



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. ID No.** 000506141

**2. Exact Name of the Limited Liability Company** New Energy Alliance, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Electronic transmission line and capital works delivery services and any other lawful business.

**5. Principal Office Address**

No. and Street: 1209 ORANGE STREET

City or Town: WILMINGTON State: DE Zip: 19801 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MARIE Contact Title: TRAN

No. and Street: PO BOX 356

City or Town: SHARON State: MA Zip: 02067 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| MANAGER | PETER ERICKSON                                 | 300 NICKERSON ROAD<br>MARLBOROUGH, MA 01752 USA            |
| MANAGER | MICHAEL TROUTMAN                               | 300 NICKERSON ROAD<br>MARLBOROUGH, MA 01752 USA            |
| MANAGER | JEFF CAMPBELL                                  | 2800 POST OAK BLVD, SUITE 2600<br>HOUSTON, TX 77056 USA    |
| MANAGER | DREW LEIST                                     | 999 PEACHTREE ST., SUITE 200<br>ATLANTA, GA 30309 USA      |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 2 Day of October, 2014 at 9:47:38 AM 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 MARIE TRAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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