



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 2013

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. 590648		2. Exact name of the limited liability company Providence Power LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Holding Company			
5. Principal office address 120 White Plains Road, Suite 610		City Tarrytown	State NY	Zip 10591	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph R. Villani		Contact Title Director of Compliance and Contract Administration			
Street Address 120 White Plains Road, Suite 610		City Tarrytown	State NY	Zip 10591	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Broadrock Biopower I LLC		Manager Name			
Street Address 120 White Plains Road, Suite 610		Street Address			
City Tarrytown	State NY	Zip 10591	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2013 SEP 10 PM 12:57
 SECRETARY OF STATE
 CORPORATIONS DIV.

FILED ✓

SEP 10 2013

BY CR 2052461

File Date _____

Check No _____

By: _____

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.

Joseph R. Villani
 Signature of Authorized Person

9/9/13
 Date

Joseph R. Villani

Print or Type Name of Authorized Person