| ALPH MON SI | tate of Rhode Island and | – • • | | |
|--|--|-----------------------|-------------------|--|
| | Office of the Sec | | | NS Fee: \$50. |
| secretary of State | Division Of Bus 148 W. Riv Providence RI (401) 222 | er Street 02904-26 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | | |
| | 7-16-66(d), each limited liability n thirty (30) days after the time p penalty fee of \$25.00. | | | - |
| ANNUAL REPORT YEAR: | <u>2012</u> | | | |
| 1. ID No. <u>000509247</u> | - | | | |
| 2. Exact Name of the Lir | nited Liability Company Esse | x Energy | Partners, LLC | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| Energy project developme | e Character of the Business V | | | |
| 5. Principal Office Addres | 3S | | | |
| | <u>AUGHAN AVENUE</u> / <u>PORT</u> | State: <u>RI</u> | Zip: <u>02840</u> | Country: <u>USA</u> |
| 6. Mailing Address of Lir | nited Liability Company and I | lame or Ti | tle of Contact P | erson: |
| | AUGHAN AVENUE | State: <u>RI</u> | Zip: <u>02840</u> | Country: <u>USA</u> |
| 7. Name and Address of DO NOT LIST MEMBER | Each Manager of the Limited | Liability C | Company, if App | blicable. |
| Title | Individual Name | | Add | |
| MANAGER | First, Middle, Last, Suffix BRUCE DIGENNARO | Ad | | State, Zip Code, Country SHAN AVENUE N 02840 USA |
| | HODE ISLAND - DO NOT ALTI g of Form 642 - R.I.G.L. 7-16-1 | | | |

Signed this 28 Day of November, 2012 at 1:55:16 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 <u>BRUCE DIGENNARO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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