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 2005

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
000110656	Pawtucket Power Holding Company, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Electricity generation

5. Principal office address	City	State	Zip
1210, 715 5 Avenue SW	Calgary	AB, Canada	T2P 2X6

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

Contact Name	Contact Title
Terry Zimaro, CA	Senior Financial Analyst

Street Address	City	State	Zip
1210, 715 5 Avenue SW	Calgary	AB, Canada	T2P 2X6

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) ☐

Manager Name	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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
CT Corporation System	Providence

Address	City	Zip
10 Weybosset Street	Rhode Island	02903

2009 SEP 16 PM 12: 11

2009 SEP -4 PM 12: 46

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

FILED
SEP 18 2009

[redacted] 000110656

[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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

38290-3-424489

29-99164

[redacted]

Signature of Authorized Person — Date: February 4, 2009

Terry Zimaro, CA
Print or Type Name of Authorized Person