



P.O. Box 240022
 Dorchester, MA 02124
 617-282-3888 Fax 617-282-5369
 www.aetnafirealarm.com



Authorized Dealer
 GE
 Security
 Vigilant Fire & Life Safety

Invoice

Date	Invoice #
6/7/2021	92878

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Dilboy Stadium		
P.O. Number	Terms	Due Date
	Net 30	7/7/2021

Quantity	Description	Rate	Amount
7	6-2-21 Reported to assist FEI with sprinkler repairs and tested	110.00	770.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$770.00
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Invoice

Date	Invoice #
6/14/2021	92985

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Brown School		
P.O. Number	Terms	Due Date
	Net 30	7/14/2021

Quantity	Description	Rate	Amount
4	6-7-21 Reported to assist FEI with sprinkler testing. Need to return with FEI to run new conduit and wiring to 24v sprinkler bell. They are replacing a water motor gong to a 24v electric bell.	110.00	440.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$440.00
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Invoice

Date	Invoice #
6/14/2021	92990

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Public Safety Building		
P.O. Number	Terms	Due Date
	Net 30	7/14/2021

Quantity	Description	Rate	Amount
3	6-8-21 Reported to assist FEI with sprinkler testing	110.00	330.00
	Sales Tax	6.25%	0.00

		Total	\$330.00
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Invoice

Date	Invoice #
6/14/2021	92989

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Kennedy School		
P.O. Number	Terms	Due Date
	Net 30	7/14/2021

Quantity	Description	Rate	Amount
3	6-9-21 Reported to assist FEI with sprinkler testing	110.00	330.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$330.00
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Date	Invoice #
6/14/2021	92988

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Capuano School		
P.O. Number	Terms	Due Date
	Net 30	7/14/2021

Quantity	Description	Rate	Amount
5	6-9-21 Reported to assist FEI with sprinkler and fire pump testing.	110.00	550.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$550.00
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Invoice

Date	Invoice #
6/14/2021	92987

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Winter Hill School		
P.O. Number	Terms	Due Date
	Net 30	7/14/2021

Quantity	Description	Rate	Amount
1	6-10-21 Reported for a trouble condition. Panel normal upon arrival. Checked history and found a ground fault came in on 6/8/21 and cleared within 3 minutes. Left panel normal and back online	110.00	110.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$110.00
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Invoice

Date	Invoice #
6/14/2021	92986

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
City Hall		
P.O. Number	Terms	Due Date
	Net 30	7/14/2021

Quantity	Description	Rate	Amount
3	6-10-21 Reported for a trouble condition. Checked wiring at panel and pulled all devices that were accessible down. Wiring right on threshold. Located heat detector in kitchen lobby area with corrosive wiring. Had enough slack and removed wiring, stripped back and relanded heat detector. Landed wiring back at panel and panel restored to normal.	110.00	330.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$330.00
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Invoice

Date	Invoice #
6/28/2021	93212

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Brown School		
P.O. Number	Terms	Due Date
	Net 30	7/28/2021

Quantity	Description	Rate	Amount
8	6-25-21 Reported to replace the water gong with an electric bell. Demoed old device on inside and outside of building. Ran wiring to flow switch and then to the bell. Mounted new 120v bell outside - connected wiring as well. Used flow switch to trip and terminate wiring in electric panel in sprinkler room. Terminated wiring and test - all OK. Waited for Somerville fire to put box back in	110.00	880.00
1	120v Bell and Back Box	95.00	95.00
1	Cable	25.00	25.00
1	Misc. Hardware	10.00	10.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$1,010.00
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Invoice

Date	Invoice #
6/28/2021	93211

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Healy School		
P.O. Number	Terms	Due Date
	Net 30	7/28/2021

Quantity	Description	Rate	Amount
2	6-21-21 Reported to shutdown for Cannistraro doing work. Disable 01-02-0069. Returned to restore upon completion	110.00	220.00
6	6-23-21 Reported to assist FEI with fire pump and sprinkler test. Fire pump test was not done - pump was running and is not supervised by the panel. Sprinkler inspection was completed. System restored to normal. Another FEI crew showed up for the fire pump test. Fire pump test completed at this time	110.00	660.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$880.00
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Invoice

Date	Invoice #
6/28/2021	93210

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
42 Cross Street		
P.O. Number	Terms	Due Date
	Net 30	7/28/2021

Quantity	Description	Rate	Amount
4	6-25-21 Reported for an alarm condition. Found trouble on heat detector in Janitor's room - no answer. Ordered new head and base. Also ordered spare parts to leave on site	110.00	440.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total	\$440.00
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AETNA FIRE ALARM SERVICE CO., INC.

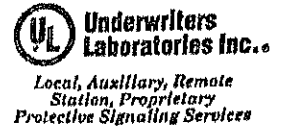
P.O. Box 240022
DORCHESTER, MASSACHUSETTS 02124

Mass. Lic. #: 1003 A1

(617) 282-3888

FAX: (617) 282-5369

FOLLOW UP REQUIRED
No. 93212



Subscriber SOMMERVILLE BROWN SCHOOL DATE 6/25/21
Address 201 WILLOW ST
Fire Alarm Box No. 4341 Fire Dept. SFD Inc. # _____ System # _____

SERVICES PERFORMED

REPORTED TO ABOVE SITE TO REPLACE THE
WATER GONG WITH AN ELECTRIC BELL. DEMO
OLD DEVICE ON INSIDE AND OUTSIDE OF BUILDING.
RUN WIRING TO FLOW SWITCH, AND THEN TO THE
BELL. MOUNT NEW 120 V BELL OUTSIDE, CONNECTING
WIRING AS WELL. USE FLOW SWITCH TO TRIP, AND
TERMINATE WIRING IN ELECTRIC PANEL IN SPRINKLER
ROOM. TERMINATE WIRING AND TEST - ALL OK
WAIT FOR SOMMERVILLE FD TO PUT BOX BACK IN

SYSTEM TEST Amount tested:

MATERIAL

QUAN.	DESCRIPTION	PRICE	AMOUNT	QUAN.	DESCRIPTION	PRICE	AMOUNT
1	120V BELL						
50'	12-2 MC						
10	MISC HARDWARE						
TOTAL MATERIAL							

Special Trouble call: Job Complete
 Job Incomplete
System normal upon departure
Owner must schedule additional Service
Reg. Time O.T. Double

Service by: STEVE McNALLY 8 HR

Assisted by: _____

X
Service received by: _____

Print _____ Phone: _____

For Submitter

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 65	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.06.29 06:51:01 -05:00</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	

General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:		Employer's Hourly Fringe Benefit Contributions:	
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Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	Total Hourly Prev. Wage (F)	(A x F)	
				6/21	6/22	6/23	6/24	6/25	6/26	6/27							Project Gross Wages (G)	Total Gross Wages (H)
Boyle, Joseph 82 Auckland Street Dorchester, MA 02125	TELECOMM TECHNICIAN		0	0	0	0	2	0	0	2	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$110.82		
Johnson, Scott 8 Elliot Lane Plymouth, MA 02360	TELECOMM GENERAL FOREMAN		0	0	6	0	0	0	0	6	50.55	\$0.00	\$0.00	\$0.00	\$50.55	\$303.30		
McNally, Steven 245 Lincoln Street Lowell, MA 01852	ELECTRICAL JOURNEYMAN		0	0	0	0	8	0	0	8	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$443.28		
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	2	0	0	0	2	0	0	4	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$168.44	

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentice Standards. No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date Received by Awarding Authority

/ /

WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §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 is available from the Department of Labor Standards (DLS) at www.mass.gov/dols/pw 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.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly and within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE	
June 29, 2021	
I, <u>Kathleen Guinee</u>	<u>President</u>
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
<u>Aetna Fire Alarm Service Co., Inc.</u>	on the <u>SOMERVILLE HOUSING AUTHORITY</u>
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed on 2021.06.29 08:51:02 -05:00</small> <i>Kathleen Guinee</i></div>
Title	<u>President</u>

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 59	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.06.29 08:29:22 -05:00</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	
General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Employer's Hourly Fringe Benefit Contributions:			

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)	
				5/10	5/11	5/12	5/13	5/14	5/15	5/16							Project Gross Wages (G)	Total Gross Wages
McNally, Steven 245 Lincoln Street Lowell, MA 01852	ELECTRICAL JOURNEYMAN		0	0	0	0	4	0	0	4	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$221.64		
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	0	2	0	0	0	0	2	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$84.22		

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentice Standards. No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a **true and accurate** copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date Received by Awarding Authority
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WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §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 is available from the Department of Labor Standards (DLS) at www.mass.gov/dols/pw 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.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly and within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE	
_____ June 28 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the _____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed on 2021.06.28 08:25:23 -0500</small> <i>Kathleen Guinee</i></div>
Title	_____ President _____

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 60	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.05.28 06:37:44 -05:00</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	
General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			"Employer" Hourly Fringe Benefit Contributions			

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F) Project Gross Wages (G) Total Gross Wages	Check No. (H)
				5/17	5/18	5/19	5/20	5/21	5/22	5/23								
Batas, Clarence 4 Cirus Drive #4304 Ashland, MA 01721	TELECOMM TECHNICIAN		0	0	0	8	0	0	0	0	8	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$336.88	
Boyle, Joseph 82 Auckland Street Dorchester, MA 02125	TELECOMM TECHNICIAN		0	0	0	8	0	0	0	0	8	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$443.28	
Commito, Cesare 20 Hall Ave Everett, MA 02149	TELECOMM TECHNICIAN		0	0	0	0	0	2	0	0	2	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$84.22	
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	0	0	0	0	2	0	0	2	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$84.22	

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentice Standards. No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.


Date Received by Awarding Authority
/ /

WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE	
_____ June 28 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the _____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<small>Signed on 2021.06.28 09:37:45 -0500</small> 
Title	_____ President _____

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 61	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.06.28 06:41:25 -05:00</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Work Week Ending: 5/30/2021	
General/Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Employer's Hourly Fringe Benefit Contributions:		Min. Wage Rate Sheet No.:	

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E)		(A x F)	
				5/24	5/25	5/26	5/27	5/28	5/29	5/30						Total Hourly Prev. Wage (F)	Project Gross Wages (G)	Check No. (H)	
																Total Gross Wages			
Baril, Sean 2 Kenney Lane North Attleboro, MA 02760	TELECOMM SR. TECH		0	0	8	8	0	0	0	16	44.22	\$0.00	\$0.00	\$0.00	\$44.22	\$840.18			
Comito, Cesare 20 Hall Ave Everett, MA 02149	TELECOMM TECHNICIAN		0	0	0	0	6	0	0	6	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$252.66			
																\$1684.40			

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? YES NO

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No apprentices are identified above

Date Received by Awarding Authority
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On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly and within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE	
June 28, 2021	
I, <u>Kathleen Guinee</u>	<u>President</u>
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
<u>Aetna Fire Alarm Service Co., Inc.</u>	on the <u>SOMERVILLE HOUSING AUTHORITY</u>
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed on 2021.06.28 06:41:26 -05:00</small> <i>Kathleen Guinee</i></div>
Title	<u>President</u>

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 62	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.06.29 10:28:56 -0500</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Work Week Ending: 6/6/2021	
General/Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Min. Wage Rate Sheet No.:			

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Employer's Hourly Fringe Benefit Contributions			Total Hourly Prev. Wage (F)	(A x F)		Check No. (H)
				5/31	6/1	6/2	6/3	6/4	6/5	6/6			Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)		Total Gross Wages (G)	Total Gross Wages	
															(B+C+D+E)		(A x F)		
Johnson, Scott 8 Elliot Lane Plymouth, MA 02360	TELECOMM GENERAL FOREMAN		0	0	6	0	0	0	0	0	0	6	50.55	\$0.00	\$0.00	\$0.00	\$50.55	\$303.30	
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	0	0	7	0	0	0	0	7	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$294.77		

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentice Standards. No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a **true and accurate** copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.


Date Received by Awarding Authority
/ /

WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

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Each such contractor and subcontractor shall furnish weekly and within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE	
_____ June 29 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the _____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<small>Signed on 2021.06.29 10:28:57 -05:00</small> 
Title	_____ President _____



MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 63	
Employer's Signature: <small>Signed on 2021.06.29 10:35:57 -05:00</small> <i>Kathleen Guinee</i>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Work Week Ending: 6/13/2021	
General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			"Employer" Hourly Fringe Benefit Contributions			

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)	
				6/7	6/8	6/9	6/10	6/11	6/12	6/13							Project Gross Wages (G)	Check No. (H)
Bates, Clarence 4 Cirrus Drive #4304 Ashland, MA 01721	TELECOMM TECHNICIAN		0	0	8	0	0	0	0	8	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$336.88		
Raper, Nathaniel 11 Locust Street Winthrop, MA 02152	TELECOMM TECHNICIAN		0	0	3	0	4	0	0	7	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$294.77		
Toland, Seileen 32 St Margaret Street Weymouth, MA 02189	TELECOMM TECHNICIAN		0	4	0	0	0	0	0	4	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$168.44		

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentice Standards. No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a **true and accurate** copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date Received by Awarding Authority
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WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE	
June 29, 2021	
I, <u>Kathleen Guinee</u>	<u>President</u>
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
<u>Aetna Fire Alarm Service Co., Inc.</u>	on the <u>SOMERVILLE HOUSING AUTHORITY</u>
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed on 2021.06.29 10:35:57 -05:00</small> <i>Kathleen Guinee</i></div>
Title	<u>President</u>

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 64	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.06.29 11:10:44 -05:00</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Work Week Ending: 6/20/2021	
General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Employer's Hourly Fringe/Benefit Contributions			

Employee Name & Complete Address	Work Classification	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)	
				6/14	6/15	6/16	6/17	6/18	6/19	6/20							Project Gross Wages (G)	Check No. (H)
Boyle, Joseph 82 Auckland Street Dorchester, MA 02125	TELECOMM TECHNICIAN		0	0	0	0	3	0	0	3	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$166.23		
Raper, Nathaniel 11 Locust Street Winthrop, MA 02152	TELECOMM TECHNICIAN		0	0	4	0	0	3	0	0	7	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$294.77	
																	\$1747.57	

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentice Standards.

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No apprentices are identified above

Date Received by Awarding Authority
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_____ June 29 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
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That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the _____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Signed on 2021.06.29 11:10:45 -05:00 <i>Kathleen Guinee</i></div>
Title	_____ President _____



P.O. Box 240022
 Dorchester, MA 02124
 617-282-3888 Fax 617-282-5369
 www.aetnafirealarm.com



Authorized Dealer
 GE
 Security
 Vigilant Fire & Life Safety

Invoice

Date	Invoice #
7/7/2021	93316

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
42 Cross Street		
P.O. Number	Terms	Due Date
	Net 30	8/6/2021

Quantity	Description	Rate	Amount
2	6-28-21 Reported for troubles and alarms. No obvious sign of cause of alarm. Parts on order - will be in tomorrow. Someone scheduled to replace. Spoke to fire dept and advised him of situation	300.00	600.00
9	6-29-21 Reported to troubleshoot - alarms randomly happening. Removed all smokes. Secured terminations. Found (2) isolated bases (1) FACP room and (1) above racks in rear. Replaced (3) smokes and bases. Did find a non compatible pull - Firelite BG12 at front door possibly an issues - D06, D05, D03 all replaced - may have had water damage a while ago. All smokes cleaned with air	110.00	990.00
1	Notifier NBG-12XL	117.30	117.30
3	Notifier NP-100 Smoke Detectors	0.00	0.00
2	Notifier NH-100 Heat Detectors	0.00	0.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total \$1,707.30



AETNA FIRE ALARM SERVICE CO., INC.

P.O. Box 240022
DORCHESTER, MASSACHUSETTS 02124

Mass. Lic. #: 1003 A1

(617) 282-3888

FAX: (617) 282-5369

FOLLOW UP REQUIRED

No. 93316



Local, Auxiliary, Remote
Station, Proprietary
Protective Signaling Services

Subscriber City of Somerville DATE 6/29/21
Address 142 CROSS ST.
Fire Alarm Box No. _____ Fire Dept. Somerville Inc. # _____ System # _____

SERVICES PERFORMED

Reported to the above location to troubleshoot - alarm panel was happening - removed all smoke detectors - Found (2) Insulation Boxes (1) FACP Rm and (1) above back in Rm. Replaced 3 smoke and boxes. Did find a Non Compatible full time like DG12 at front Don't possibly an issue - DO6, DO5 + DO3 all replaced. May have had water damage

SYSTEM TEST Amount tested: in whole rmp.

MATERIAL

all smokes cleaned with air

QUAN.	DESCRIPTION	PRICE	AMOUNT	QUAN.	DESCRIPTION	PRICE	AMOUNT
3	NP-100 for Fire-Warden Smokes						
1	NBG 12 Notice full						
2	NH-100 Notice Fire Warden Heat Fire temp / Spare bat.						
TOTAL MATERIAL							

Special Trouble call: Job Complete
 Job Incomplete
System normal upon departure
Owner must schedule additional Service

Service by: J. Boyle
Assisted by: J. Harper
X Michael
Service received by: _____

Reg. Time O.T. Double

Print Nadia Phone: 617-625-6600
For Subscriber: 5715



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 Dorchester, MA 02124
 617-282-3888 Fax 617-282-5369
 www.actnafirealarm.com



Authorized Dealer
 GE
 Security
 Vigilant Fire & Life Safety

Invoice

Date	Invoice #
7/7/2021	93317

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
Healy School		
P.O. Number	Terms	Due Date
	Net 30	8/6/2021

Quantity	Description	Rate	Amount
2	6-29-21 Reported to shutdown/restore due to water shutting off from City side sprinkler in street	110.00	220.00
	Sales Tax	6.25%	0.00

1.5% Interest accrued monthly on balances due

Total \$220.00



P.O. Box 240022
 Dorchester, MA 02124
 617-282-3888 Fax 617-282-5369
 www.aetnafirealarm.com



Authorized Dealer
 GE
 Security
 Vigilant Fire & Life Safety

Invoice

Date	Invoice #
7/14/2021	93418

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
W. Neighborhood School		
P.O. Number	Terms	Due Date
	Net 30	8/13/2021

Quantity	Description	Rate	Amount
8	6-30-21 Reported to assist FEI with Sprinkler Testing	110.00	880.00
	Sales Tax	6.25%	0.00
1.5% Interest accrued monthly on balances due			
		Total	\$880.00



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 Dorchester, MA 02124
 617-282-3888 Fax 617-282-5369
 www.actnafirealarm.com



Authorized Dealer
 GE
 Security
 Vigilant Fire & Life Safety

Invoice

Date	Invoice #
5/11/2021	92422

Bill To
City of Somerville 1 Franey Rd Somerville Ma 02145 Stephanie Estrela

Ship To		
P.O. Number	Terms	Due Date
	Net 30	6/10/2021

Quantity	Description	Rate	Amount
	Public Safety Building		
	Replace (11) audio visual devices that were not working properly during our fire alarm inspection		
	5-4-21/5-5-21 Replace (2) duct smoke detectors that failed due to age		
2	DSD D4120	214.49	428.98
2	DTS3 Sampling Tube	14.99	29.98
2	RTS151 Key	71.99	143.98
16	Labor (1 technician 16 hours) 1 day per device	110.00	1,760.00
	Replace batteries that failed due to age		
	Recommend to relocating (3) smoke detectors in stairwell (pricing will be provided if requested)		

1.5% Interest accrued monthly on balances due

Total	\$2,362.94
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MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 59	
Employer's Signature: <i>Kathleen Guinee</i>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	
General/Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Employer's Hourly Fringe Benefit Contributions:			

Employee Name & Complete Address	Work Classification	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)	
				5/10	5/11	5/12	5/13	5/14	5/15	5/16							Project Gross Wages (G)	Total Gross Wages (H)
McNally, Steven 245 Lincoln Street Lowell, MA 01852	ELECTRICAL JOURNEYMAN		0	0	0	0	4	0	0	4	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$221.64		
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	0	2	0	0	0	0	2	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$84.22		

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?
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YES NO

No apprentices are identified above

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Date Received by Awarding Authority
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_____ June 28 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the _____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<small>Signed on 2021.06.28 09:25:23 -0500</small> 
Title	_____ President _____

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 60	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.08.26 06:37:44 -05:00</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	
General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Employer's Hourly Fringe Benefit Contributions			

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)	
				5/17	5/18	5/19	5/20	5/21	5/22	5/23							Project Gross Wages (G)	Check No. (H)
Bates, Clarence 4 Cirrus Drive #4304 Ashland, MA 01721	TELECOMM TECHNICIAN		0	0	0	8	0	0	0	0	8	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$336.88	
Boyle, Joseph 82 Auckland Street Dorchester, MA 02125	TELECOMM TECHNICIAN		0	0	0	8	0	0	0	0	8	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$443.28	
Commito, Cesare 20 Hall Ave Everett, MA 02149	TELECOMM TECHNICIAN		0	0	0	0	0	2	0	0	2	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$84.22	
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	0	0	0	0	2	0	0	2	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$84.22	

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YES NO

No apprentices are identified above

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Date Received by Awarding Authority
/ /

WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §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 is available from the Department of Labor Standards (DLS) at www.mass.gov/dols/pw 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.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly and within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE	
_____ June 28 _____, 2021 _____	
I, _____ Kathleen Guinee _____	President
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed on 2021.06.28 06:37:46 -0500</small> <i>Kathleen Guinee</i></div>
Title	_____ President _____

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 61	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 03/21/08 28 084123 -05:10</small>		Title: President			Contract No.: SOMERVILLE	Tax Payer ID No.: 04-2537664	Work Week Ending: 5/30/2021	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	
General/Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Employer's Hourly Fringe Benefit Contributions			

Employee Name & Complete Address	Work Classification	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)	
				5/24	5/25	5/26	5/27	5/28	5/29	5/30							Project Gross Wages (G)	Total Gross Wages (H)
Baril, Sean 2 Kenney Lane North Attleboro, MA 02760	TELECOMM SR. TECH		0	0	0	8	8	0	0	0	16	44.22	\$0.00	\$0.00	\$0.00	\$44.22	\$840.18	
Comito, Cesare 20 Hall Ave Everett, MA 02149	TELECOMM TECHNICIAN		0	0	0	0	6	0	0	6	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$252.66	\$1684.40	

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentice Standards?
 For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentice Standards.

YES NO

No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date Received by Awarding Authority
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WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

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STATEMENT OF COMPLIANCE	
_____ June 28 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed on 2021.06.28 06:41:26 -0500</small> <i>Kathleen Guinee</i></div>
Title	_____ President _____

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 62	
Employer's Signature: <i>Kathleen Guinee</i>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	

General/Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:		Employer's Hourly Fringe Benefit Contributions:			
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Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	Total Hourly Prev. Wage (F)	(A x F)	
				5/31	6/1	6/2	6/3	6/4	6/5	6/6							Project Gross Wages (G)	Check No. (H)
Johnson, Scott 8 Elliot Lane Plymouth, MA 02360	TELECOMM GENERAL FOREMAN		0	0	6	0	0	0	0	0	6	50.55	\$0.00	\$0.00	\$0.00	\$50.55	\$303.30	
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	0	7	0	0	0	0	7	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$294.77		

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentices Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentices Standards. No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

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STATEMENT OF COMPLIANCE	
_____ June 29 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the _____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Signed on 2021.06.29 10:29:57 -05:00 <i>Kathleen Guinee</i></div>
Title _____	_____ President _____

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 63	
Employer's Signature: <i>Kathleen Guinee</i>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Min. Wage Rate Sheet No.:	

General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:		Employer's Hourly Fringe Benefit Contributions:			
---	--	------------------------------	--	--	--	--	--

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)	
				6/7	6/8	6/9	6/10	6/11	6/12	6/13							Project Gross Wages (G)	Total Gross Wages (H)
Bates, Clarence 4 Cirrus Drive #4304 Ashland, MA 01721	TELECOMM TECHNICIAN		0	0	0	8	0	0	0	0	8	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$336.88	
Raper, Nathaniel 11 Locust Street Winthrop, MA 02152	TELECOMM TECHNICIAN		0	0	3	0	4	0	0	0	7	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$294.77	
Toland, Seileen 32 St Margaret Street Weymouth, MA 02189	TELECOMM TECHNICIAN		0	4	0	0	0	0	0	0	4	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$168.44	

Are all apprentice employees identified above currently registered with the MA DLS's Division of Apprentices Standards? YES NO

For all apprentices performing work during the reporting period, attach a copy of the apprentice identification card issued by the Massachusetts Department of Labor Standards / Division of Apprentices Standards. No apprentices are identified above

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a **true and accurate** copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

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STATEMENT OF COMPLIANCE	
_____ June 29 _____, 2021 _____	
I, _____ Kathleen Guinee _____	_____ President _____
(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by _____	
Aetna Fire Alarm Service Co., Inc.	SOMERVILLE HOUSING AUTHORITY
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<small>Signed on 2021.06.28 10:55:57 -05:00</small> 
Title	_____ President _____

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 64	
Employer's Signature: <i>Kathleen Guinee</i> <small>Signed on 2021.06.29 11:10:44 -0500</small>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Work Week Ending: 6/20/2021	
General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			Employer's Hourly Fringe Benefit Contributions:			

Employee Name & Complete Address	Work Classification	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	Total Hourly Prev. Wage (F)	(A x F)		Check No. (H)
				6/14	6/15	6/16	6/17	6/18	6/19	6/20							Project Gross Wages (G)	Total Gross Wages	
Boyle, Joseph 82 Auckland Street Dorchester, MA 02125	TELECOMM TECHNICIAN		0	0	0	0	3	0	0	3	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$186.23	\$3657.06		
Raper, Nathaniel 11 Locust Street Winthrop, MA 02152	TELECOMM TECHNICIAN		0	0	4	0	0	3	0	7	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$294.77	\$1747.57		

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That I pay or supervise the payment of the persons employed by	
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(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature _____	<small>Signed on 2021.06.29 11:10:45 -0500</small> 
Title _____	_____ President _____

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Company's Name: Aetna Fire Alarm Service Co., Inc.		Address: 13 Clover Street Dorchester, MA 02122			Phone No.: 6172823888		Payroll No.: 65	
Employer's Signature: <small>Signed on 2021.06.29 06:51:01 -05:00</small> <i>Kathleen Guinee</i>		Title: President			Contract No.: SOMERVILLE		Tax Payer ID No.: 04-2537664	
Awarding Authority's Name:		Public Works Project Name: SOMERVILLE HOUSING AUTHORITY			Public Works Project Location:		Work Week Ending: 6/27/2021	
General / Prime Contractor's Name: Aetna Fire Alarm Service Co., Inc.		Subcontractor's Name:			"Employer" Hourly Fringe Benefit Contributions			

Employee Name & Complete Address	Work Classification:	Employee is OSHA 10 Certified (?)	Appr. Rate (%)	Hours Worked							Project Hours (A) All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp. (E)	(B+C+D+E) Total Hourly Prev. Wage (F)	(A x F)		Check No. (H)
				6/21	6/22	6/23	6/24	6/25	6/26	6/27							Project Gross Wages (G) Total Gross Wages		
Boyle, Joseph 82 Auckland Street Dorchester, MA 02125	TELECOMM TECHNICIAN		0	0	0	0	2	0	0	2	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$110.82			
Johnson, Scott 8 Elliot Lane Plymouth, MA 02360	TELECOMM GENERAL FOREMAN		0	0	6	0	0	0	0	6	50.55	\$0.00	\$0.00	\$0.00	\$50.55	\$303.30			
McNally, Steven 245 Lincoln Street Lowell, MA 01852	ELECTRICAL JOURNEYMAN		0	0	0	0	8	0	0	8	55.41	\$0.00	\$0.00	\$0.00	\$55.41	\$443.28			
Ward, David 19 Eudora Street Haverhill, MA 01832	TELECOMM TECHNICIAN		0	2	0	0	0	2	0	4	42.11	\$0.00	\$0.00	\$0.00	\$42.11	\$168.44			

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_____ June 29 _____, 2021 _____	
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(Name of signatory party)	(Title)
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ Aetna Fire Alarm Service Co., Inc. _____	_____ on the _____ SOMERVILLE HOUSING AUTHORITY _____
(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 the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed on 2021.06.29 06:51:02 -0500</small> <i>Kathleen Guinee</i></div>
Title	_____ President _____



AETNA FIRE ALARM SERVICE CO., INC.

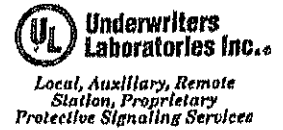
P.O. Box 240022
DORCHESTER, MASSACHUSETTS 02124
Mass. Lic. #: 1003 A1

(617) 282-3888

FAX: (617) 282-5369

FOLLOW UP REQUIRED

No. 93212



Subscriber SOMMERVILLE BROWN SCHOOL DATE 6/25/21

Address 201 WILLOW ST

Fire Alarm Box No. 4341 Fire Dept. SFD Inc. # _____ System # _____

SERVICES PERFORMED

REPORTED TO ABOVE SITE TO REPLACE THE WATER GONG WITH AN ELECTRIC BELL. DEMO OLD DEVICE ON INSIDE AND OUTSIDE OF BUILDING.

RUN WIRING TO FLOW SWITCH, AND THEN TO THE BELL. MOUNT NEW 120 V BELL OUTSIDE, CONNECTING WIRING AS WELL. USE FLOW SWITCH TO TRIP, AND TERMINATE WIRING IN ELECTRIC PANEL IN SPRINKLER ROOM. TERMINATE WIRING AND TEST - ALL OK

WAIT FOR SOMMERVILLE FD TO PUT BOX BACK IN

SYSTEM TEST Amount tested:

MATERIAL

QUAN.	DESCRIPTION	PRICE	AMOUNT	QUAN.	DESCRIPTION	PRICE	AMOUNT
1	ROV BELL						
250'	12-2 MC						
8/10	MISC HARDWARE						
TOTAL MATERIAL							

Special Trouble call: Job Complete

Job Incomplete

System normal upon departure

Owner must schedule additional Service

Reg. Time O.T. Double

Service by: STEVE McNALLY 8 HR

Assisted by: _____

X

Service received by: _____

Print _____ Phone: _____

For Submitter

