	State of Rhode Office of the Secre		Fee: \$50.00
	Division Of Busine	ss Services	
	148 W. River		
	Providence RI 02 (401) 222-3		
HOPE	(+01) 222-3	0+0	
Limited Liability Comp	any		
Annual Report Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability cor thirty (30) days after the time pres enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001699756</u>			
2. Exact Name of the Lim	ited Liability Company <u>Robin</u>	Hollow Solar, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
<u>523920</u>	information on <u>NAICS</u> can be foun	d offinite.	
4. Brief Description of the	Character of the Business Whi	ch is Actually Con	ducted in Rhode Island
ASSET HOLDING COM	PANY, ALL ANCILLARY PU	RPOSES, AND A	LL OTHER LAWFUL
PURPOSES.			
5. Principal Office Addres	S		
No. and Street: 117 MI	ETRO CENTER BLVD.		
SUITE	1007		
City or Town: WARV	<u>VICK</u>	State: <u>RI</u> Zip: (<u>02886</u> Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Nan	ne or Title of Cont	act Person:
Contact Name: Contact T	itle:		
	TRO CENTER BLVD.		
City or Town: <u>WARW</u>		State: <u>RI</u> Zip: <u>0</u>	2886 Country: USA
7. Name and Address of E DO NOT LIST MEMBER	Each Manager of the Limited Lia S	ıbility Company, i	f Applicable.
Title	Individual Name		Address
	First, Middle, Last, Suffix	Address, City or T	Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ZACHARY G. DARROW ONE TURKS HEAD PLACE, SUITE 1200 PROVIDENCE, RI 02903

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 3:49:45 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 JASMINE CARCIERI

Signature of Authorized Person

Form No. 632 Revised 09/07

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