RI SOS Filing Number: 201753755870 Date: 11/21/2017 4:00:00 PM

(II)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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Annual Report for the year: 2017 **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 2. Exact name of the Limited Liability Company JOHNSTON SOLAR I JV, LLC					· · · · · · · · · · · · · · · · · · ·		
531390 LEASING OF		otion of the character of business conducted in Rhode Island F REAL ESTATE FOR PRODUCTION AND SALE OF SOLAR PHOTO					
5. State of Formation RHODE ISLAND							
6. Principal Office Address 260 WEST EXCHANGE STR	EET, SUITE 10	02A	City PROVIDENCE	State RI	Zip 02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MAARTEN REID	EL		Contact Title				
Street Address 260 WEST EXCH	IANGE STREE	T, SUITE 102A	City PROVIDENCE	State RI	^{Zip} 02903		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachmen							
9. Resident Agent in Rhode Island. This information is currently of record with 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					Date		
MAARTEN REIDEL, AUTHORIZED PERSON							
Signature of Authorized Person							
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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