



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

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: 2019

1. ID No. 001336197

2. Exact Name of the Limited Liability Company NEW RIVER GROUP, LLC

3. State of Formation

State: OH

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.

425120

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE COMPANY SUPPLIES RETAIL OR WHOLESALE ELECTRICITY OR NATURAL GAS TO
CUSTOMERS AND COMPANIES THAT AGGREGATE CUSTOMERS IN NORTH AMERICA.
THE
COMPANY IS AN INDEPENDENT BROKERAGE AND CONSULTING FIRM WHICH
PROVIDES
ENERGY SOLUTIONS FOR CLIENTS IN THE AREAS OF ENERGY PROCUREMENT, RATE
ANALYSIS, RISK MANAGEMENT, AND LOAD RESPONSE.

5. Principal Office Address

No. and Street: 4041 N. HIGH STREET

City or Town: COLUMBUS

State: OH

Zip: 43214

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: GREGORY F. BECHERT Contact Title: MEMBER

No. and Street: 4041 N. HIGH STREET

City or Town: COLUMBUS

State: OH

Zip: 43214

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

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

Signed this 22 Day of October, 2019 at 10:18:12 AM 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 SHAMUS B. CASSIDY, ESQ.
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations
All Rights Reserved