RI SOS Filing Number: 202573102190 Date: 5/14/2025 2:36:00 PM



State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

REC'D RIDCS BSD "25 MAY 14 PM 2:36:24

Pursuant to the provisions of RIGL <u>7-1,2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the corporation is:					
000535342	Clean Energy					
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was Issued by the RI Department of State:				
California		4/5/2010				
5. If the entity's name has che state the new name:	anged,					
Check box to indicate no change X						
6. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
7. If the entity's purpose is claransacted in the State of Rhode	· - ·	ection: *The new purpose should Include ALL activity to be				
Check the box to indicate an	attachment	Check box to indicate no change X				

MAIL TO:

Division of Business Services

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

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

MAY 1 4 2025

FILED

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 151 - Revised: 3/2024

*List ALL authorized sh NUMBER OF SHARES	ares as of this ame	ndment. SERIES	PAR VALUE OF	PAR VALUE OR STATE NO PAR VALUE	
100,000	Common	N/A	\$0.0000		
					
		_			
Check the box to indicate	an attachment		Check b	pox to indicate no change	
of the corporation to be k	ocated within this state poration to be owned	portion that the estimated va- te during the following year during the following year, w	bears to the value	%	
8b. An estimate, as a perbe transacted by the corp the following year compa corporation during the following the f	0.016 %				
		ation has paid all fees and ta			
10. Except as herein more hereby confirmed, ratified	dified, the original Ap d and incorporated by	plication for Certificate of Ai y reference into this Applica	uthority continues in fu tion for Amended Cert	all force and effect and is tificate of Authority.	
11. Date when the Amended Certificate of Authority will be effective. CHECK ONE BOX ONLY					
★ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
12. Under penalty of per	jury, I declare and aff		is Application for Ame	nded Certificate of Authority nd correct.	
Name of Authorized Officer of the Corporation				Date	
Mitchell W. Pratt		5/8/2025			
Signature of Authorized	Officer				

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 14, 2025 02:36 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

