	State of Rhode Office of the Secret		e	Fee: \$50.00
	Division Of Busines			
	148 W. River S			
1636	Providence RI 029 (401) 222-30			
Limited Liebilit	× /	, , , , , , , , , , , , , , , , , , , ,		
Limited Liabilit Annual Report Filing Period: Feb				
refusing to file its	th R.I.G.L. 7-16-66(d), each limited liabilit annual report within thirty (30) days after 6-66(b&c)) is subject to a penalty fee of \$2	r the time pre		
ANNUAL REPOR	RT YEAR - ENTER THE CURRENT YEAR 2	2024 : <u>2024</u>		
1. ID No. <u>00</u>	1723447			
2. Exact Name	of the Limited Liability Company <u>Ultrali</u>	ght 2 SolarBl	oom, LLC	
3. State of Forn	nation			
State: <u>DE</u>				
	NAICS CODE			
-	it NAICS Code that best describes the prir st of codes <u>here.</u> More information on <u>NAI</u>	•	•	the entity.
<u>221114</u>				
4. Brief Descrip Island	tion of the Character of the Business Wh	nich is Actua	lly Conducted	in Rhode
SOLAR POWE	R GENERATION			
5. Principal Offi	ice Address			
No. and Street:	8900 AMBERGLEN BOULEVARD SUITE 325			
City or Town:	AUSTIN	State: <u>TX</u>	Zip: <u>78729</u> (Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
6. Mailing Addre	ess of Limited Liability Company and Na			
Contact Name:	Contact Title:			
Contact Name:				

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of April, 2024 at 12:52:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PAULA WASHBURN - ATTORNEY IN FACT

Signature of Authorized Person

Form No. 632 Revised 09/07

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