

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.		2. Exact name of the limited liability company Arpin Renewable Energy, LLC				
505050	A Pili IX	enewable Lilergy	, LLC			
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Creation and rela	Creation, purchase, supply, promotion and education of and about renewable energy and related products and services.				
5. Principal office address 99 James P. Murphy Highway			City West Warwick	State RI	Zip 02893	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:	The state of the s	
Contact Name Peter Arpin		Contact Title Manager				
Street Address 99 James P. Murphy Highway			City West Warwick	State RI	Zip 02893	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Peter Arpin			Manager Name			
Street Address 99 James P. Murphy	Highway	440	Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RI	HODE ISLAND				A SAME AND	
This information is curren	tly of record in the	Office of the Secreti	ary of State. Changes require fili	ng Form 642.		

FILED

OCT 2 4 2014 610161

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. O / 2 2 / / 9 Signature of Authorized Person Date Peter Arpin
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012