



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

**Fee: \$20.00**

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

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001028388

**2. Name of Corporation** SMARTPOWER, INC.

**3. State of Incorporation**

State: CT

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

221118

**4. Principal Office Address**

No. and Street: 4075 WILSON BLVD, 8TH FLOOR

City or Town: ARLINGTON

State: VA Zip: 22203 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO HELP CUSTOMERS USE ADOPT AND INVEST IN CLEAN ENERGY AND ENERGY EFFICIENCY

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	BRIAN KEANE	4075 WILSON BLVD,8TH FLOOR ARLINGTON, VA 22203 USA
TREASURER	DOUGLAS I. FOY	4075 WILSON BLVD., 8TH FLOOR ARLINGTON , VA 22203 USA
SECRETARY	JAMIE HAWTHORNE	4075 WILSON BLVD, 8TH FLOOR ARLINGTON , VA 22203 USA
DIRECTOR	GARY SIMON	4075 WILSON BLVD,8TH FLOOR ARLINGTON, VA 22203 USA
DIRECTOR	DOUGLAS FOY	4075 WILSON BLVD,8TH FLOOR ARLINGTON, VA 22203 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of March, 2023 at 4:26:26 PM 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 § 7-6.*

By PRANJALI SRIVASTAVA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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