

# PROJECT TEAM FORM

Submittal Date: 12/19/2025

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: Mancini Carter, PC

Name of Primary Contact (if attorney is an organization): John O. Mancini, Esq.

Address: 56 Pine Street, 3rd Floor

Phone: 401-343-7000 Email: jmancini@mancinircarter.com

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

Name: Stonefield Engineering and Design

Name of Primary Contact (if engineer is an organization): Josh H. Kline

Address: 120 Washington Street, Suite 201, Salem, MA 01970

Phone: (607) 624-0415 Email: jkline@stonefieldeng.com

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

Name: Northeast Geospatial Consultants

Name of Primary Contact (if surveyor is an organization): Shaine Bonin

Address: 278 Shawsheen Avenue, Wilmington, MA 01887

Phone: (774) 230-2536 Email: SBonin@northeastgeospatial.com

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

Name: Stonefield Engineering and Design

Name of Primary Contact (if landscape architect is an organization): Paul Devitto III

Address: \_\_\_\_\_

Phone: (908) 415-6801 Email: pdevitto@stonefieldeng.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: \_\_\_\_\_