



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), 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.

1. ID No. 113240		2. Exact name of the limited liability company Usource, L.L.C.			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TO CONDUCT ANY ACTIVITIES PERMITTED BY LAW AND SPECIFICALLY TO PROVIDE BROKERING OF ELECTRICITY AND GAS THROUGH AN ELECTRONIC MEDIUM.			
5. Principal office address 6 Liberty Lane West		City Hampton	State NH	Zip 03842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jennifer Auger			Contact Title Executive Assistant		
Street Address 6 Liberty Lane West		City Hampton	State NH	Zip 03842	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Todd R. Black			Manager Name		
Street Address 6 Liberty Lane West		Street Address			
City Hampton	State NH	Zip 03842	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-		

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

FILED

File Date **SEP 17 2007**
Check No. **2190**
By **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Todd R. Black 9/7/07
Signature of Authorized Person Date

Todd B. Black
Print or Type Name of Authorized Person