



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 <u>001339167</u>		2. Exact name of the Limited Liability Company <u>North Kingstown Solar II, LLC</u>	
3. State of Formation <u>DE</u>		4. Brief description of the character of business conducted in Rhode Island <u>Solar Energy</u>	
5. Principal Office Address <u>155 N. Wacker Drive #4250</u>		City <u>Chicago</u>	State <u>IL</u>
		Zip <u>60606</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Kevin Hirsh</u>		Contact Title <u>CFO</u>	
Street Address <u>155 N. Wacker #4250</u>		City <u>Chicago</u>	State <u>IL</u>
		Zip <u>60606</u>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Kevin Hirsh</u>		Manager Name <u>Michael Luo</u>	
Street Address <u>155 N Wacker #4250</u>		Street Address <u>155 N Wacker #4250</u>	
City <u>Chicago</u>	State <u>IL</u>	City <u>Chicago</u>	State <u>IL</u>
Zip <u>60606</u>		Zip <u>60606</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.			
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.			
Name of Authorized Person <u>Kevin Hirsh</u>		Date <u>10/21/16</u>	
Signature of Authorized Person <u>[Signature]</u>		SIGN DOCUMENT HERE	

FILED

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BY

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MAIL TO:

Division of Business Services

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