RI SOS Filing Number: 202104418970 Date: 10/29/2021 4:00:00 PM

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State of Rhode Island

## **Department of State - Business Services Division**

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OCT 29 2021

BY\_3128

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	To File the Country of the Country o						
l '	2. Exact name of the Limited Liability Company						
001676833	ATLANTIC SOLAR, I.LC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531390	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	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		
			C	heck the box to indi	cate 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 (21 (2	Date 10/21/2021			
MAARTEN REIDEL			10/21/2	:021			
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