

PROJECT TEAM FORM

Submittal Date: _____

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, Esq.

Address: 133 Old Tower Hill Road Unit 1 Wakefield, RI 02879

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

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

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

Name: East Greenwich Surveyors, LLC

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

Address: _____

Phone: 401-339-2681 Email: kandrews1684@aol.com

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

Name: Matunuck Design Group

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

Address: PO Box 125 Wakefield, RI 02879

Phone: 401 644 4522 Email: mark@matunuckdesigngroup.com

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: _____