RI SOS Filing Number: 202330190040 Date: 3/7/2023 3:48:00 PM

State of Rhode Isla Department of	end of State - Busin	ess Services	Division	RICOELVE RIL DEPT OF	——————————————————————————————————————		
Annual Report for the Corporation	ne year: 2022	2	_	BUS SVCS	SIV		
 → Filing period: Februa → Filing Fee: \$50.00 → Penalty: Additional \$2 	•	ot filed by May 31.	·	2023 MAR - 7 Pi	M 3: 46		
Entity ID Number	2. Exact nam	e of the Corporatio	n				
001707755		Actual Energy Inc.					
3. Principal Office Address 74 Route 6A			City Sandwich	า	State MA	Z _{ip} 02563	
4. NAICS Cade	Brief descr	iption of the charac	ter of business o	onducted in Rhode I	sland		
221122		Retail Energy Supply					
5. State of Incorporation DE							
7. List ALL officers (names a	and addresses)			Chack	the boy to indica	ato an attachment [
President Name Mark Finley			Check the box to indicate an attachment [Vice-President Name				
Breet Address 8 River Road			Street Address				
^{City} Sandwich	State MA	^{Zip} 02563	City		State	Žip	
Secretary Name			Treasurer Name Jay Corn				
Street Address			Street Address	10225 Eagle F	eather Place		
City	State	Zip	City Littleton		State CO	^{Zip} 80125	
8. List ALL directors (names	and addresses)	<u> </u>	 			I_ ate an attachment [
Director Name			Director Name	<u> </u>	the box to make	ate an attachment t	
Street Address			Street Address		. -		
City	State	Zip	City		State	Z:p	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Shares Authorized		10. Shares Iss	ued Check		the box to indica	ate an attachment (
This Information is currently of Department of State.	of record in the	NUMBER OF		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		1648577		Common .0)01 	
		80000		Preferred	1		
 This report must be executive trustee, this report must be executive. 	uted on behalf of the	corporation by an a	authorized repres	entative. If the corpo	ration is in the h	ands of a receiver	
Under penalty of perjury, I	declare and affirm to	hat I have examin	ed this report, in	usiee. I cluding any accon	npanying sched	fules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Rachel F Raier					Date 02/28/2022		
Rachel E Baier					02/28/2023		

MAIL TO:

Division of Business Services

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

Signature of Authorized Representative

Phone: (401) 222-3040 Website: www.sos.n.gov MAR 07 2023

FILED

BY FSAHY

FORM 630 - Revised: 2/2023