RI SOS Filing Number: 200702757080 Date: 10/17/2007 4:00 PM

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.	2. Exact name of the limited liability company
134246	Energy New England LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	ENERGY COOPERATIVE PROVIDING AND ASSET MANAGEMENT SERVICES

5. Principal office address	City	State	Zip
100 Foxboro Blvd Suite 110	Foxboro	MA	02035

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Tim Hebert	Sr. Vice President, Operations

Street Address	City	State	Zip
100 Foxboro Blvd Suite 110	Foxboro	MA	02035

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS (CHECK BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Leo Swift	100 Foxborough, Suite 110	Foxboro	MA	02035

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
THEODORE G. GARILLE	253 PASCOAG MAIN STREET	PASCOAG	02859-

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

[redacted] [redacted]

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.

Theodore G. Garille 9/15/07
Signature of Authorized Person *Date*

[redacted]

Theodore G. Garille
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 17 2007
By: By:
15932-10-195553
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07