

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 2015

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. 000849813		e of the limited liabil Energy Manag	lity company lement Solutions, LLC			
3. State of Formation Delaware	Brief description of the character of business conducted in Rhode Island to engage in the business of providing comprehensive energy efficiency solutions, any related or incidental activities, and any other lawful activities					
5. Principal office address 420 Northboro Road Central			City Marlborough	State MA	Zip 01752	
S. MAILING ADDRESS OF LIME	TED LIABILIT	Y COMPANY AND N	IAME OR TITLE OF CONTACT P	ERSON:		
Contact Name James L. Van Sicklin			Contact Title Member			
Street Address 420 Northboro Road Central			City Marlborough	State MA	Zip 01752	
LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT		RESSES) OF THE L	IMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
ity	State	Zip	City	State	Zip 😸 😅	
RESIDENT AGENT IN RHODE					2 9	
ils momador is currently of	record in the		etary of State. Changes require fi	ing Form 642.	7 PH 2: 03	
	R\	10n 251				
File Date			.05 Under penalty of perju	ny accompanying :	irm that I have examine schedules and statemer are true and correct.	
By:			Signature of Authorized	Person	Date	
•			James L. Van Sic	James L. Van Sicklin, Member		
FOR SECRETARY OF STATE (JSE ONLY		Print or Type Name of A	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012