



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. <b>000792489</b>		2. Exact name of the Corporation <b>Energy Choice, Inc.</b>			
3. Principal office address <b>20 Holland Street, Suite 406A</b>			City <b>Somerville</b>	State <b>MA</b>	Zip <b>02144</b>
4. Business Phone No. <b>617-939-0160</b>			5. State of Incorporation <b>Delaware</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Combined heat and power sales &amp; related services and energy procurement / brokerage</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Minella Gjoka</b>			Vice-President Name <b>none</b>		
Street Address <b>20 Holland Street, Suite 406A</b>			Street Address <b>none</b>		
City <b>Somerville</b>	State <b>MA</b>	Zip <b>02144</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Secretary Name <b>Manda Schulman</b>			Treasurer Name <b>none</b>		
Street Address <b>20 Holland Street, Suite 406A</b>			Street Address <b>none</b>		
City <b>Somerville</b>	State <b>MA</b>	Zip <b>02144</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Minella Gjoka</b>			Director Name <b>Manda Schulman</b>		
Street Address <b>20 Holland Street, Suite 406A</b>			Street Address <b>20 Holland Street, Suite 406A</b>		
City <b>Somerville</b>	State <b>MA</b>	Zip <b>02144</b>	City <b>Somerville</b>	State <b>MA</b>	Zip <b>02144</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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