

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 2010

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.

7. ID No. 1 56869	"	Exact name of the limited liability company ynergy Electric Technology Co., LLC				
3. State of Formation	4. Brief descripti Electrical C		rbich is actually conducted in Rhode Island			
5. Principal office address 272 Nausauket Rd			City Warwick	State RI	^{Zip} 02886-7457	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name John R Herrald			TE OR TITLE OF CONTACT PERSON: Contact Title Owner			
Street Address 272 Nausauket Rd			City Warwick	State RI	<i>Ζι</i> ρ 02886-7457	
7. NAME AND A	ADDRESS OF EACH MANA FILL IN	GER OF THE LIMITED LL SPACES BEFORE USING A		APPLICABLE - <u>DO NOT</u> (FOR ATTACHMENT)		
Manager Name John R Herrald			Manager Name			
Street Address 272 Nausauke	et Rd		Street Address			
City Warwick	State RI	Ζφ 08886-7457	City:	State	Zip	
Manager Name			Manager Name			
Stroet Address			Street Address			
City	State	Zip	City:	State	Zip	
	GENT IN RHODE ISLAND is currently of record in the	Office of the Secretary of St	ate. Changes require filing	of Form 642 - R.I.G.L. 7-1	16-11	

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

156869

	See Things
File Date _	OCT 18 2010
Check No	M 11
Ву:	129044
F	OR 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 of Authorized Person Date Date

John R Herrald

Print or Type Name of Authorized Person