S	State of Rhode Island and Pro	vidence Plantations	Fee: \$50.00
	Office of the Secreta	ry of State	
	Division Of Business	Services	
148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
Filing Period: September 1	- NOVEMBER 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2018			
1. ID No. <u>000163720</u>			
2. Exact Name of the Limited Liability Company <u>HUDSON ENERGY SERVICES, LLC</u>			
3. State of Formation			
State: <u>NJ</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>999999</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ENERGY SUPPLY			
5. Principal Office Address			
No. and Street: <u>105 DECKER COURT</u>			
	<u>TE 1050</u> VINC States	TV = 7in, 75060 = 0	
City or Town: <u>IRV</u>	<u>'ING</u> State:	<u>TX</u> Zip: <u>75062</u> Country	y: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: BARBARA WHYTE Contact Title: SENIOR PARALEGAL			
No. and Street: 5251 WESTHEIMER ROAD, SUITE 1000			
City or Town: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77056</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
i iug	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country
MANAGER	PAT MCCULLOUGH	5251 WESTHEIMER RD S HOUSTON, TX 77056 US	

JAMES BROWN

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 17 Day of October, 2018 at 4:18:03 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 PAT MCCULLOUGH

Signature of Authorized Person

Form No. 632 Revised 09/07

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