



2121 Argentinia Road, 4<sup>th</sup> Floor  
Mississauga, ON L5N 2X4

Thursday, February 29, 2024

Compass Construction Resources Ltd.  
2700 Dufferin Street, Unit 77  
Toronto, ON M6B 4J3

Project Title: St. Joseph's Health Centre  
Re: Gilgan Wing Roof Area G4.2  
Project Address: 30 The Queensway, Toronto, ON M6R 1B5  
Rimkus Matter No.: 100224213 / 9111-HR23-368FR  
**Subject: Request for Project Closeout Documents**

Dear Joseph Giglio,

This letter is to inform you that the above-noted project is substantially complete. Please find enclosed a copy of the Certificate of Substantial Performance, Form 9, for the project.

It is your responsibility to place an advertisement in the Daily Commercial News stating the completion of the Work to inform all interested subcontractors and suppliers. Once you provide an official certificate, Rimkus will authorize the release of statutory holdback funds after the passing of the Lien period, 60 days from the date indicated on the Certificate of Substantial Completion.

Kindly issue the Project Closeout documents, including:

1. Notice of Publication.
2. Contractor's Workmanship Warranty.
3. Manufacturer's Roofing Warranty.
4. Maintenance manuals for installed products and systems.

Note that all warranties must identify the roof locations worked on and specify the amount of area completed for this project.

Once processed, please forward a copy of the required project closeout documentation to us for review. Final payment to be released after all the closeout documents have been reviewed and deemed in good order. Original documents to be submitted to the Client for their records.

Sincerely,

A handwritten signature in blue ink that reads 'Marco Merolle'.

Marco Merolle, Roofing Practice Leader

**FORM 9**  
**CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE**  
**CONTRACT UNDER SECTION 32 OF THE ACT**  
*Construction Act*

**City of Toronto**

(County/District/Regional Municipality/Town/City in which premises are situated)

**30 The Queensway, Toronto, ON M6R 1B5**

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

**Replacement of Gilgan Wing Roof Area G4.2**

(short description of the improvement)

to the above premises was substantially performed on **February 12, 2024**

(date substantially performed)

Date certificate signed: **February 29, 2024**



(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: **Unity Health Toronto**

Address for service: **30 The Queensway, Toronto, ON M6R 1B5**

Name of contractor: **Compass Construction**

**Resources Ltd.**

Address for service: **2700 Dufferin Street, Unit 77, Toronto, ON M6B 4J3**

**Rimkus Consulting Group**

Name of payment certifier (where applicable): **Canada, Inc.**

Address: **2121 Argentia Road, 4<sup>th</sup> Floor, Mississauga, ON L5N 2X4**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**St. Joseph's Health Centre, 30 The Queensway, Toronto, ON M6R 1B5**

(if a lien attaches to the premises, a legal description of the premises,  
including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)