



**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: 2020

1. ID No. 001685112

2. Exact Name of the Limited Liability Company 1519 Crandall Road LLC

3. State of Formation

State: DE

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.

541330

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

THE BUSINESS OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN DEVELOPING, CONSTRUCTING, OWNING, OPERATING, MAINTAINING, FINANCING, AND RE-FINANCING A PHOTOVOLTAIC SYSTEM (THE "SYSTEM") INCLUDING BUT NOT LIMITED TO, GENERATION AND SALE OF ELECTRICITY FROM THE SYSTEM, AND TO ENGAGE IN ANY ACTIVITIES PERMITTED BY THE LAWS OF THE STATE OF RHODE ISLAND.

5. Principal Office Address

No. and Street: 111 SPEEN STREET, SUITE 410

City or Town: FRAMINGHAM

State: MA Zip: 01701 Country: USA

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

Contact Name: NORA SEYER Contact Title: CONTRACT ADMINISTRATOR

No. and Street: 111 SPEEN STREET, SUITE 410

City or Town: FRAMINGHAM

State: MA Zip: 01701 Country: USA

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

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 6 Day of April, 2020 at 3:39:54 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 SPENCER D. HOLE
Signature of Authorized Person

Form No. 632
Revised 09/07

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