

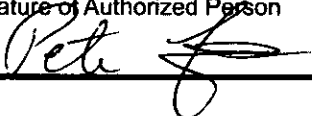


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**Annual Report for the year:** 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |                 |                                                                                                               |                              |                          |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>799842</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>US SOLARWORKS LLC</b>                                    |                              |                          |                     |
| 3. NAICS Code<br>54 - Professional, Scientific, <input checked="" type="checkbox"/>                                                                                                                         |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>SOLAR ENERGY CONSULTING</b> |                              |                          |                     |
| 5. State of Formation<br><b>MA</b>                                                                                                                                                                          |                 |                                                                                                               |                              |                          |                     |
| 6. Principal Office Address<br><b>64 WATER STREET</b>                                                                                                                                                       |                 | City<br><b>ATTLEBORO</b>                                                                                      |                              | State<br><b>MA</b>       | Zip<br><b>02703</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                               |                              |                          |                     |
| Contact Name <b>PETER FINE</b>                                                                                                                                                                              |                 |                                                                                                               | Contact Title <b>MANAGER</b> |                          |                     |
| Street Address<br><b>64 WATER STREET</b>                                                                                                                                                                    |                 | City <b>ATTLEBORO</b>                                                                                         |                              | State <b>MA</b>          | Zip <b>02703</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                               |                              |                          |                     |
| Manager Name <b>PETER FINE</b>                                                                                                                                                                              |                 |                                                                                                               | Manager Name                 |                          |                     |
| Street Address<br><b>64 WATER STREET</b>                                                                                                                                                                    |                 |                                                                                                               | Street Address               |                          |                     |
| City <b>ATTLEBORO</b>                                                                                                                                                                                       | State <b>MA</b> | Zip <b>02703</b>                                                                                              | City                         | State                    | Zip                 |
| Manager Name                                                                                                                                                                                                |                 |                                                                                                               | Manager Name                 |                          |                     |
| Street Address                                                                                                                                                                                              |                 |                                                                                                               | Street Address               |                          |                     |
| City                                                                                                                                                                                                        | State           | Zip                                                                                                           | City                         | State                    | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                               |                              |                          |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                               |                              |                          |                     |
| <b>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.</b> |                 |                                                                                                               |                              |                          |                     |
| Name of Authorized Person<br><b>PETER FINE</b>                                                                                                                                                              |                 |                                                                                                               |                              | Date<br><b>9/19/2016</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                               |                              | SIGN DOCUMENT HERE       |                     |

FILED

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

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By 6640  
KMC