

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

R.I. DEVELOP STATE

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2: 41

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.	2, Exact nam	2. Exact name of the limited liability company					
799324	Forbes Str	Forbes Street Solar LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
Delaware	Renewable	Renewable Energy Investments					
5. Principal office addres	<u></u> .		City	State	Zip		
1166 Avenue of the Americas, Ninth Floor			New York	NY	10036		
6. MAILING ADDRESS (F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name			Contact Title				
Heather Conrad							
Street Address			City	State	Zip		
1166 Avenue of the Americas, Ninth Floor			New York	NY	10036		
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
Citv	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Olly		'					
8. RESIDENT AGENT IN	RHODE ISLAND	14 · 14/1.24					
	والأرسل المحمد والمسارين والأوران	e Office of the Seci	retary of State. Changes requir	re filing Form 642.			

FILED

NOV 02 2016

By A. 287684

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
Check No	John a. The	10/27/2016	
Bv:	Signature of Authorized Person	Date	
	John M. Liftin Print or Type Name of Authorized Person		
FOR SECRETARY OF STATE USE ONLY			

Form No. 632 Revised: 01/2012