		State of Rhoo	le Island		Fee: \$50.00	
	Offic	ce of the Secre	etary of Stat	te		
			с ·			
		Division Of Busin				
		148 W. River				
		Providence RI 02				
HOPE		(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. 001702727						
2. Exact Name of the Limited Liability Company <u>Helios BorrowerCo 1, LLC</u>						
3. State of Formation						
State: <u>DE</u>						
		ARTICLE II	I			
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.						
4. Brief Descrip	tion of the Character of	the Business Wh	ich is Actuall	y Conducted in	Rhode Island	
SOLAR DEVELOPMENT						
5. Principal Offi	ce Address					
No. and Street:	<u>66 YORK STREET, 5</u>					
City or Town:	<u>C/O SOLTAGE, LLC</u> JERSEY CITY	<u>-</u>	State: <u>NJ</u>	Zip: <u>07302</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:						
Contact Name: JESSE GROSSMAN Contact Title: MANAGER						
No. and Street: 66 YORK STREET, 5TH FLOOR						
	C/O SOLTAGE, LLC					
City or Town:	JERSEY CITY	-	State: <u>NJ</u>	Zip: <u>07302</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title	Individua	al Name		Address		
	First, Middle,		Address, Ci	ty or Town, State, Zi	p Code, Country	
MANAGER	JESSE GRO	OSSMAN			R C/O SOLTAGE, LLC	

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JERSEY CITY, NJ 07302 USA

66 YORK STREET, 5TH FLOOR C/O SOLTAGE, LLC JERSEY CITY, NJ 07302 USA

## 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 30 Day of October, 2020 at 11:44:41 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 <u>ADWOA ADJARE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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