

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000005007

Entity Name: GREAT ISLAND ENERGY LLC

Current Principal Place of Business:

100 CROSSING BLVDE.
FRAMINGHAM, MA 01702

Current Mailing Address:

100 CROSSING BLVDE.
FRAMINGHAM, MA 01702 US

FEI Number: 16-1730998

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name DERY, RICHARD G.
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

Title MANAGER
Name HOWARD, MARK G.
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

Title MANAGER
Name SABIA, RONALD
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

Title MANAGER
Name SCOTT, D. GREGORY
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

Title MANAGER
Name BOISSONNEAULT, DIANE M.
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

Title MANAGER
Name DALY, JOHN T.
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

Title MANAGER
Name HASEOTES, ARI N.
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

Title MANAGER
Name ROSENSTEIN, HOWARD S.
Address 100 CROSSING BLVDE.
City-State-Zip: FRAMINGHAM MA 01702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD S. ROSENSTEIN

MANAGER

04/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date