



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 001671230

**2. Exact Name of the Limited Liability Company** Northeast Forest and Fire Management, LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

115310

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

NORTHEAST FOREST AND FIRE MANAGEMENT, LLC, SPECIALIZES IN MANAGING PINE BARRENS AND OTHER EARLY SUCCESSIONAL HABITATS. THE COMPANY, WORKS TO RESTORE AND MAINTAIN RARE AND DECLINING HABITATS BY PREPARING FOREST OR FIRE MANAGEMENT PLANS, MANAGING TIMBER HARVESTS, CONDUCTING VEGETATION TREATMENTS (INCLUDING INVASIVE SPECIES MANAGEMENT), AND HELPING TO PLAN AND CARRY OUT PRESCRIBED BURNS. STAFF MEMBERS ALSO PRESENT WORKSHOPS AND TRAINING ON A VARIETY OF WILDLAND FIRE AND LAND MANAGEMENT TOPICS. CLIENTS INCLUDE LAND TRUSTS, MUNICIPALITIES, FEDERAL AND STATE AGENCIES, AND NUMEROUS PRIVATE LANDOWNERS.

**5. Principal Office Address**

No. and Street: 29 MOODY DRIVE

City or Town: SANDWICH

State: MA

Zip: 02563

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JOEL R CARLSON Contact Title: PRINCIPAL CONSULTANT AND OWNER

No. and Street: 29 MOODY DRIVE

City or Town: SANDWICH State: MA Zip: 02563 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	JOEL R. CARLSON	29 MOODY DRIVE SANDWICH, MA 02563 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ALEX ENTRUP 22 HARDING AVENUE CRANSTON , RI 02905

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 3 Day of September, 2018 at 9:17:09 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By JOEL R CARLSON  
Signature of Authorized Person

Form No. 632  
Revised 09/07