



State of Rhode Island
Department of State - Business Services Division

STATE

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. | | | |
| 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 | | State MA | |
| Zip 01608 | | City Worcester | | | |
| 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 | | State MA | |
| Zip 01608 | | City Worcester | | | |
| 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 MA | | Zip 01608 | | State | |
| Zip 01608 | | City | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | | State | Zip | City | |
| State | | Zip | | State | |
| Zip | | City | | | |
| 9. Shares Authorized 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. | | | 10. Shares Issued | | Check the box to indicate an attachment <input type="checkbox"/> |
| | | | 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 | | | | | |
| <p>FILED 3:24</p> <p>IAN 25 2024</p> <p>BY Jwdva</p> <p>ES</p> | | | | | |

MAIL TO:
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