

PROJECT TEAM FORM

Submittal Date: _____

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): William R. Landry, esq.

Address: 30 Exchange Terrace, Providence, RI 02903

Phone: 401-751-7542 Email: _____

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

Name: DiPrete Engineering

Name of Primary Contact (if engineer is an organization): David Russo, PE

Address: 2 Stafford Court, Cranston, RI 02920

Phone: 401-943-1000 Email: drusso@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): David Russo, PE

Address: 2 Stafford Court, Cranston, RI 02920

Phone: 401-943-1000 Email: drusso@diprete-eng.com

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

Name: Alex Avery

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

Address: 2 Stafford Court, Cranston, RI 02920

Phone: 401-943-1000 Email: AAvery@diprete-eng.com

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

Name: _____

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

Address: _____

Phone: _____ Email: _____

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: _____