



Corporations Division  
149 W. River St  
Providence RI 02901-2615  
401 222 3046

## 2007

Filing Period: January 1 - March 1 - Filing fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(a), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(5)) is subject to a penalty fee of \$25.00.

|                                                                                                                                  |              |                                                                     |             |
|----------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------|-------------|
| 1. Certificate No. 157646                                                                                                        |              | 2. Name of Corporation<br>Sunlight Solar Energy, Inc.               |             |
| 3. Street Address Principal Business Office<br>4 NW Franklin Ave.                                                                |              | City<br>Bend                                                        | State<br>OR |
| 4. Business Phone No.<br>541-322-1910                                                                                            |              | 5. State of Incorporation<br>OREGON                                 |             |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>SOLAR ELECTRIC SALES, DESIGN AND INSTALLATION     |              |                                                                     |             |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> OR 10 SPACES BEFORE USING ATTACHMENTS  |              |                                                                     |             |
| President Name<br>Paul Israel                                                                                                    |              | Street Address                                                      |             |
| Street Address<br>1303 NW Davenport                                                                                              |              | City                                                                |             |
| City<br>Bend                                                                                                                     | State<br>OR  | Zip<br>97701                                                        |             |
| Secretary Name                                                                                                                   |              | Street Address                                                      |             |
| Street Address                                                                                                                   |              | City                                                                |             |
| City                                                                                                                             | State        | Zip                                                                 |             |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> OR 10 SPACES BEFORE USING ATTACHMENTS |              | Director Name                                                       |             |
| Director Name                                                                                                                    |              | Street Address                                                      |             |
| Street Address                                                                                                                   |              | City                                                                |             |
| City                                                                                                                             | State        | Zip                                                                 |             |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                           |              | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |
| AUTHORIZED SHARES                                                                                                                |              | ISSUED SHARES - THIS SECTION MUST BE COMPLETED                      |             |
| Number of Shares                                                                                                                 | Class/Series | Par Value                                                           |             |
| 1,000                                                                                                                            | common       | \$1-                                                                |             |
| Number of Shares                                                                                                                 | Class/Series | Par Value                                                           |             |
| 1000                                                                                                                             | common       | \$1-                                                                |             |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



**FILED**  
File Date \_\_\_\_\_  
Check No. **OCT 11 2007** \_\_\_\_\_  
By **14169** \_\_\_\_\_  
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 attachments, and that all statements contained herein are true and correct.

|                                                                                      |         |
|--------------------------------------------------------------------------------------|---------|
|  | 1-22-07 |
| Signature                                                                            | Date    |
| Paul Israel                                                                          |         |
| Print or Type Name                                                                   |         |
| President                                                                            |         |
| Title                                                                                |         |

Form 630 Rev 08/06

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