



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  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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.<br><b>159929</b>                                                                                                                                  |                    | 2. Exact name of the limited liability company<br><b>Horizon Power &amp; Light, L.L.C.</b>                        |                        |                     |                     |
| 3. State of Formation<br><b>Maryland</b>                                                                                                                           |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Retail Electricity Provider</b> |                        |                     |                     |
| 5. Principal office address<br><b>800 Bering Drive, Suite 250</b>                                                                                                  |                    | City<br><b>Houston</b>                                                                                            | State<br><b>TX</b>     | Zip<br><b>77057</b> |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |                    |                                                                                                                   |                        |                     |                     |
| Contact Name<br><b>Neil Leibman</b>                                                                                                                                |                    | Contact Title<br><b>CEO</b>                                                                                       |                        |                     |                     |
| Street Address<br><b>800 Bering Drive, Suite 250</b>                                                                                                               |                    | City<br><b>Houston</b>                                                                                            | State<br><b>TX</b>     | Zip<br><b>77057</b> |                     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                   |                        |                     |                     |
| Manager Name<br><b>Neil Leibman</b>                                                                                                                                |                    | Manager Name<br><b>Tom O'Leary</b>                                                                                |                        |                     |                     |
| Street Address<br><b>800 Bering Drive, Suite 250</b>                                                                                                               |                    | Street Address<br><b>800 Bering Drive, Suite 250</b>                                                              |                        |                     |                     |
| City<br><b>Houston</b>                                                                                                                                             | State<br><b>TX</b> | Zip<br><b>77057</b>                                                                                               | City<br><b>Houston</b> | State<br><b>TX</b>  | Zip<br><b>77057</b> |
| Manager Name                                                                                                                                                       |                    | Manager Name                                                                                                      |                        |                     |                     |
| Street Address                                                                                                                                                     |                    | Street Address                                                                                                    |                        |                     |                     |
| City                                                                                                                                                               | State              | Zip                                                                                                               | City                   | State               | Zip                 |
|                                                                                                                                                                    |                    |                                                                                                                   |                        |                     |                     |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                  |                    |                                                                                                                   |                        |                     |                     |
| This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                  |                    |                                                                                                                   |                        |                     |                     |

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 FEB 16 AM 11:47

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

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.

*Neil Leibman* 02/09/2016  
Signature of Authorized Person Date  
Neil Leibman  
Print or Type Name of Authorized Person

FEB 16 2016 11:49

By: 267660