

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. 000653683	2. Exact name of the limited liability company SOLAR CANOPY, LLC							
3. State of Formation	Brief description of the character of business conducted in Rhode Island Engagement in any lawful business engaged in the design and manufacture of solar energy products.							
5. Principal office address 410 Benefit St.			City Providence, RI0290	[Zip			
GNABNGADDRESS-•ISBNIBBBBBAARIBBB SGNAARIANDAAAN Contact Name			Contact Title	Contact Title				
Street Address			City	State	Zip			
₹₽ <mark>₿\$₹₽Д₦</mark> ЬМ Д\ Д\ХӨӨЁБ\Д\ ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	Mesanovoj Noda	तिक्षकं हो सीह	and the same of th	August Maria	រល់ការប្រធានាការប្រ វិ	14.6		
Manager Name Donald S. Richardson			Manager Name					
treet Address 410 Benefit St.			Street Address					
City Providence, RI02906	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
NATES DEVITAGE NEW THE PROPERTY OF	DE BANK		The state of the s	للمسترج فشتمت فراوا المسا	and the second dispersions	مان تراکی اور در از در از در		
This information is currently	of record in th	e Office of the Sec	retary of State. Changes require t	iling Form 642.				

Salbino.	FILED	this report including any accompanying scriedules and statemen		
Control of the contro	MAR 2 1 2013	and that all statements contained herein are true and correct. Signature of Authorized Person Sate		
F V	0700	- Bonald S. Richardson	3/20/13	
पर्वासः अञ्चलसम्बद्धाः । । सम्बद्धाः असः असः ।		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012