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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\frac{2019}{}$ **Limited Liability Company**

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→ Filing period. February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001688986	2. Exact name of the Limited Liability Company Cypress Creek O&M, LLC				
3. NAICS Code 221114		Brief description of the character of business conducted in Rhode Island Renewable energy operations and maintenance			
5. State of Formation Delaware					
6. Principal Office Address		City	State	Zip	
3402 Pico Boulevard		Santa Monica	CA	90405	
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person	<u> </u>		
Contact Name Marisa Scavo		Contact Title Authorized Person			
Street Address 3402 Pico Boulevard		City Santa Monica	State CA	Zip 90405	
8. The Resident Agent Inform	nation currently of record with the	e RI Department of State is accur	ate. Changes require	e filing Form 642.	
	declare and affirm that I have atements contained herein are	examined this report, including true and correct.	any accompanying	schedules and	
Name of Authorized Person			Date 3/21/2023		
Marisa Scavo			3/2.	1/2023	
Signature of Authorized Per	SON Docusigned by: Manisa Scavo DZEZB6D826104FA		1		

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov