



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001715915

2. Exact Name of the Limited Liability Company Safari Energy Rhode Island 1-2020, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

221114

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CONSTRUCTION, OPERATION AND MANAGEMENT OF SOLAR ENERGY ASSETS.

5. Principal Office Address

No. and Street: C/O SAFARI ENERGY, LLC
1407 BROADWAY

City or Town: NEW YORK State: NY Zip: 10018 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KIRK H. EDELMAN Contact Title: PRESIDENT

No. and Street: C/O SAFARI ENERGY, LLC
1407 BROADWAY

City or Town: NEW YORK State: NY Zip: 10018 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	ANDREW W. ELMORE	TWO NORTH NINTH STREET

		ALLENTOWN, PA 18101 USA
MANAGER	TADD J. HENNINGER	TWO NORTH NINTH STREET ALLENTOWN, PA 18101 USA
MANAGER	VIJAY P. SINGH	TWO NORTH NINTH STREET ALLENTOWN, PA 18101 USA

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

CT CORPORATION SYSTEM 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 2 Day of November, 2021 at 10:04:05 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 ARDEN A. LEYDEN
Signature of Authorized Person

Form No. 632
Revised 09/07

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