# LETTER OF TRANSMITTAL

**To:**  Cardinal Construction, Inc.  
10 East Worcester Street  
Worcester MA 01604  

**Date:**  April 30, 2019  

**Attn:**  Brent Arthaud  
Tim Sampson  

**Via:**  E-Mail and Mail  

**Re:**  Burlington Fire Station  
Burlington MA  

**E-Mail**  
barthaud@cardinalservices.net  
tsampson@cardinalservices.net

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## Transmittal Information

<table>
<thead>
<tr>
<th>Pages</th>
<th>Date</th>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4/30/2019</td>
<td>1</td>
<td>Please find attached an original of the Certified Payroll report for week ending 04/20/2019</td>
</tr>
</tbody>
</table>

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**Remarks:**  

PLEASE FEEL FREE TO CALL WITH ANY QUESTIONS OR CONCERNS.

SINCERELY,  

Geraldine Calheta
WEEKLY PAYROLL RECORDS REPORT
& STATEMENT OF COMPLIANCE

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 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.

In addition, each such contractor, subcontractor or public body shall furnish to the Department of Labor & Workforce Development/Division of Occupational Safety within fifteen days after completion of its portion of the work a statement, executed by the contractor, subcontractor or public body who supervises the payment of wages, in the following form:

STATEMENT OF COMPLIANCE

April 20, 2019

I, Geraldine Calheta, 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 1806 Burlington Fire Station
(Contractor, subcontractor or public body) (Building or project) 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

Title PAYROLL ADMINISTRATOR

DIVISION OF OCCUPATIONAL SAFETY, 399 WASHINGTON STREET, 5TH FLOOR, BOSTON, MA. 02108
### MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

**Company's Name:** Fernandes Masonry, Inc.  
**Address:** 1031 Phillips Rd. New Bedford, MA  
**Phone No.:** 508-998-2121  
**Payroll No.:** 16

**Employer's Signature:**  
**Title:** Payroll Administrator  
**Contract No.:**  
**Tax Payer ID No.:**  
**Work Week Ending:** 04/20/2019

**Awarding Authority's Name:** Town of Burlington  
**Public Works Project Name:** Burlington Fire Station  
**Public Works Project Location:** 114 Terrace Hall Avenue, Burlington MA  
**Min. Wage Rate Sheet No.:**

**General / Prime Contractor's Name:** Castagna Construction  
**Subcontractor's Name:** Fernandes Masonry, Inc.

<table>
<thead>
<tr>
<th>Employee Name &amp; Complete Address</th>
<th>OSHA 10 Certified (?)</th>
<th>Work Classification</th>
<th>Appr. Rate (%)</th>
<th>Worked</th>
<th>Hours</th>
<th>Project Hours (A)</th>
<th>Hourly Base Wage (B)</th>
<th>Health &amp; Welfare Insurance (C)</th>
<th>ERISA Pension Plan (D)</th>
<th>Supp. Unemp. (E)</th>
<th>Total Hourly Prev. Wage (F)</th>
<th>Total Gross Wages (G)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO WORK COMPLETED</td>
<td></td>
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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 received by awarding authority: [ ] / [ ]