



State of Rhode Island
Department of State - Business Services Division

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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 661091 1661091 | | 2. Exact name of the Limited Liability Company Baystate Energy Reduction LLC | | | |
| 3. NAICS Code 238390 | | 4. Brief description of the character of business conducted in Rhode Island Weatherization Contractor | | | |
| 5. State of Formation MA | | | | | |
| 6. Principal Office Address 83 Morse St | | City Norwood | | State MA | Zip 02062 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Douglas Stewart | | | Contact Title Manager | | |
| Street Address 6491 Ann Lee Drive | | City North Rose | | State NY | Zip 14516 |
| 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 | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Roger Ouellette | | | | Date 9/3/20 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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