



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

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.

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000484519

**2. Exact Name of the Limited Liability Company** GreenLight Energy Solutions LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

The mission of GreenLight Energy Solutions LLC is to serve the Northeast with affordable, efficient, and attractive renewable energy systems. Greenlight Energy Solutions recognizes the future environmental impacts that will take place from our current energy consumption and production. As a socially responsible company we are committed to alleviating this impact by providing the best solar and wind products to our customers. Greenlight Energy Solutions is committed to the quality of its team who shares the vision and passion for improving the environment. GreenLight Energy Solutions purpose is to save you money, help you use less energy, and promote a healthier lifestyle for America.

**5. Principal Office Address**

No. and Street: 1364 MINERAL SPRING AVENUE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 20 JULIEN STREET

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

AMERICO MALLOZZI 20 JULIEN STREET SMITHFIELD , RI 02917

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

**Signed this 1 Day of December, 2011 at 11:37:31 PM 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 AMERICO MALLOZZI  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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