



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$60.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Benefit Corporation
Annual Report**

Filing Period: Fiscal Year End - 120 days after Fiscal Year End

In accordance with R.I.G.L. 7-5.3-1501(e), each corporation failing or refusing to file its annual report within one hundred fifty (150) days following the end of the fiscal year is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 001679241

2. Name of Corporation Collaborative Energy Options, Inc.

3. Street Address Principal Business Office:

No. and Street: 410 KINGSTOWN ROAD
SUITE 3

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country: USA

4. Business Phone No.

4012130260

5. State of Incorporation

State: RI

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.

221122

6. Brief Description of the Character of Business Conducted in Rhode Island

FISCAL YEAR END DECEMBER 31. THE MISSION OF THE COMPANY IS TO ASSIST
NON-
PROFIT ORGANIZATIONS, EDUCATIONAL INSTITUTIONS AND GOVERNMENTAL
SUBDIVISIONS WITH STRATEGIC ENERGY SOURCING, COMMODITY MANAGEMENT
AND DEVELOPING SOLUTIONS THAT WILL REDUCE OVERALL ENERGY DEMAND AND
ENABLE OR IMPLEMENT ENVIRONMENTALLY CONSCIOUS ENERGY GENERATION
AND
USE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	BRYAN P. YAGOOBIAN	410 KINGSTOWN ROAD, SUITE 3 WEST KINGSTON, RI 02892 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	10,000.00	0

9. 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.

10. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created:

ENERGY AGRAGATOR

11. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

N/A

12. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

N/A

13. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

N/A

14. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an exclamation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:

N/A

15. The statement of the benefit director described in subsection 7-5.3-8(c):

N/A

16. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:

N/A

17. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:

N/A

18. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.

Signed this 1 Day of August, 2019 at 11:14:57 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By K. ERIK WALLIN

Signature of Authorized Representative of the Corporation

Form No. 633
Revised 07/13