



A. Ralph Mollis, Secretary of State
 Corporations Division
 148 W. River Street
 Providence, RI 02904-2615
 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

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		
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		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
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.

File Date **FILED**
 Check No. **NOV 26 2008**
 By: **Zamir Rauf**
 FOR SECRETARY OF STATE USE ONLY

Signature **Zamir Rauf** Date _____
 Print or Type Name **Zamir Rauf**
 Title **Chief Financial Officer**