



A. Ralph Mollis, Secretary of State  
 Corporations Division  
 148 W. River Street  
 Providence, RI 02904-2615  
 401.222.3010

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
 \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000115688		2. Name of Corporation Calpine Rumford I, Inc.			
3. Street Address Principal Business Office c/o Calpine Corporation, 50 W. San Fernando St.			City San Jose	State CA	Zip 95113
4. Business Phone No. (408) 995-5115		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Production and sale of energy					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jack A. Fusco			Vice President Name William Chenette		
Street Address c/o Calpine Corporation, 50 W. San Fernando St.			Street Address c/o Calpine Corporation, 50 W. San Fernando St.		
City San Jose	State CA	Zip 95113	City San Jose	State CA	Zip 95113
Secretary Name Zamir Rauf			Treasurer Name		
Street Address c/o Calpine Corporation, 50 W. San Fernando St.			Street Address		
City San Jose	State CA	Zip 95113	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jack A. Fusco			Director Name		
Street Address c/o Calpine Corporation, 50 W. San Fernando St.			Street Address		
City San Jose	State CA	Zip 95113	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	\$0.00	1000	Common	\$0.00

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.

Signature: Zamir Rauf Date: \_\_\_\_\_  
 Print or Type Name: Zamir Rauf  
 Title: Chief Financial Officer

**FILED**  
 File Date: NOV 26 2008  
 Check No.: \_\_\_\_\_  
 By: [Signature]  
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