



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

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Annual Report for the year: 2017

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 1099976		2. Exact name of the Corporation PowerOptions, Inc.			
3. State of Incorporation Massachusetts		5. Brief description of the character of business conducted in Rhode Island To act as an electricity, natural gas, renewables and energy efficiency purchasing cooperative for non-profit organizations and government entities.			
4. NAICS Code 541690					
6. Principal Office Address 129 South Street, 5th Floor			City Boston	State MA	Zip 02111
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Cynthia Arcate			Vice-President Name Margaret Lusardi		
Street Address 4 Woodhaven Road			Street Address 10 Lourdes Avenue, #2		
City Newton	State MA	Zip 02468	City Jamaica Plain	State MA	Zip 02130
Secretary Name Robert Ruddock			Treasurer Name John H. Dickson		
Street Address 436 Pleasant Street			Street Address 17 Dunster Road		
City Belmont	State MA	Zip 02478	City Needham	State MA	Zip 02494
8. 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 Tina M. Bennett			Director Name Janet Gail Besser		
Street Address 10 Fox Run Road			Street Address 25 Pheasant Road		
City Medway	State MA	Zip 02053	City Needham	State MA	Zip 02492
Director Name Barbara Kates-Garnick			Director Name		
Street Address 289 Marlborough Street			Street Address		
City Boston	State MA	Zip 02116	City	State	Zip
9. 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 Cynthia Arcate, President					Date June 19, 2017
Signature of Officer/Authorized Representative 					FILED

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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