



State of Rhode Island
Department of State - Business Services Division

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.

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| 1. Entity ID Number 1339528 | | 2. Exact name of the Limited Liability Company CODDINGTON COVE SOLAR POWER, 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 260 WEST EXCHANGE STREET, SUITE 102A | | | City PROVIDENCE | State RI | Zip 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 | Zip 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 WEST EXCHANGE STREET, SUITE 102A | | |
| City PROVIDENCE | State RI | Zip 02903 | City PROVIDENCE | State RI | Zip 02903 |
| 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. 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 MAARTEN REIDEL, MANAGER | | | | Date 10/21/2021 | |
| Signature of Authorized Person  | | | | | |

MAIL TO:
 Division of Business Services
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