



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT OF STATE
BUS SVCS DIV

Annual Report for the year: 2014

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 Enroiled 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>					

FILED

NOV 18 2020

BY *JB RDV9*

FORM 632 - Revised: 08/2020

2:57pm

MAIL TO:

Division of Business Services

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