	State of Rhode Office of the Secret		Fee: \$50.00	
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 004-2615		
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				
<b>1. ID No.</b> <u>000554741</u>				
2. Exact Name of the Limited Liability Company Resource Energy Systems, LLC				
3. State of Formation				
State: <u>DE</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>541690</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
ENERGY CONSULTING SERVICES				
5. Principal Office Address				
No. and Street: <u>4 HIGH RIDGE PARK</u> SUITE 202				
City or Town: <u>STA</u>	AMFORD State	: <u>CT</u> Zip: <u>06905</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title: No. and Street: <u>4 HIGH RIDGE PARK</u> SUITE 202				
	MFORD State:	<u>CT</u> Zip: <u>06905</u>	Country: <u>USA</u>	
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, City or Town, Sta		
		Address, City of Town, Sta	te, Zip Gode, Goulitty	

STEVEN SCHLUSSEL

MANAGER

4 HIGH RIDGE PARK

		STAMFORD, CT 06905 USA		
MANAGER	SCOTT REINSTEIN	4 HIGH RIDGE PARK, SUITE 202 STAMFORD, CT 06905 USA		
MANAGER	RICHARD PLUTZER	4 HIGH RIDGE PARK, SUITE 202 STAMFORD, CT 06905 USA		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u> , <u>RI</u> <u>02914</u>				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 4 Day of September, 2020 at 5:13:53 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 <u>RICHARD PLUTZER</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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