STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
120000	Duke Energy Operating Company, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	GAS TRANSPORTATION OPERATIONS

5. Principal office address	City	State	Zip
5400 WESTHEIMER COURT	HOUSTON	TX	77056

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
BEVERLY FITE	ASSISTANT SECRETARY

Street Address	City	State	Zip
5400 WESTHEIMER COURT	HOUSTON	TX	77056

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
ALAN N. HARRIS	5400 WESTHEIMER COURT	HOUSTON	TX	77056
THOMAS C. O'CONNOR	5400 WESTHEIMER COURT	HOUSTON	TX	77056
GREGORY J. RIZZO	5400 WESTHEIMER COURT	HOUSTON	TX	77056

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

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

* 1 2 0 0 0 0 *

FILED
JAN 1 1 2005
BY ICP 560087

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.

Alan N Harris 9/21/04

Signature of Authorized Person *Date*

ALAN N. HARRIS

Print or Type Name of Authorized Person

Form 632 Rev. 7/03