



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2022**

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS

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		
5. State of Incorporation RI	TITLE: 7-1.2		
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. <i>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.</i>			
Name of Authorized Representative		Date 1/25/2024	
Signature of Authorized Representative		FILED 3:24 JAN 25 2024 BY <i>Lwava</i> <i>ES</i>	