



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000792489		2. Exact name of the Corporation Energy Choice, Inc.			
3. Principal office address 20 Holland Street, Suite 406A			City Somerville	State MA	Zip 02144
4. Business Phone No. 617-939-0160			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Combined heat and power sales & related services and energy procurement / brokerage					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Minella Gjoka			Vice-President Name none		
Street Address 20 Holland Street, Suite 406A			Street Address none		
City Somerville	State MA	Zip 02144	City none	State none	Zip none
Secretary Name Manda Schulman			Treasurer Name none		
Street Address 20 Holland Street, Suite 406A			Street Address none		
City Somerville	State MA	Zip 02144	City none	State none	Zip none
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Minella Gjoka			Director Name Manda Schulman		
Street Address 20 Holland Street, Suite 406A			Street Address 20 Holland Street, Suite 406A		
City Somerville	State MA	Zip 02144	City Somerville	State MA	Zip 02144
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			none	none	none
			none	none	none

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date

Check No.

By

BY

JAN 09 2013

465

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.

Minella Gjoka
Signature of Authorized Representative

01/03/2012

Date

Minella Gjoka

Print or Type Name of Authorized Representative