	State of Dhede Joland and Dre		
	State of Rhode Island and Pro Office of the Secreta		ons Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet )4-2615	
Limited Liability Co Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability comp thin thirty (30) days after the time presc a penalty fee of \$25.00.		<u>-</u>
ANNUAL REPORT YEA	<b>R</b> : <u>2018</u>		
<b>1. ID No.</b> <u>0016728</u>	60		
2. Exact Name of the	Limited Liability Company Constella	ation Solar New Jerse	y IV, LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
6	Code that best describes the primary	husiness conducted by	the entity Download
	ore information on <u>NAICS</u> can be found	•	The entity. Download
454319		online.	-
<u>454319</u>	ore information on <u>NAICS</u> can be found	online.	-
454319 4. Brief Description of	the Character of the Business Which	online.	-
454319 <b>4. Brief Description of</b> <u>ENERGY SERVICES</u> <b>5. Principal Office Add</b> No. and Street: 13 <u>81</u>	the Character of the Business Which ress <u>10 POINT STREET</u> <u>TH FLOOR</u>	online.	ed in Rhode Island
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454319         4. Brief Description of a         ENERGY SERVICES         5. Principal Office Add         No. and Street:       13 87         City or Town:       BA         6. Mailing Address of I         No. and Street:       131 87         Contact Name:       Contact 131         No. and Street:       131         City or Town:       BA	the Character of the Business Which ress <u>10 POINT STREET</u> <u>TH FLOOR</u> <u>ALTIMORE</u> State: <u>M</u> -imited Liability Company and Name of Each Manager of the Limited Liab	Image: online.       Image: online.         Image: image: online.       Image: online.         Image: online.       Zip: 21231         Image: online.       Zip: 21231         Image: online.       Zip: 21231         Image: online.       Zip: 21231	ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>
454319         4. Brief Description of a         ENERGY SERVICES         5. Principal Office Add         No. and Street:       13 81 City or Town:         6. Mailing Address of L         Contact Name:       Contact 13 81 City or Town:         Contact Name:       13 81 Contact Name:         Contact Name:       13 81 Contact No. and Street:         No. and Street:       13 81 Contact No. and Street:         Mathematical Street:       13 Contact No. and Street:         No. and Street:       13 Contact No. and Street:	the Character of the Business Which ress <u>10 POINT STREET</u> <u>TH FLOOR</u> <u>ALTIMORE</u> State: <u>M</u> -imited Liability Company and Name of Each Manager of the Limited Liab	Image: online.         Image: is Actually Conducted         Image:	ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETOWRK, INC. <u>10 DORRANCE STREET</u>, #700 <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 27 Day of February, 2018 at 4:09:42 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By KATHERINE A. SMITH

Signature of Authorized Person

Form No. 632 Revised 09/07

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