

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.	2. Exact name	2. Exact name of the limited liability company				
130605	Broadrock G	Broadrock Gas Services LLC				
3. State of Formation	4. Brief descrip	Brief description of the character of business conducted in Rhode Island				
Delaware	Holding Con	Holding Company				
5. Principal office address			City	State	Zip	
120 White Plains Road, Suite 610			Tarrytown	New York	10591	
	LIMITED LIABILITY (COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name			Contact Title			
Joseph R. Villani		Assistant Secretary/Contract Administrator				
Street Address		City	State	Zip		
120 White Plains Road, Suite 610			Tarrytown	New York	10591	
("X" BOX FOR ATTACH	NAMES AND ADDRE MENT) [SSES) OF THE L	IMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO NO</u>	T LIST MEMBERS	
Manager Name Rhode Island LFG Genco, LLC			Manager Name			
Street Address			Street Address			
120 White Plains Road,	Suite 610					
City	State	Zip	City	State	Zip	
Tarrytown	New York	10591			<u>'</u>	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI	IODE ISLAND	<u> </u>				
This information is current	ly of record in the O	ffice of the Secre	tary of State. Changes require	filing Form 642.		
		, .,				

FILED

OCT 05 2012

BY 3102

File Date	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.		
Check No	Losop R. Villain	व पोव	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Assistant Secretary Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012