

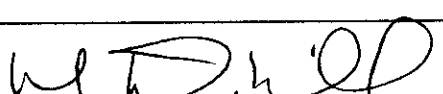


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000538518		2. Exact name of the Corporation RENEW Energy Initiative, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Promote growth of renewable energy and energy efficiency.			
5. Principal Office Address 117 Metro Center Blvd., Suite 3000		City Warwick		State RI	Zip 02886
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark DeMoranville			Vice-President Name		
Street Address 117 Metro Center Blvd., Suite 3000			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Guy Natelli			Treasurer Name Paul Fredette		
Street Address 117 Metro Center Blvd., Suite 3000			Street Address 117 Metro Center Blvd., Suite 3000		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Paul Fournier, Chair			Director Name Richard Lallo, Director		
Street Address 117 Metro Center Blvd., Suite 3000			Street Address 117 Metro Center Blvd., Suite 3000		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Dennis McCarthy, Director			Director Name Michael Sokoll, Director		
Street Address 117 Metro Center Blvd., Suite 3000			Street Address 117 Metro Center Blvd., Suite 3000		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Mark DeMoranville, President				Date 6/27/2016	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 29 2016

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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ATTACHMENT #1 OF 1

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5. Principal Office Address				City		State		Zip	
6. List ALL officers (names and addresses)								Check the box to indicate an attachment <input type="checkbox"/>	
President Name				Vice-President Name					
Street Address				Street Address					
City		State	Zip	City		State	Zip		
Secretary Name				Treasurer Name					
Street Address				Street Address					
City		State	Zip	City		State	Zip		
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.									
Check the box to indicate an attachment <input type="checkbox"/>									
Director Name Michelle Cullion, Director				Director Name Matt Histen, Director					
Street Address 117 Metro Center Blvd., Suite 3000				Street Address 117 Metro Center Blvd., Suite 3000					
City Warwick		State RI	Zip 02886	City Warwick		State RI	Zip 02886		
Director Name				Director Name					
Street Address				Street Address					
City		State	Zip	City		State	Zip		
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Name of Officer/Authorized Representative								Date	
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