

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000010118

Entity Name: EVERSOURCE LLC

Current Principal Place of Business:

400 NORTHRIDGE ROAD
SUITE:600
SANDY SPRINGS, GA 30350

Current Mailing Address:

2400 YORKMONT ROAD
CHARLOTTE, NC 28217 US

FEI Number: 46-2563191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 P, DIRECTOR
Name SWART, AMY
Address 400 NORTHRIDGE ROAD, SUITE:600
City-State-Zip: SANDY SPRINGS GA 30350

Title CEO, DIRECTOR
Name MC DONALD, ANTHONY
Address 4150 OLSON MEMORIAL HIGHWAY
City-State-Zip: MINNEAPOLIS MN 55422

Title EVP
Name BROWN, C. PALMER
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title CFO
Name MEREDITH, ADRAIN
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title T
Name THOMAS, DANIEL
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name ROSSITCH, RICHARD
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title EXE VP, GENERAL COUNSEL & SECRETARY
Name MCCONNELL, JENNIFER
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title ASST SEC
Name DELANO, DEBORAH
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

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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: C. PALMER BROWN

EXE VICE PRESIDENT

06/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST SEC
Name BRIOTTE, KRISTIN
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217