



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

Corporation

- 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 001675259		2. Exact name of the Corporation THE ENERGY MONSTER RI, INC.		2024 JAN 25 P 3:23	
3. Principal Office Address 100 Lamartine Street			City Worcester	State MA	Zip 01608
4. NAICS Code 541350		6. Brief description of the character of business conducted in Rhode Island WE ARE AN ENERGY EFFICIENCY COMPANY TITLE: 7-1.2			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joshua D. Leet			Vice-President Name Joshua D. Leet		
Street Address 100 Lamartine Street			Street Address 100 Lamartine Street		
City Worcester	State MA	Zip 01608	City Worcester	State MA	Zip 01608
Secretary Name Joshua D. Leet			Treasurer Name Joshua D. Leet		
Street Address 100 Lamartine Street			Street Address 100 Lamartine Street		
City Worcester	State MA	Zip 01608	City Worcester	State MA	Zip 01608
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joshua D. Leet			Director Name		
Street Address 100 Lamartine Street			Street Address		
City Worcester	State MA	Zip 01608	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
275,000			CNP		
			0.000		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 1/25/2024	
Signature of Authorized Representative				JAN 25 2024 BY <u>Ilwava</u> K9	