



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. <u>143611</u> | | 2. Exact name of the limited liability company <u>Westerly Hospital Energy Company LLC</u> | | | |
| 3. State of Formation | | 4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Non-Regulated Power Producer</u> | | | |
| 5. Principal office address <u>25 Wells Street</u> | | City <u>Westerly</u> | State <u>RI</u> | Zip <u>02891</u> | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name <u>Maureen Carboni</u> | | | Contact Title <u>Agent</u> | | |
| Street Address <u>25 Wells Street</u> | | City <u>Westerly</u> | State <u>RI</u> | Zip <u>02891</u> | |
| 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 <u>None</u> | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |

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

| | |
|---------------------------------|--------------------|
| FILED | |
| File Date | <u>SEP 17 2009</u> |
| Check No. | <u>By 408347</u> |
| By: | |
| 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.

Maureen Carboni 9/9/09
Signature of Authorized Person Date

Maureen L Carboni
Print or Type Name of Authorized Person