RALPH MOI	State of Rhode Island and Providence Plantati Office of the Secretary of State	ONS Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
un tant	Providence RI 02904-2615	
Cretary of Sta	(401) 222-3040	
imited Liability	y Company	
nnual Report	mber 1 - November 1	
	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	y to
	within thirty (30) days after the time prescribed by law (R.I.G.L.	
-16-66(b&c)) is sub	bject to a penalty fee of \$25.00.	
ANNUAL REPORT	YEAR: <u>2011</u>	
1. ID No. <u>0001</u>	<u>149876</u>	
2. Exact Name of	f the Limited Liability Company <u>OLD BALDY ENERGY LLC</u>	<u>.</u>
3. State of Forma	ation	
State: <u>RI</u>		
	on of the Character of the Business Which is Actually Conduct	ed in Rhode Island
GAS BUSINESS		ed in Rhode Island
GAS BUSINESS 5. Principal Office	e Address	ed in Rhode Island
GAS BUSINESS 5. Principal Office No. and Street:	Address	
GAS BUSINESS 5. Principal Office No. and Street: City or Town:	Address <u> 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres	Address <u> 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> ss of Limited Liability Company and Name or Title of Contact 1	Country: <u>USA</u>
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>Ef</u>	Address <u> 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> ss of Limited Liability Company and Name or Title of Contact I <u>RNEST BAPTISTA</u> Contact Title: <u>PRESIDENT</u>	Country: <u>USA</u>
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres	Address <u> 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> ss of Limited Liability Company and Name or Title of Contact 1	Country: <u>USA</u>
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>Eff</u> No. and Street: City or Town:	Address <u> 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> States of Limited Liability Company and Name or Title of Contact II RNEST BAPTISTA Contact Title: <u>PRESIDENT 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> ress of Each Manager of the Limited Liability Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u>
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Ef No. and Street: City or Town: 7. Name and Add	Address <u> 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> ss of Limited Liability Company and Name or Title of Contact I <u> RNEST BAPTISTA</u> Contact Title: <u>PRESIDENT 16 MAIN STREET EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> ress of Each Manager of the Limited Liability Company, if Ap MEMBERS	Country: <u>USA</u> Person: Country: <u>USA</u>
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Eff No. and Street: City or Town: 7. Name and Addin DO NOT LIST M	Address          16 MAIN STREET         EAST GREENWICH       State: RI       Zip: 02818         iss of Limited Liability Company and Name or Title of Contact I         RNEST BAPTISTA Contact Title:       PRESIDENT         16 MAIN STREET       EAST GREENWICH       State: RI         EAST GREENWICH       State: RI       Zip: 02818         ress of Each Manager of the Limited Liability Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Eff No. and Street: City or Town: 7. Name and Addres DO NOT LIST M Title	Address          16 MAIN STREET         EAST GREENWICH       State: RI       Zip: 02818         States of Limited Liability Company and Name or Title of Contact I         RNEST BAPTISTA Contact Title:       PRESIDENT         16 MAIN STREET       EAST GREENWICH       State: RI         EAST GREENWICH       State: RI       Zip: 02818         ress of Each Manager of the Limited Liability Company, if Ap         MEMBERS       Individual Name       Ad         First, Middle, Last, Suffix       Address, City or Town	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Eff No. and Street: City or Town: 7. Name and Addie DO NOT LIST M Title 8. RESIDENT AGE	Address          16 MAIN STREET         EAST GREENWICH       State: RI       Zip: 02818         Iss of Limited Liability Company and Name or Title of Contact I         RNEST BAPTISTA Contact Title:       PRESIDENT         16 MAIN STREET         EAST GREENWICH       State: RI         Zip: 02818         ress of Each Manager of the Limited Liability Company, if Ap         MEMBERS         Individual Name       Ad	Country: <u>USA</u> Person: Country: <u>USA</u> plicable. dress
GAS BUSINESS 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: El No. and Street: City or Town: 7. Name and Addi DO NOT LIST M Title 8. RESIDENT AGE Changes Requir	Address          16 MAIN STREET         EAST GREENWICH       State: RI       Zip: 02818         cs of Limited Liability Company and Name or Title of Contact I         RNEST BAPTISTA Contact Title:       PRESIDENT         16 MAIN STREET       EAST GREENWICH       State: RI         EAST GREENWICH       State: RI       Zip: 02818         ress of Each Manager of the Limited Liability Company, if Ap       Members         Individual Name       Ad         First, Middle, Last, Suffix       Address, City or Town         ENT IN RHODE ISLAND - DO NOT ALTER       Contact R	Country: <u>USA</u> Person: Country: <u>USA</u> plicable. dress

**Signed this 27 Day of October, 2011 at 10:52:06 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>ERNEST P. BAPTISTA, JR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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