	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp iin thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2018</u>		
<b>1. ID No.</b> <u>00133640</u>	7		
2. Exact Name of the Li	imited Liability Company <u>RELIAN</u>	T ENERGY NORTHEA	ST LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
	Code that best describes the primary re information on <u>NAICS</u> can be found	-	entity. Download
<u>221122</u>			
4. Brief Description of th	ne Character of the Business Which	is Actually Conducted ir	n Rhode Island
RETAIL ELECTRICIT	Y SALES AND RELATED ACTIV	ITIES.	
5. Principal Office Addre	<b>?</b> \$\$		
No. and Street: 804	CARNEGIE CENTER	e: <u>NJ</u> Zip: <u>08540</u> (	Country: <u>USA</u>
No. and Street: <u>804</u> City or Town: <u>PRII</u>	CARNEGIE CENTER		·
No. and Street: 804   City or Town: PRII   6. Mailing Address of Li   Contact Name: Contact   No. and Street: 804 (2004)	CARNEGIE CENTER   NCETON Stat   imited Liability Company and Name   Title:   CARNEGIE CENTER	or Title of Contact Perso	on:
No. and Street: 804   City or Town: PRII   6. Mailing Address of Li   Contact Name: Contact   No. and Street: 804 (Or prime)   City or Town: PRII	CARNEGIE CENTER   NCETON Stat   imited Liability Company and Name   Title:   CARNEGIE CENTER   ICETON State   f Each Manager of the Limited Liab	e or Title of Contact Person	on: Country: <u>USA</u>
No. and Street: 804 City or Town: PRII 6. Mailing Address of Li Contact Name: Contact No. and Street: 804 ( City or Town: PRIN 7. Name and Address of	CARNEGIE CENTER   NCETON Stat   imited Liability Company and Name   Title:   CARNEGIE CENTER   ICETON State   f Each Manager of the Limited Liab	e or Title of Contact Person	on: Country: <u>USA</u> Ible.

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 26 Day of September, 2018 at 5:41:37 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 <u>KELLY LETTMANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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