| State of Rhode Island Office of the Secretary of State 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. 746-66(r), back limited liability company failing or refusing to life its annual report within third; (30) days after the time prescribed by law (R.I.G.L. 7 - 1666(r)s, subject to a panaly fao of 255.0. ANNUAL REPORT YEAR: 2021 1. ID No. <u>0007118944</u> 2. Exact Name of the Limited Liability Company Peter S Jensen & Associates, 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 MAICS can be found online. 115310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TRAIL PLANNING AND CONSTRUCTION 5. Principal Office Address No. and Street: <u>669 SKY ACRES ROAD</u> City or Town: WASHINGTON State: <u>VT</u> Zip: <u>05675</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>222 SOUTH STREET</u> <u>#103</u> City or Town | | | | | |
|--|---|-----------------------------|------------------------------|--------------------------|--|
| Ida 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(R)(2) (acch limited liability company failing or refusing to file its annual report within thrify (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(R)(2) (as subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2021 1. ID No. 000718944 2. Exact Name of the Limited Liability Company Peter S Jensen & Associates, 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 TRAIL PLANNING AND CONSTRUCTION 5. Outling Office Address No. and Street: 669 SKY ACRES ROAD City or Town: WASHINGTON State: YT Zip: 05675 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 222 SOUTH STREET <u>H103</u> Contact Title: No and Street: 222 SOUTH STREET <u>H103</u> Contact Title: No and Street | | | | Fee: \$50.00 | |
| (401) 222-3040 Limited Liability Company 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 ty(20) 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: 2021 1. ID No. 000718944 2 Colspan="2">Associates, 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 TRAIL PLANNING AND CONSTRUCTION 5. Principal Office Address No. and Street: 609 SKY ACRES ROAD City or Town: State: YT Zip: 05675 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 609 SKY ACRES ROAD City or Town: Zip: 01201 Country: USA 6. Mailing Address of Limited Liability Company | | 148 W. River S | treet | | |
| Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(0), 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: 2021 1. ID No. 000718944 2. Exact Name of the Limited Liability Company Peter S Jensen & Associates, 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 TRAIL PLANNING AND CONSTRUCTION State: YT Zip: 05675 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 2022 SUPH STREET #103 City or Town: PITTSFIELD State: MA Title Note and Street: Contact Title: Note and Street: 201201 | | | | | |
| to file its annual report within thirty (30) days after the time prescribed by faw (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2021 1. ID No. 000718944 2. Exact Name of the Limited Liability Company Peter S Jensen & Associates, 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 TRAIL PLANNING AND CONSTRUCTION 5. Principal Office Address No. and Street: <u>669 SKY ACRES ROAD</u> City or Town: <u>WASHINGTON</u> State: <u>VT</u> zip: 05675 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>222 SOUTH STREET</u> <u>#103</u> City or Town: PITTSFIELD State: MA zip: 01201 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | Annual Report | | | | |
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| S. Principal Office Address No. and Street: <u>669 SKY ACRES ROAD</u> WASHINGTON State: <u>VT</u> Zip: <u>05675</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: <u>222 SOUTH STREET</u> <u>#103</u> City or Town: PITTSFIELD State: <u>MA</u> Zip: <u>01201</u> Country: <u>USA</u> Contact Title: No. and Street: <u>222 SOUTH STREET</u> <u>#103</u> <u>City or Town:</u> PITTSFIELD State: <u>MA</u> Zip: <u>01201</u> Country: <u>USA</u> Title Individual Name | 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | | |
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| Contact Name: Contact Title: No. and Street: 222 SOUTH STREET #103 City or Town: PITTSFIELD State: MA Zip: 01201 Country: USA Town: PITTSFIELD State: MA Zip: 01201 Country: USA Title Individual Name Address | | | | | |
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| DO NOT LIST MEMBERS Title Individual Name Address | | | <u>//A</u> Zip: <u>01201</u> | Country: <u>USA</u> | |
| | | | | | |
| First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country | Title | Individual Name | Add | Iress | |
| | | First, Middle, Last, Suffix | Address, City or Town, | State, Zip Code, Country | |

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

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE SUITE 2 BARRINGTON , RI 02806

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

Signed this 30 Day of November, 2021 at 12:40:32 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 <u>PETER S. JENSEN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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