RI SOS Filing Number: 202076183100 Date: 11/17/2020 4:00:00 PMEIVED

R.I. DEPT. OF STATE

## State of Rhode Island

**Department of State - Business Services Division** 

2020 NOV 17 P 12: 14

Annual Report for the year:	2020
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 001683484	2. Exact name of the Limited Liability Company FISHERVILLE SOLAR, LLC						
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island LEASING OF REAL ESTATE FOR PRODUCTION AND SALE OF SOLAR PHOTO VOLTAICS						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
260 WEST EXCHANGE STREET, SUITE 102A			PROVIDENCE	RI	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MAARTEN REIDEL			Contact Title MANAGER				
Street Address 260 WEST EXCHANGE STREET, SUITE 102A			City PROVIDENCE	State RI	Z <sub>IP</sub> 02903		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name MAARTEN REIDEL			Manager Name FRANK A. EPPS III				
Street Address 260 WEST EXCHANGE STREET, SUITE 102A			Street Address 260 WFST EXCHANGE STREET, SUITE 102A				
City PROVIDENCE	State RI	Zip 02903.	City PROVIDENCE	State RI	Z <sub>1</sub> p 02903`		
Manager Name			Manager Name				
Street Address			Street Address				
City	Slate	Zip	City	State	Zıp		
Check the box to indicate an attachment							
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			Date 10/30/	Date 10/29/2020			
MAARTEN REIDEL			10/29/	2020			
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 FILED -

NOV 17 2020 BY M R9WTO

FORM 632 - Revised: 08/2020