



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

Amended
2017

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. 129457		2. Exact name of the limited liability company HOMESERVE USA ENERGY SERVICES (NEW ENGLAND) LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Energy Services			
5. Principal office address 5 Constitution Way, Ste. B		City Woburn	State MA	Zip 01801	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name			Contact Title		
Street Address 5 Constitution Way, Ste. B		City Woburn	State MA	Zip 01801	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Thomas Rusbin		Manager Name John Kitzie			
Street Address 5 Constitution Way, Ste. B		Street Address 601 Merritt 7, 6th Floor			
City Woburn	State MA	Zip 01801	City Norwalk	State CT	Zip 06851
Manager Name PAUL CLOUTIER		Manager Name Richard Gannon			
Street Address 601 Merritt 7, 6th Floor		Street Address 601 Merritt 7, 6th Floor			
City Norwalk	State CT	Zip 06851	City Norwalk	State CT	Zip 06851
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

JAN 05 2018

BY CR 1:32

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Richard Gannon
Print or Type Name of Authorized Person

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