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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1 Entity ID Number	2 Exact name of the Limited Liability Company				
001695881	Edge Gathering Virtual Pipelines 2 LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
324000	Delivery and sale of natural gas				
5 State of Formation	1 ·				
DE					
6. Principal Office Address	1 .	City	State	Zip	
6412 S County Road 1273		Midland	TX	79706	
7 Mailing Address of Limited L	ability Company and Name or Tr	tle of Contact Person			
Contact Name Sy Hayes		Contact Title Controller			
Street Address PO Box 61850		City Midland	State TX	Zıp 79711	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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	Date	
Sy Hayes				05/16/2023	
Signature of Authorized Person Sy Hayes					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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