



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

Annual Report for the year: **2016**

Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 APR 23 PM 2:47

1. Entity ID Number 000912449		2. Exact name of the Corporation Putnam Hydropower Inc.			
3. Principal Office Address 87 Senexet Road			City Woodstock	State CT	Zip 06281
4. NAICS Code 221118		6. Brief description of the character of business conducted in Rhode Island Hydroelectric plant operations			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Katherine Rosenfield			Vice-President Name		
Street Address 87 Senexet Road			Street Address		
City Woodstock	State CT	Zip 06281	City	State	Zip
Secretary Name Charles Rosenfield			Treasurer Name Charles Rosenfield		
Street Address 87 Senexet Road			Street Address 87 Senexet Road		
City Woodstock	State CT	Zip 06281	City Woodstock	State CT	Zip 06281
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles Rosenfield			Director Name Katherine Rosenfield		
Street Address 87 Senexet Road			Street Address 87 Senexet Road		
City Woodstock	State CT	Zip 06281	City Woodstock	State CT	Zip 06281
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			5,000		CNP
			PAR VALUE		0.00
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 Charles Rosenfield				Date April 17, 2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 23 2018
BY [Signature] 2451996
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