

PROJECT TEAM FORM

Submittal Date: 2/7/2025

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: Darrow Everett LLP

Name of Primary Contact (if attorney is an organization): Kelley Morris Salvatore, Esq.

Address: One Turks Head Place, Suite 1200, Providence, RI 02903

Phone: (401) 453-1200 Email: ksalvatore@darroverett.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): Matthew Insana, P.L.S.

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000 Email: minsana@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: Newbury Design Associates, Inc.

Name of Primary Contact (if architect is an organization): David M. Berryman, AIA, NCARB

Address: 100 Foxborough Boulevard, Suite 160

Phone: (508) 620-9705 x209 Email: dberryman@nda-arch.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: _____