

PROJECT TEAM FORM

Submittal Date: 9.16.22

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: Duffy & Sweeney, LTD

Name of Primary Contact (if attorney is an organization): Joelle C. Rocha

Address: 321 South Main Street, Suite 400 Providence, RI 02903

Phone: 401-455-0700 Email: jrocha@duffysweeney.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, PE

Address: 2 Stafford Ct. 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, PLS

Address: 2 Stafford Ct. 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: John C. Carter & Company

Name of Primary Contact (if landscape architect is an organization): John C. Carter, RLA

Address: 960 Boston Neck Road, Narragansett, RI 02882

Phone: (401) 783-3500 Email: jcc@johncartercompany.com

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

Name: N/A

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: _____