

**2024 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  
ATTN TAX DEPT  
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 CEO, DIRECTOR  
Name MC DONALD, ANTHONY  
Address 4150 OLSON MEMORIAL HIGHWAY  
City-State-Zip: MINNEAPOLIS MN 55422

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

Title SR VICE PRESIDENT AND  
TREASURER  
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 BRIOTTE, KRISTIN  
Address 2400 YORKMONT ROAD  
City-State-Zip: CHARLOTTE NC 28217

*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:** JENNIFER MCCONNELL

EXE VP, GC AND  
SECRETARY

04/09/2024

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

\_\_\_\_\_ Date