



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.

2013 SEP 0 PM 12:57
 STATE OF RHODE ISLAND
 CORPORATIONS DIV

1. Entity ID No. 293158		2. Exact name of the limited liability company Rhode Island LFG Genco, 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.					

FILED ✓

SEP 10 2013

BY CA 205403

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 9/1/13
 Signature of Authorized Person Date

Joseph R. Villani
 Print or Type Name of Authorized Person