
| Sign | ature Vua (a.a.) |
| Title | Payroll Administrator |
| | |

| Company's Name. | | | Address: | | | 00000 00000 00000 00000 00000 00000 | | | | Phone No.: | 0: | | | Payroll No.: | | d u | [N] |
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| Fernandes Masonry, Inc. | asor | 4 | 1031 | - | Phillips R | 3d. N | ew B | edfo | d. New Bedford, MA | | 508-998-2121 | 18-21 | 21 | 5 | | | · Control |
| Employer's Signature: | | | Title: | | | | | | | Contract No: | No: | Tax Payer ID No. | D No. | Work Week Ending | nding: | | |
| Vera Vas | | | | Pa) | Payroll | Adn | Administrator | trat | <u>S</u> | | | 04-33 | 04-3377972 | , | 2/18/2017 | 2017 | |
| Awarding Authority's Name: | | | Public W | Public Works Project Name: | ct Name: | | | | | Public W | Public Works Project Location: | ocation: | | Min. Wage Rate Sheet No. | te Sheet No. | | |
| Town of Leicester | eices | ster | | Le | eicester | | Fire & EMS | ΕŬ | m | 3 Pa | Paxton St. | Leices | Leicester, MA | | | | |
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| Employee Name & Complete Address | OSHA 10 Certified (?) | Work Classification: | Rate % | Su. | Mo. | T _i . | We. | Th. | Fr. Sa. | All Other 3. Hours | 1809989 | insurance (C) | Pension Plan (D) | Unemp. (E) | Prev. Wage (F) | Total Gross Wages | Check No. (H) |
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NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly. to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation. Date recieved by awarding authority

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| Company's Name: | | | Address: | | | | | | | Phor | Phone No.: | | | | Payroll No.: | | 5:3 | K |
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To: Town of Leicester

3 Washburn Square Leicester, MA 01524 Date:

March 8, 2017

Attn:

Kevin J. mizikar

Town Adminstrator

Via:

Mail

Re:

Leicester Fire & EMS

Leicester, MA

| | | | Transmittal Information |
|-------|----------|-----|------------------------------------------------------------------|
| Pages | Date | No. | Description |
| 4 | 3/8/2017 | 1 | Please find attached an original of the Certified Payroll report |
| | | | for week ending WE 2/25/2017 |
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PLEASE FEEL FREE TO CALL WITH ANY QUESTIONS OR CONCERNS.

SINCERELY,

Molly Reid

In accordance with Massachusetts General Law c149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse side of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. This is required to be done on a weekly basis. Once collected, the awarding authority is also required to preserve those records for three years.

| STATEMENT OF COMPLIANCE | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| February 25, 2017 | |
| I, Vera Vadeboncoeur Payroll Administrator (Name of signatory party) (Title) | |
| do hereby state: | |
| That I pay or supervise the payment of the persons employed by | |
| Fernandes Masonry Inc on the 1610-00 Leicester Fire and EMS (Contractor, subcontractor or public body) | |
| and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws. | |
| Signature Vua Vold | |
| Title Payroll Administrator | |

| Company's Name: | | | Address: | | | | | | | Phon | Phone No.: | | | | Payroll No.: | | tas: | JSI R |
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| Employs/'s Signature: ハ | | | Title: | | | | | | | Cont | Contract No: | ם | Tax Payer ID No. | do. | Work Week Ending: | Ending: | | |
| | | | | Pa) | Payroll | - | Administrator | irai | ō | | | | 04-3377972 | 7972 | | 2/25/2017 | 2017 | |
| Awarding Authority's Name: | | | Public W | Public Works Project Name: | ct Name: | | | | | Publ | Public Works Project Location: | ject Loc | tion: | | Min. Wage R | Min. Wage Rate Sheet No. | | |
| Town of Leicester | eices | ster | | Le | Leicester Fire & EMS | er Fi | ire & | EM | S | က | Paxton St. Leicester, MA | St. L | eiceste | ır, MA | | | | |
| General / Prime Contractor's Name; | | | Subcont | Subcontractor's Name: | me: | | | | | | | 벁 | mployer" Ho | irly Fringe Bo | "Employer" Hourly Fringe Benefit Contributions | ıtions | | |
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| | Employee is | | Аррг. | | | W | Worked | | Hours | | | Base | Health & Welfare | ERISA | | Total Hourly | Project Gross Wages (G) | |
| Employee Name & Complete Address | OSHA 10 Certified (?) | Work Classification: | Rate (%) | Su. | Mo. | Tu. | We. | Th. | Fr. | Sa. Ho | All Other Wage Hours (B) | ge | nsurance F | Pension Plan (D) | Unemp. (E) | Prev. Wage (F) | Total Gross Wages | Check No. (H) |
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NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly. to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Page of 2

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| Employer's Signature: | | | Title: | | | | | | | ŭ | Contract No: | | Tax Payer ID No. | | Work Week Ending: | nding: | 11 | |
| 1/20 Vac | | | | Pay | /roll | Payroll Administrator | mini | stra | tor | | | | 04-3377972 | 7972 | • | 2/25/2017 | 2017 | |
| Awarding Authority's Name: | | | Public W | Public Works Project Name: | ct Name: | | | | | þ | ublic Works | Project Lo | Public Works Project Location: | | Min. Wage Rate Sheet No. | te Sheet No. | - | |
| Town of Leicester | eices | ster | | Le | _eiceste | | ire 8 | Fire & EMS | <u>S</u> | (1) | 3 Paxtc | on St. | 3 Paxton St. Leicester, MA | er, MA | | | | |
| General / Prime Contractor's Name: | | | Subcont | Subcontractor's Name: | ime: | | | | | | | | Employer" Ho | urly Fringe Be | "Employer" Hourly Fringe Benefit Contributions | ions | | |
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| | Employee is | | Appr. | | | | Worked | | H | Hours | Project Hours (A) | Hourly Base | \$300000000 | ERISA | Supp. | Total Hourly | Project Grass Wages (G) | |
| Employee Name & Complete Address | OSHA 10 Certified (?) | Work Classification: | Rate (%) | Su. | Mo. | į | we. | £ | Ŀ. | Sa. | All Other Hours | Wage (B) | Insurance (C) | Pension Plan (D) | | Prev. Wage (F) | Total Gross Wages | Check No. (H) |
| Jordan A. Raposo | | () () | | | 8.00 | 1.50 | | | | | 9.50 | 0 | | 7. CRR. | | FO 7E | 501.13 | 0110 |
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| | | | 1 200 | | | | \$15,4000 | | | | | | | | | • | | |

NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

7°2





To: Town of Leicester

3 Washburn Square Leicester, MA 01524 Date:

March 15, 2017

Attn:

Kevin J. mizikar

Town Adminstrator

Via:

Mail

Re:

Leicester Fire & EMS

Leicester, MA

| | | | Transmittal Information |
|-------|-----------|-----|------------------------------------------------------------------|
| Pages | Date | No. | Description |
| 4 | 3/15/2017 | 1 | Please find attached an original of the Certified Payroll report |
| | | | for week ending WE 3/4/2017 |
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PLEASE FEEL FREE TO CALL WITH ANY QUESTIONS OR CONCERNS.

SINCERELY,

Molly Reid

In accordance with Massachusetts General Law c149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse side of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

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| STATEMENT OF COM | PLIANCE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| | March 04, 2017 |
| I, <u>Vera Vadeboncoeur</u> , <u>Payroll Admini</u> (Name of signatory party) (Title) | strator |
| do hereby state: | |
| That I pay or supervise the payment of the persons emplo | yed by |
| Fernandes Masonry Inc on the 1610-00 (Contractor, subcontractor or public body) | Leicester Fire and EMS |
| and that all mechanics and apprentices, teamsters, chauf project have been paid in accordance with wages determi twenty-six and twenty-seven of chapter one hundred and | ned under provisions of sections |
| Signature | ra Vac |
| Title | Payroll Administrator |
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| Company's Name: | | 1 | Address: | | | | | | | Phone No.: | ;;0 | | | Payroll No.: | | 448 | N B |
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| Fernandes Masonry, Inc. | lasor | | 103 | 1 Phi | 1031 Phillips R | ₹d. N | lew E | d. New Bedford, MA | d, M | | 508-998-2121 | 38-2 | 121 | | | | The same |
| Employer's Signature: | | | Title: | | | | | | | Contract No: | :No: | Tax Payer ID No. | ID No. | Work Week Ending: | inding: | | |
| | | and the second s | | Pa) | Payroll | Adn | nini | Administrator | = | | | 04-3 | 04-3377972 | | 3/4/2017 | 2017 | |
| Awarding Authority's Name: | | | Public W | Public Works Project Name: | :t Name: | | | | | Public M | Public Works Project Location: | ocation: | | Min. Wage Rate Sheet No. | ate Sheet No. | | |
| Town of Leicester | -eices | ter | | Le | cest | er Fi | re & | eicester Fire & EMS | | 3 Pa | Paxton St. Leicester, MA | Leice | ster, MA | | | | |
| General / Prime Contractor's Name: | | - | Subcontr | Subcontractor's Name: | ne: | | | | | | | "Employer" | "Employer" Hourly Fringe Benefit Contributions | enefit Contribut | tions | | |
| Builders Systems | Syste | ms | Ū | erne | ınde | s M | aso | Fernandes Masonry, Inc. | nc. | | ı | | | | (B+C+D+E) | (A×F) | |
| | Employee is | | Appr. | | | Ä | Worked | | Hours | Project Hours (A) | Hourly Base | Health & Welfare | ERISA | ddng | Total Hourly | Project Gross Wages (G) | |
| Employee Name & Complete Address | OSHA 10 Certified (?) | Work Classification: | Rate (%) | Su. | Mo. | Tu. | We. | Th. | Sa. | All Other 3. Hours | 818 | Insurance (C:) | Pension Plan (D) | Unemp. (E) | Prev. Wage (F) | Total Gross Wages | Check No. (M) |
| Roy G. Benson | | [[(| | | 5.50 8. | 00 | | | <u></u> | 13.50 | | | OBS CE | | EO 7E | 712.13 | |
| // Chcket Drive Sturbridge, MA 01566 | > | LABOHER | | | | | | | | 21.00 | 40.100 | | 000.71 | | 32.73 | 1300.13 | 1500400 1007T0 |
| Roberto Carreiro | | | | | 8.00 8. | 00. | | | | 16.00 | 58 840 | | 18 620 | | 77 46 | 1239.36 | 07.727.44 |
| New Bedford, MA 02745 | | BRICKLAYER | | | | | | | | 9.00 | 33333 | | | |) †. | 1527.36 | 2000 |
| Alvaro P. Correia | | | | - - | 8.00 8. | 00. | | | | 16.00 | 78 870 | | С 0 0 1 | | 77 46 | 1239.36 | |
| Zbb Moss Street S. Dartmouth, MA 02748-1723 | > | BRICKLAYER | | | | | | | | 24.00 | | | | | 0†.// | 3112.08 | |
| Alvaro P. Correia | | | | ~ | | 8 | 8.00 | | | 8.00 | 50 41 | | 18 620 | | 78.03 | 624.24 | Direct Descals |
| S. Dartmouth, MA 02748-1723 | > | BRICKLAYER/NEW RATE | | | | | | | | 32.00 | | | | | 0.07 | 3112.08 | |
| Reginald J. Dagesse | | L | | | 2.00 5 | 5.00 4 | 4.00 | | | 11.00 | 0 40 100 | | 12 650 | | EO 7E | 580.25 | |
| Nashua, NH 03064 | > | LABORER | | | | | | | | 16.50 | | | 2 | | 52.75 | 1567.50 | 1 |
| Reginald J. Dagesse | | | | | 6.00 3.0 | 00 | 2.50 | | | 11.50 |) 55 720 | | 14.900 | | 70.60 | 812.25 | |
| 44 Tampa Street Nashua, NH 03064 | \ | MACHINE OPERATOR | | | | | | | | 16.00 | 200000-20000 | | | | 0.07 | 1567.50 | |
| Antonio M. Ferreira | | C C C | | | 8.00 8. | 00 | 8.00 | | | 24.00 | 40.100 | | 12 650 | | 7 7 | 1266.00 | 410000000000000000000000000000000000000 |
| New Bedford, MA 02745 | > | LABORER | | | | | | | | 16.00 | 2007-01-000 | ****************************** |))) 1 | | 02.70 | 2110.00 | |

NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

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| | | | Address: | | | | | | | Pho | Phone No.: | | | | Payroll No.: | | | |
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| Fernandes Masonry, Inc. | ason | | 103 | 1031 Phillips Rd. New Bedford, MA | edilli | Rd. ľ | lew | Bedf | ord, I | | 508 | 66- | 508-998-2121 | 21 | • | 7 | | The Carrie |
| Employer's Signature: | | | Title: | | | | | | | Con | Contract No: | - | Tax Payer ID No. | No. | Work Week Ending: | Ending: | | |
| | | - Commentation of the Comm | | Pa) | Payroll Administrator | Adr | nini | stra | ţ | | | | 04-33 | 04-3377972 | | 3/4/2 | 3/4/2017 | |
| Awarding Authority's Name: | , | | Public W | Public Works Project Name: | ct Name: | | | | | Pub | Public Works Project Location: | roject Loc | ation: | | Min. Wage R | Min. Wage Rate Sheet No. | | |
| Town of Leicester | eices | _ | | Le | -eiceste | Ð | r Fire & EMS | EN | <u>S</u> | က | Paxtol | 1 St. L | -eicest | Paxton St. Leicester, MA | | | | |
| General / Prime Contractor's Name: | | | Subcont | Subcontractor's Name: | me: | | | | | | | • | Employer" H | ourly Fringe E | "Employer" Hourly Fringe Benefit Contributions | tions | | |
| Builders Systems | syste | ms | Ш | Fernandes | ande | _ | aso | nry, | Masonry, Inc. | | | | | | | (B+C+D+E) | (A×F) | |
| | Employee is | | Appr. | | | > | Worked | | Hours | | Project Hours (A) Hou | Hourly Base | Health & Welfare | ERISA | Supp. | Total Hourly | Project Gross Wages (G) | |
| Employee Name & Complete Address | OSHA 10 Certified (?) | Work Classification: | Rate (%) | i i | Mo. | į | We. | Ė | ű. | Sa. H | All Other Hours | Wage (B) | Insurance (C) | Pension Plan | Unemp. (E) | Prev. Wage (F) | Total Gross Wages | Check No. |
| | | | | | 8.00 | 8.00 | 8.00 | | | 24 | | 6 | | () () | | 7.0 | - | |
| 153 Hathaway Hoad Acushnet, MA 02743 | > | LABORER | 1 224 222 | | | | | | | 16 | 16.00 | 40.100 | | 77.000 TZ.000 | | 52.75 | 2110.00 | Direct Deposit |
| Carlos M. Rodrigues | | L S | | | 8.00 | | | | : | 8. | 8.00 | | | 18 620 | | 77 16 | 619.68 | |
| 10 Bow Drive Acushnet, MA 02743-1733 | > | BRICKLAYER | ı | | | | | | | 27 | 27.00 | 0.040 | | 0.20.0± | | 77.40 | 1834.68 | Trees byprate |
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NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

| Carl | |
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| | Page |

| Date recieved by awarding authority | |
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To: Town of Leicester

> 3 Washburn Square Leicester, MA 01524

Date: Attn:

March 22, 2017

Kevin J. mizikar

Town Adminstrator

Via:

Mail

Re:

Leicester Fire & EMS

Leicester, MA

| | | | Transmittal Information |
|-------|-----------|-----|------------------------------------------------------------------|
| Pages | Date | No. | Description |
| 3 | 3/22/2017 | 1 | Please find attached an original of the Certified Payroll report |
| | | | for week ending WE 3/11/2017 |
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PLEASE FEEL FREE TO CALL WITH ANY QUESTIONS OR CONCERNS.

SINCERELY,

Molly Reid

In accordance with Massachusetts General Law c149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse side of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. This is required to be done on a weekly basis. Once collected, the awarding authority is also required to preserve those records for three years.

| STATEMENT OF COMPLIANCE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| March 11, 2017 |
| I, Vera Vadeboncoeur , Payroll Administrator (Title) |
| do hereby state: |
| That I pay or supervise the payment of the persons employed by |
| Fernandes Masonry Inc on the 1610-00 Leicester Fire and EMS (Contractor, subcontractor or public body) |
| and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws. |
| Signature La Vala |
| Title Payroll Administrator |

| Company's Name; | | | Address: | | | | | | | Phon | Phone No.: | | | 2 | Payroll No.: | | Tas Vas | Ekos |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------|----------------------------|-----------------------|-------|---------------|-------|--------------------|-----------|--------------------------------|-----------|---------------------|---------------------|------------------------------------------------|--------------------------|-------------------------------|------------------|
| Fernandes Masonry, Inc. | lason | ry, Inc. | 103 | 1 Phi | 1031 Phillips R | ₹d. N | lew E | 3edft | d. New Bedford, MA | Ψ. | 508-998-2121 | 398 | -212 | | 8 | | | |
| Employer's Signature; | | | Title: | | | | | | | Conti | Contract No: | Tax | Tax Payer ID No. | | Work Week Ending: | ding: | | |
| 5 | | | | Pa) | Payroll Administrator | Adn | ninis | stra | ō | | | <u> </u> | 04-3377972 | 972 | | 3/11/2017 | 2017 | |
| Awarding Authority's Name: |) j | | Public W | Public Works Project Name: | :t Name: | | | | | Publi | Public Works Project Location: | ct Locati | .uc | ¥. | n. Wage Rat | Min. Wage Rate Sheet No. | | |
| Town of Leicester | eices. | ter | | <u>e</u> | Leicester Fire & EMS | er Fi | <u>ক</u> জ | E | <u>S</u> | <u>8</u> | Paxton St. Leicester, MA | St. Le | cester | MA | | | | |
| General / Prime Contractor's Name: | | | Subcontr | Subcontractor's Name: | me: | | | | | | | "Emi | loyer Hourly | Fringe Bene | "Employer" Hourly Fringe Benefit Contributions | Sus | | |
| Builders Systems | Syster | ns | Щ | erna | Fernandes | s M | aso | nry, | Masonry, Inc. | | | | | | | (B+C+D+E) | (A × F) | |
| | Employee is | | Appr. | | | W | Worked | | Hours | | 물 | | Health & Welfare | ERISA | \$15000 | | Project Gross Wages (G) | |
| Employee Name & Complete Address | OSHA 10 Certified (?) | Work Classification: | Rate (%) | Su. | Mo. | Tu. | We. | Ę | F. | Sa. Hours | | | nsurance Per (C) | Pension Plan (D) | Unemp. F | Prev. Wage (F) | Total Gross Wages | Check No. (H) |
| Jeffrey V. Pacheco | | 0 | | | | | 8 | 8.00 | | 8.00 | 00 40.400 | 0 | , r | 12 650 | | | 422.00 | 7 |
| Fall River, MA 02720 | > | LABORER | | | | | | | | 31.50 | | 20 | |)) | | 07.70 | 1546.80 | 0 / 7 / 0 |
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NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly. to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

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To: Town of Leicester

3 Washburn Square Leicester, MA 01524 Date:

March 29, 2017

Attn:

Kevin J. mizikar

Town Adminstrator

Via:

Mail

Re:

Leicester Fire & EMS

Leicester, MA

| | | | Transmittal Information |
|-------|-----------|-----|------------------------------------------------------------------|
| Pages | Date | No. | Description |
| 3 | 3/29/2017 | 1 | Please find attached an original of the Certified Payroll report |
| | | | for week ending WE 3/18/2017 |
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PLEASE FEEL FREE TO CALL WITH ANY QUESTIONS OR CONCERNS.

SINCERELY,

Molly Reid

In accordance with Massachusetts General Law c149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse side of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. This is required to be done on a weekly basis. Once collected, the awarding authority is also required to preserve those records for three years.

| STATEMENT OF | : COMPLIANCE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| | March 18, 2017 |
| I, Vera Vadeboncoeur , Payroll / (Name of signatory party) , (Title) | Administrator |
| do hereby state: | |
| That I pay or supervise the payment of the persons | employed by |
| Fernandes Masonry Inc on the16 (Contractor, subcontractor or public body) | 10-00 Leicester Fire and EMS |
| and that all mechanics and apprentices, teamsters, project have been paid in accordance with wages d twenty-six and twenty-seven of chapter one hundre | etermined under provisions of sections |
| Signature | Vera Van |
| Title | Payroll Administrator |
| | |

| company s wante. | | | Address: | | | | | | | HA | Phone No.: | | | | Payroll No.: | | 15: | K |
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| Fernandes Masonry, Inc. | lasor | ıry, Inc. | 1031 | F Ph | Phillips | Rd. r | Rd. New Bedford, MA | 3edfc | ord, N | MA MA | 208 | 3-99 | 508-998-2121 | 21 | | တ | | To the second |
| Employer's Signature: | | | Title: | | | | | | | පී | Contract No: | | Tax Payer ID No. | No. | Work Week Ending | Ending: | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | THE REAL PROPERTY AND PROPERTY | | Ра | Payroll | Adr | Administrator | strai | jor | | | | 04-33 | 04-3377972 | | 3/18/ | 3/18/2017 | |
| Awarding Authority's Name: | | my the state of the | Public W | Public Works Project Name; | ct Name: | | | | | Pc | Public Works Project Location: | Project Lo | cation: | | Min. Wage F | Min. Wage Rate Sheet No. | | |
| Town of Leicester | eices- | ster | | Le | icest | erF | Leicester Fire & EMS | ΕM | S | က | Paxto | n St. I | eices | 3 Paxton St. Leicester, MA | | | | |
| General / Prime Contractor's Name: | | | Subcont | Subcontractor's Name: | me: | | | | | | | | Employer" 1 | ourly Fringe E | "Employer" Hourly Fringe Benefit Contributions | utions | | |
| Builders Systems | Syste | ms | LL ' | erna | ande | M Sé | Fernandes Masonry, Inc. | nry, | Inc | | | | | | | (B+Q+D+E | (A x F) | |
| | Employee is | | Appr. | | | × | Worked | | Hours | | Project Hours (A) Ho | Hourly Base | Health & Welfare | ERISA | Supp. | Total Hourly | Project Gross Wages (G) | |
| Employee Name & Complete Address | OSHÁ 10 Certified (?) | Work Classification: | Rate (%) | Su. | Mo. | Ţ'n. | We. | Ę | Ę. | Sa. | All Other Hours | Wage (B) | Insurance (C) | Pension Plan (D) | Unemp. (E) | Prev. Wage (F) | Total Gross Wages | Check No. (H) |
| Alvaro P. Correia | | מחייא ויוסומם | | | | | 00 | 8.00.8 | 8.00 | - | 16.00 | 50 110 | | 18 620 | | 20 8Z | 1248.48 | 400 |
| Dartmouth, MA 02748-1723 | > | חם זאטוהם | | | | | | | | 33 | 8.00 | | |) 1 2 3 3 1 | | 5.5 | 1815.68 | |
| Reginald J. Dagesse | | 0 0 0 | | | | | 4 | 4.00 4 | 4.00 | ω | 8.00 | 10 100 | | 12 650 | | FO 7E | 422.00 | |
| 44 Ianipa Suesi Nashua, NH 03064 | * | LABORER | | | | | | | | - | 16.00 | 3 | |)) ; ,] | | 32.73 | 1267.04 | 0180000 TODOST-0 |
| Reginald J. Dagesse | | | | | | | 4 | 4.00 4 | 4.00 | w | 8.00 | 700 | | 7.4 900 | | 70.63 | 565.04 | |
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| Joseph Pereira | | | | | *** | | | 3 | 8.00 | 3 | 8.00 | 40 100 | | 12 650 | | EO 75 | 422.00 | Property Property |
| 153 Hatnaway Hoad Acushnet, MA 02743 | > | LABORER | | | | | | | | Ś | 24.00 | 3 | |) } ! | | 32.73 | 1688.00 | |
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NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

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