



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
 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	PAR VALUE	
		5,000	CNP	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. <i>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.</i>					
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

BY APR 23 2018
 2451996
 2:55