

**2014 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           SCOTT, LAURA J.  
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

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*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**

**04/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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