

State of Rhode Island

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

Annual Report for the year:	2023		
Corporation			

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					BUS SVCS niv			
1. Entity ID Number	Exact name of the Corporation				7073 AI	10 1 E	L) 13: JO	
001669283	Sunrun Ir	Sunrun Inc. 2023 AUG 15 P 12: 31					P 12: 30	
Principal Office Address			City		State		Zip	
225 Bush Street, Suite 14	100		San Fran	icisco	CA		94104	
4, NAICS Code	6. Brief descrip	6. Brief description of the character of business conducted in Rhode Island						
221114	Provision of	Provision of solar services						
5. State of Incorporation	1							
DE								
7. List ALL officers (names and add	addresses)			Check the box to indicate an attachment 🗹				
President Name Mary Powell			Vice-President Name					
Street Address 225 Bush Street	treet Address 225 Bush Street, Suite 1400			Street Address				
City San Francisco	State CA	<sup>Z<sub>i</sub>p</sup> 94104	City		State		Zip	
Secretary Name Jeanna Steele	<del></del>	•	Treasurer Name Danny Abajain					
Street Address 225 Bush Street, Suite 1400			Street Address 225 Bush Street, Suite 1400					
City San Francisco	State CA	<sup>Zip</sup> 94104	City San Francisco Stat		State C.A	\ \ \	<sup>Zip</sup> 94104	
8. List ALL directors (names and a	8. List ALL directors (names and addresses)  Check the box to indicate an attachment 🗹						n attachment 🗹	
Director Name See attached Director Name								
Street Address			Street Address	Street Address				
			Oli ect / toures	•				
City	State	Zip	City		State		Zip :	
Director Name	·		Director Name	;				
Charathadana			Charl Address					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issue		ed Check the box to indicate an attachment				
This Information is currently of record in the		NUMBER OF	R OF SHARES CLASS		SERIES PAR VALUE			
		217,043,	885	CWP	' 0.		0001 -	
	0			PWP	· · ·		0.0001	
11. This report must be executed of					oration is in	the hands	s of a receiver or-	
trustee, this report must be execute Under penalty of periury, I decla					mnanying s	chedules	s and	
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 Representative					Date			
Sundance Banks					June :	30, 202	23	
Signature of Authorized Representative  FILED								
Justine Danks				FILED				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630 - Revised: 11/2021

Sundance Banks	Assistant Secretary	225 Bush Street, Suite 1400, San Francisco, CA 94104
Manjula Talreja	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Sonita Lontoh	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Lynn Jurich	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Mary Powell	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Leslie Dach	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Katherine August- deWilde	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Edward Fenster	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Gerald Risk	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104
Alan Ferber	Director	225 Bush Street, Suite 1400, San Francisco, CA 94104