



**State of Rhode Island  
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.** 001666883

**2. Exact Name of the Limited Liability Company** FOSTER RENEWABLES 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.

551112

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

THE GENERAL PURPOSES OF THE LLC ARE TO SERVE AS A HOLDING COMPANY FOR PHOTOVOLTAIC ENERGY ASSETS, AND TO ENGAGE IN ANY OTHER BUSINESS OR ACTIVITY THAT NOW OR IN THE FUTURE MAY BE NECESSARY, APPROPRIATE, INCIDENTAL, PROPER, ADVISABLE, OR CONVENIENT TO ACCOMPLISH THE FOREGOING PURPOSES THAT IS NOT FORBIDDEN BY THE LLC'S OPERATING AGREEMENT OR THE LAW OF THE JURISDICTION IN WHICH THE LLC ENGAGES IN THE BUSINESS.

**5. Principal Office Address**

No. and Street: C/O NEXAMP, INC.

101 SUMMER STREET, 2ND FLOOR

City or Town: BOSTON

State: MA Zip: 02110 Country: USA

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

Contact Name: Contact Title:

No. and Street: C/O NEXAMP, INC.

101 SUMMER STREET, 2ND FLOOR

City or Town: BOSTON

State: MA Zip: 02110 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**

CT CORPORATION SYSTEM 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 29 Day of September, 2020 at 3:16:43 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 COLLIN GILES  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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