RALPH MOLL St	ate of Rhode Island and Office of the Sec			ns Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Comp Annual Report Filing Period: September 1 -	•			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2012				
1. ID No. <u>000148316</u>				
2. Exact Name of the Limited Liability Company Blue Earth, LLC				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>Business Consulting</u>				
5. Principal Office Addres	s			
	<u>AIRVIEW AVENUE</u> <u>T WARWICK</u>	State: <u>RI</u>	Zip: <u>02893</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and I	Name or T	itle of Contact P	erson:
	IRVIEW AVENUE	State: <u>RI</u>	Zip: <u>02893</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Add	
	First, Middle, Last, Suffix	A	ddress, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
DIANE C. GUILLEMETTE 46 FAIRVIEW AVENUE WEST WARWICK, RI 02893-				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 24 Day of January, 2013 at 11:40:43 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>DIANE C. GUILLEMETTE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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