



State of Rhode Island

## Department of State - Business Services Division

STAMP

Annual Report for the year: 2015

## 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 000718944		2. Exact name of the Limited Liability Company Peter S Jensen & Associates, LLC	
3. NAICS Code 115310		4. Brief description of the character of business conducted in Rhode Island Trail planning and construction	
5. State of Formation VT			
6. Principal Office Address 669 Sky Acres Road		City Washington	State VT Zip 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.			
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.			
Name of Authorized Person James R. Rose, EA		Date 11/17/2020	
Signature of Authorized Person <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

NOV 18 2020

BY *820V9*

FORM 632 - Revised: 08/2020

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