	State of Rhode Office of the Secret		\$50.00
	Division Of Busines	ss Services	
	148 W. River 3		
	Providence RI 029		
HOPE	(401) 222-30	040	
Limited Liabil			
Annual Repor	t tember 1 - November 1		
	h R.I.G.L. 7-16-66(d), each limited liability con eport within thirty (30) days after the time pres		
	pject to a penalty fee of \$25.00.		
ANNUAL REPOR	RT YEAR: <u>2021</u>		
1. ID No. <u>00</u>)1712996		
2. Exact Name	of the Limited Liability Company Artera	Services, LLC	
3. State of Forr	nation		
State: <u>DE</u>			
	ARTICLE III		
-	t NAICS Code that best describes the primary here. More information on <u>NAICS</u> can be found		bad
237120			
4. Brief Descrip	tion of the Character of the Business Whic	ch is Actually Conducted in Rhode Islan	d
POWER AND	GAS SERVICES		
5. Principal Offic	ce Address		
	3100 INTERSTATE NORTH CIRCLE		
No. and Stroot			
No. and Street:			
No. and Street: City or Town:	SUITE 300 ATLANTA	State: <u>GA</u> Zip: <u>30339</u> Country: <u>U</u>	<u>SA</u>
City or Town:	<u>SUITE 300</u>		<u>SA</u>
City or Town: 6. Mailing Addre	SUITE 300 ATLANTA	ne or Title of Contact Person:	<u>SA</u>
City or Town: 6. Mailing Addre Contact Name: No. and Street:	SUITE 300 ATLANTA ess of Limited Liability Company and Nam W. THOMAS NEWELL Contact Title: SEC 3100 INTERSTATE NORTH CIRCLE	ne or Title of Contact Person:	<u>SA</u>
City or Town: 6. Mailing Addre Contact Name: No. and Street:	SUITE 300 ATLANTA ess of Limited Liability Company and Name W. THOMAS NEWELL Contact Title:	ne or Title of Contact Person:	
City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town:	SUITE 300 ATLANTA ess of Limited Liability Company and Name W. THOMAS NEWELL Contact Title: SEC 3100 INTERSTATE NORTH CIRCLE SUITE 300 ATLANTA	ne or Title of Contact Person: CRETARY State: <u>GA</u> Zip: <u>30339</u> Country: <u>U</u>	
City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town: 7. Name and Ad	SUITE 300 ATLANTA ess of Limited Liability Company and Name W. THOMAS NEWELL Contact Title: SEC 3100 INTERSTATE NORTH CIRCLE SUITE 300 ATLANTA	ne or Title of Contact Person: CRETARY State: <u>GA</u> Zip: <u>30339</u> Country: <u>U</u>	

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

NATIONAL REGISTERED AGENTS, INC. 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 25 Day of August, 2021 at 11:04:23 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>W. THOMAS NEWELL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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