



State of Rhode Island  
 Department of State - Business Services Division

2020 NOV 18 P 2:50  
 STATE  
 BUSINESS SERVICES DIV

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 RI DEPT OF STATE

Annual Report for the year: 2016  
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |  |  |           |                                  |  |                    |              |
|---|--|--|-----------|----------------------------------|--|--------------------|--------------|
| 1. Entity ID Number<br>000718944  |  | 2. Exact name of the Limited Liability Company<br>Peter S Jensen & Associates, LLC                             |           |                                  |  |                    |              |
| 3. NAICS Code<br>115310   |  | 4. Brief description of the character of business conducted in Rhode Island<br>Trail planning and construction |           |                                  |  |                    |              |
| 5. State of Formation<br>VT   |  |  |           |                                  |  |                    |              |
| 6. Principal Office Address<br>669 Sky Acres Road   |  |  |           | City<br>Washington               |  | State<br>VT        | Zip<br>05675 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |           |                                  |  |                    |              |
| Contact Name James R. Rose, EA  |  |  |           | Contact Title Enrolled Agent/POA |  |                    |              |
| Street Address 222 South Street #103  |  |  |           | City Pittsfield                  |  | State MA           | Zip 01201    |
| 8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |  |  |           |                                  |  |                    |              |
| Manager Name  |  |  |           | Manager Name                     |  |                    |              |
| Street Address  |  |  |           | Street Address                   |  |                    |              |
| City Washington   |  | State VT   | Zip 05675 | City                             |  | State              | Zip          |
| Manager Name  |  |  |           | Manager Name                     |  |                    |              |
| Street Address  |  |  |           | Street Address                   |  |                    |              |
| City  |  | State  | Zip       | City                             |  | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |  |           |                                  |  |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |           |                                  |  |                    |              |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |  |  |           |                                  |  |                    |              |
| Name of Authorized Person<br>James R. Rose, EA  |  |  |           |                                  |  | Date<br>11/17/2020 |              |
| Signature of Authorized Person<br><i>James R. Rose, EA</i>  |  |  |           |                                  |  |                    |              |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
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 BY DRDVG