

State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001672766	Forbes Street Solar II LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: TRACIE JORDAN

Business Name:

No. and Street: $\underline{1 \text{ Winners Circle Suite } 204}$

SUITE 204

City or Town: ALBANY State: NY Zip: 12205 Country: USA

Contact Phone: ext:

 ${\tt Contact\ Email:}\ \underline{TJORDAN@COGENCYGLOBAL.COM}$

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