



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 DEPARTMENT OF  
 BUSINESS SERVICES  
 2021 MAY 11 PM 12:29

**Annual Report for the year: 2021**  
**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<br><b>001676791</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Dry Bridge Solar 1, LLC</b>   |  |                    |                     |
| 3. NAICS Code<br><b>221114</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To operate solar electric power generation facilities.</b> |  |                    |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |  |                    |                     |
| 6. Principal Office Address<br><b>200 West Street</b>   |       |  | City<br><b>New York</b>                | State<br><b>NY</b> | Zip<br><b>10282</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |  |                    |                     |
| Contact Name <b>Patrick McAlpine</b>  |       |  | Contact Title <b>Authorized Person</b> |                    |                     |
| Street Address <b>200 West Street</b>   |       |  | City <b>New York</b>                   | State <b>NY</b>    | Zip <b>10282</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |  |                    |                     |
| Manager Name <b>none</b>  |       |  | 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |  |                    |                     |
| <b>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.</b> |       |  |  |                    |                     |
| Name of Authorized Person<br><b>Jon Yoder</b>   |       |  |  | Date               |                     |
| Signature of Authorized Person<br>  |       |  | SIGN DOCUMENT HERE                     |                    |                     |

**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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**MAY 11 2021**