LPH MOD S		
	State of Rhode Island and Pro Office of the Secreta	
Secretary of State	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615
Limited Liability Com Annual Report Filing Period: September 1		
	. 7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	: <u>2013</u>	
1. ID No. <u>00014196</u>	<u>0</u>	
2. Exact Name of the Limited Liability Company <u>DIRECT ENERGY BUSINESS, LLC</u>		
3. State of Formation		
State: <u>DE</u>		
		h is Actually Conducted in Rhode Island
5. Principal Office Addre	255	
	IBERTY AVENUE, SUITE 1200 BURGH	State: <u>PA</u> Zip: <u>15222</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Person:
Contact Name: Contact		
No. and Street: <u>1001 LI</u> City or Town: <u>PITTSB</u>	<u>BERTY AVENUE, SUITE 1200</u> <u>URGH</u>	State: PA Zip: 15222 Country: USA
7. Name and Address of DO NOT LIST MEMBE	f Each Manager of the Limited Lial RS	bility Company, if Applicable.
	Individual Name	Address
Title		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
Title		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country 1001 LIBERTY AVENUE, SUITE 1200
MANAGER	First, Middle, Last, Suffix MAURA CLARK	Address, City or Town, State, Zip Code, Country 1001 LIBERTY AVENUE, SUITE 1200 PITTSBURGH, PA 15222 USA 12 GREENWAY PLAZA, SUITE 250

## <u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 31 Day of October, 2013 at 5:18:50 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>SON TRAN, ASSISTANT SECRETARY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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