



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 130604		2. Exact name of the limited liability company Rhode Island Engine Genco, LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Holding Company			
5. Principal office address 120 White Plains Road, Suite 610		City Tarrytown		State New York	Zip 10591
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Joseph R. Villani		Contact Title Assistant Secretary/Contract Administrator			
Street Address 120 White Plains Road, Suite 610		City Tarrytown		State New York	Zip 10591
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name Rhode Island LFG Genco, LLC		Manager Name			
Street Address 120 White Plains Road, Suite 610		Street Address			
City Tarrytown	State New York	Zip 10591	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**OCT 05 2012**

BY 3100

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**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.

Joseph R. Villani  
Signature of Authorized Person

9/4/12  
Date

Assistant Secretary  
Print or Type Name of Authorized Person