



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

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 BUS SVCS DIV
 2017 OCT 11 PM 1:59

Annual Report for the year: 2017 Amended
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000920073		2. Exact name of the Corporation SolarCity Corporation			
3. Principal Office Address 3055 Clearview Way			City San Mateo	State CA	Zip 94402
4. NAICS Code 84 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Solar system installation, leasing, selling and financing			
5. State of Incorporation Delaware		# 238210			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Todd Maron			Vice-President Name Cal Lankton		
Street Address 3055 Clearview Way			Street Address 3055 Clearview Way		
City San Mateo	State CA	Zip 94402	City San Mateo	State CA	Zip 94402
Secretary Name Todd Maron			Treasurer Name Radford Small		
Street Address 3055 Clearview Way			Street Address 3055 Clearview Way		
City San Mateo	State CA	Zip 94402	City San Mateo	State CA	Zip 94402
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Todd Maron			Director Name none		
Street Address 3055 Clearview Way			Street Address n/a		
City San Mateo	State CA	Zip 94402	City n/a	State n/a	Zip n/a
Director Name none			Director Name none		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100,000,000		PWP	\$ 0.0001
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Radford Small				Date 10/9/2017	
Signature of Authorized Representative <i>Radford Small</i>					

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 1:59