

## 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.	Entity ID No.  2. Exact name of the limited liability company						
743396 WBNX Solar Owner LLC							
State of Formation 4. Brief description of the character of business conducted in Rhode Island							
West Side Solar Pagan Program							
	in star	Street	Frevidence	RI	12ip . 029	09	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name Kari Lang			Contact Title ACTIONIZED OFFICER				
Street Address 1560 Westminster Street			Providence	State	Zip 0 290	9	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip 22	50	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip	Şc.	
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							
OCT 31 2013							
209-209-108							
A. A.							
		13					
			Under penalty of perjury, I de	eclare and affirm t	hat I have ex	amined	
File Date	<del></del>		this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Check No			Signature of Authorized Person Date				
By:	ISE ONLY		Signature of Authorized Person	ang	D	aie)	
FOR SECRETARY OF STATE	USE ONLY		Kan N I	ang			

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012