



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120000		2. Exact name of the limited liability company Duke Energy Operating Company, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island GAS TRANSPORTATION OPERATIONS	
5. Principal office address 5400 WESTHEIMER COURT		City HOUSTON	State TX
		Zip 77056	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BEVERLY FITE		Contact Title ASSISTANT SECRETARY	
Street Address 5400 WESTHEIMER COURT		City HOUSTON	State TX
		Zip 77056	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (TX 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 ROBERT B. EVANS		Manager Name THEOPOLIS HOLEMAN	
Street Address 5400 WESTHEIMER COURT		Street Address 5400 WESTHEIMER COURT	
City HOUSTON	State TX	City HOUSTON	State TX
Zip 77056		Zip 77056	
Manager Name DOROTHY M. ABLES		Manager Name	
Street Address 5400 WESTHEIMER COURT		Street Address	
City HOUSTON	State TX	City	State
Zip 77056		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 1 2 0 0 0 0 \*

File Date	11-25-02
Check No.	1041099
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.

Signature of Authorized Person: Beverly J. Fite  
Date: 9-17-02  
Print or Type Name of Authorized Person: Beverly J. Fite