RI SOS Filing Number: 201918772340 Date: 9/9/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAME

Annual Report for the year: 2019

**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.

| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                              |     |                |          |                             |
|--|---|-----|----------------|----------|-----------------------------|
| CPIPUUT  | Eastern Biomass LLC   |     |                |          |                             |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |     |                |          |                             |
| 454310   | Bulk Wood Pellet heating fuel   |     |                |          |                             |
| 5. State of Formation  |   |     |                |          |                             |
| RI   |   |     |                |          |                             |
| 6. Principal Office Address  |   |     | City           | State    | Zip .                       |
| 165 Court House Lane   |   |     | Pascoag        | RI       | 02859                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |     |                |          |                             |
| Conlact Name Nathan Lataille   |   |     | Contact Title  |          |                             |
| Street Address 165 Court House Lane  |   |     | City Pascoag   | State RI | <sup>Zip</sup> <b>02859</b> |
| 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    | <b>Ž</b> ip                 |
| Check the box to indicate an attachment  |   |     |                |          |                             |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |   |     |                |          |                             |
| 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. |   |     |                |          |                             |
| Name of Authorized Person  |   |     |                | Date     |                             |
| Nathan Latafile  |   |     |                | 8/28/19  |                             |
| Signature of Authorized Person 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

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vised: 10/2017

FORM 63