

PROJECT TEAM FORM

Submittal Date: 2/10/2025

The Project Team Form is to be submitted with each stage of review. If no changes to the Project Team have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

ATTORNEY *This entity should be copied on all project correspondence* YES NO

Name: Michael Ursillo, Ursillo, Teitz & Ritch

Name of Primary Contact (if attorney is an organization): _____

Address: 2 Williams Street, Providence, RI 02903

Phone: 401-331-2222 Email: mikeursillo@utrlaw.com

ENGINEER *This entity should be copied on all project correspondence* YES NO

Name: _____

Name of Primary Contact (if engineer is an organization): _____

Address: _____

Phone: _____ Email: _____

SURVEYOR *This entity should be copied on all project correspondence* YES NO

Name: Richard L. Couchon, Dowdell Engineering Associates, LLC

Name of Primary Contact (if surveyor is an organization): _____

Address: P.O. Box 1684, 3949 Old Post Road, Charlestown, RI 02813

Phone: 401-364-1027 Email: _____

LANDSCAPE ARCHITECT *This entity should be copied on all project correspondence* YES NO

Name: _____

Name of Primary Contact (if landscape architect is an organization): _____

Address: _____

Phone: _____ Email: _____

ARCHITECT *This entity should be copied on all project correspondence* YES NO

Name: _____

Name of Primary Contact (if architect is an organization): _____

Address: _____

Phone: _____ Email: _____

OTHER *This entity should be copied on all project correspondence* YES NO

Name: _____

Role on Project: _____

Name of Primary Contact (if entity is an organization): _____

Address: _____

Phone: _____ Email: _____