

PROJECT TEAM FORM

Submittal Date: 10-2-20

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: Kenyon Law Associates

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

Address: 133 Old Tower Hill Road

Phone: 401-789-0217 Email: jfk@kenyonlawyers.com

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

Name: Principe Engineering, Inc.

Name of Primary Contact (if engineer is an organization): Josh Rosen, P.E.

Address: 27 Sakonnet Ridge Drive Tiverton, RI 02878

Phone: 401-219-0161 Email: josh@principeengineering.com

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

Name: _____

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

Address: _____

Phone: _____ 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: UNION STUDIO

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

Address: 140 Union Street Providence, RI 02903

Phone: 401-272-4724 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: _____