

|                  |   |           |
|------------------|---|-----------|
| <b>SCC eFile</b> | <b>2015 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 215535041 |
|------------------|---|-----------|

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Sprague Energy Solutions Inc.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX RD STE 285<br/>         GLEN ALLEN, VA</b> | DUE DATE: <b>9/30/2015</b><br><br>SCC ID NO: <b>F1973439</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 1,000   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   |   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  |   |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 185 INTERNATIONAL DR  
 CITY/ST/ZIP: PORTSMOUTH, NH 03801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| NAME: THOMAS F FLAHERTY<br>TITLE: DIRECTOR<br>ADDRESS: 185 INTERNATIONAL DR<br>CITY/ST/ZIP/CO: PORTSMOUTH, NH 03801 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|---|----------------------------------|--|--|

|  |                                  |  |  |
|--|----------------------------------|--|--|
| NAME: BURTON S RUSSELL<br>TITLE: DIRECTOR<br>ADDRESS: 185 INTERNATIONAL DR<br>CITY/ST/ZIP/CO: PORTSMOUTH, NH 03801 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|----------------------------------|--|--|

|  |                                  |  |  |
|--|----------------------------------|--|--|
| NAME: STEVEN D SCAMMON<br>TITLE: DIRECTOR<br>ADDRESS: 185 INTERNATIONAL DR<br>CITY/ST/ZIP/CO: PORTSMOUTH, NH 03801 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|----------------------------------|--|--|

|  |                                  |  |  |
|--|----------------------------------|--|--|
| NAME: JOSEPH S SMITH<br>TITLE: DIRECTOR<br>ADDRESS: 185 INTERNATIONAL DR<br>CITY/ST/ZIP/CO: PORTSMOUTH, NH 03801 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|----------------------------------|--|--|

|   |                                  |  |  |
|---|----------------------------------|--|--|
| NAME: BRIAN W WEEGO<br>TITLE: DIRECTOR<br>ADDRESS: 185 INTERNATIONAL DR<br>CITY/ST/ZIP/CO: PORTSMOUTH, NH 03801 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|---|----------------------------------|--|--|

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ THOMAS F FLAHERTY                               | THOMAS F FLAHERTY, DIRECTOR      | 9/23/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.