



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. 159888		2. Exact name of the limited liability company FREEDOM PARTNERS, LLC			
3. State of Formation NEW HAMPSHIRE		4. Brief description of the character of the business which is actually conducted in Rhode Island MARKET AND SALE ELECTRICITY			
5. Principal office address 720 N. POST OAK ROAD, SUITE 630		City HOUSTON	State TEXAS	Zip 77024	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF OFFICER OF CONTACT PERSON Contact Name TONY M. BROWN		Contact Title CHIEF ADMINSTRATIVE OFFICER			
Street Address 720 N. POST OAK ROAD, SUITE 630		City HOUSTON	State TEXAS	Zip 77024	
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 TONY M. BROWN		Manager Name			
Street Address 720 N. POST OAK ROAD, SUITE 630		Street Address			
City HOUSTON	State TEXAS	Zip 77024	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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).

159888

10:59

2010 MAY 24 AM 10:59

File Date **FILED**
Check No. **MAY 24 2010**
By: **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.

[Signature] 5/21/10
Signature of Authorized Person Date
RUBEN RIVERA, COMPTROLLER
Print or Type Name of Authorized Person