



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

**Annual Report for the year:** 2018

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|                                                                                                                                                                                                             |       |                                                                                                                                   |                  |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|--------------|
| 1. Entity ID Number<br>000856488                                                                                                                                                                            |       | 2. Exact name of the Limited Liability Company<br>DESRI V LA County Solar Holdco, L.L.C.                                          |                  |                    |              |
| 3. NAICS Code<br>22 114                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Ownership and operation of energy-related projects |                  |                    |              |
| 5. State of Formation<br>Delaware                                                                                                                                                                           |       |                                                                                                                                   |                  |                    |              |
| 6. Principal Office Address<br>1166 Avenue of the Americas, Ninth Floor                                                                                                                                     |       |                                                                                                                                   | City<br>New York | State<br>NY        | Zip<br>10036 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                   |                  |                    |              |
| Contact Name<br>Legal Administrator                                                                                                                                                                         |       |                                                                                                                                   | Contact Title    |                    |              |
| Street Address<br>1166 Avenue of the Americas, Ninth Floor                                                                                                                                                  |       |                                                                                                                                   | City<br>New York | State<br>NY        | Zip<br>10036 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                                   |                  |                    |              |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                                   | Manager Name     |                    |              |
| Street Address                                                                                                                                                                                              |       |                                                                                                                                   | Street Address   |                    |              |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                               | City             | State              | Zip          |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                                   | Manager Name     |                    |              |
| Street Address                                                                                                                                                                                              |       |                                                                                                                                   | Street Address   |                    |              |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                               | City             | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                                   |                  |                    |              |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                                   |                  |                    |              |
| <b>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.</b> |       |                                                                                                                                   |                  |                    |              |
| Name of Authorized Person<br>Martin Lebowitz, Authorized signatory of DESRI V Acquisition 2, L.L.C., the manager                                                                                            |       |                                                                                                                                   |                  | Date<br>10/30/2018 |              |
| Signature of Authorized Person<br><i>Martin Lebowitz</i>                                                                                                                                                    |       |                                                                                                                                   |                  | SIGNATURE 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](http://www.sos.ri.gov)

**FILED**

OCT 31 2018

BY *8655*