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ARMANINO LLP

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PNC -6119

STATE OF MARYLAND

Bill

Z21128244

Z21128251

Z21128277

Z21128293

Z21128368

Z21128400

Z21610076

Z21619838

Z21619895

Z21619978

			***************************************	000.00	•	0.00
6/10/2025	Bill	Z20300695	300.00	300.00	30	0.00
6/10/2025	Bill	Z20975454	300.00	300.00	30	0.00
6/10/2025	Bill	Z21128210	300.00	300.00	30	0.00
6/10/2025	Bill	Z21128228	300.00	300.00	30	0.00

300.00

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Bill Payment

CleanCapital LLC

135 East 57th Street 15th Floor NY 10022

Paid To
STATE OF MARYLAND
DEPT OF ASSESSMENTS AND TAXATION
PO BOX 17052
BALTIMORE, MD 21297-1052

Date	6/10/2025
Check/Ref No	2021
Amount	\$5,400.00
Payment Type	Check

Date	Туре	Reference	Original Amount	Balance	Discount	Payment
6/10/2025	Bill	Z20300687	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z20300695	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z20975454	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128210	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128228	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128244	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128251	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128277	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128293	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128368	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21128400	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21610076	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21619838	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21619895	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21619978	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	A21626437	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21636444	\$300.00	\$300.00		\$300.00
6/10/2025	Bill	Z21661012	\$300.00	\$300.00		\$300.00
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Form 1

Due April 15th

Date Received by

Department

ZUZ5

Form 1 Annual Report and Business Personal Property Return MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION Business Services Unit, P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

Type of Business Check one business type below			Dept ID Prefix	Filing Fee		
 Domestic or Foreign Stock Corporation (D) or (F)		\$300	1	Domestic or Foreign Limited Liability Company	(W) or (Z)	\$300
Domestic or Foreign Non Stock Corporation	(D) or (F)	-0-		Domestic or Foreign Limited Partnership	(M) or (P)	\$300
Domestic or Foreign Statutory Trust (E) or (S) \$300		Domestic or Foreign Limited Liability Partnership	(A) or (E)	\$300		
Foreign Interstate Corporation	(F)	-0-		Foreign Insurance Corporation	(F)	\$300
SDAT Certified Family Farm	(A,D,M,W)	\$100		Real Estate Investment Trust	(D)	\$300

For Immediate Submission - File Online at https://egov.maryland.gov/BusinessExpress/

6	KDC Solor	Maryland, LLC
NAME OF BUSINESS*	NDC Solar	ivial yialid, LLO
MAILING ADDRESS Check here if this is a change of mailing address Please note * This will not Change a Principal Office Address. A Resolution Must be filed to change a Principal Office. DEPARTMENT ID NUMBER* (Letter Prefix followed by 8 digits) FEDERAL EMPLOYER ID NUMBER (9 digit number assigned by the IRS)		6 CityPlace Drive, Suite 800 St. Louis, MO 63141
		Z20300687
		FEDERAL PRINCIPAL BUSINESS CODE(4 digit number assigned by the IRS)
NATURE OF BUSINESS*	Solar Electric P	Power Generation
TOTAL GROSS SALES OR A	MOUNT OF	BUSINESS TRANSACTED IN MD IN PRIOR YEAR
WORKERS ASSOCIATED WI	TH THIS BU	SINESS
EMPLOYER OBLIGATIONS	https://dat	t.maryland.gov/Pages/sdatforms.aspx Supplemental Employer Questions
TRADING AS NAME	Clean	Capital
	acy.adams@a	armanino.com
EMAIL ADDKE22	RESS TO REC	CEIVE IMPORTANT REMINDERS FROM THE DEPT. OF ASSESSMENTS AND TAXATION
INCLUDE EMAIL ADD		CEIVE IMPORTANT REMINDERS FROM THE DEPT. OF ASSESSMENTS AND TAXATION by result in rejection of your Form #1 and/or an estimated assessment.
INCLUDE EMAIL ADD *Required fields. Failure to c	omplete ma	y result in rejection of your Form #1 and/or an estimated assessment.
INCLUDE EMAIL ADD	omplete ma	y result in rejection of your Form #1 and/or an estimated assessment.
*Required fields. Failure to o SECTION II — ONLY COI A. Corporate Officers (r	omplete ma	y result in rejection of your Form #1 and/or an estimated assessment.
*Required fields. Failure to d *SECTION II – ONLY COI A. Corporate Officers (n	complete ma	y result in rejection of your Form #1 and/or an estimated assessment. ENTITIES COMPLETE I mailing addresses)

Departn	ment ID#						
SECTION III – Completion Required Pursuant to MD Code, Tax Property Article §11-101							
A.	Is this business a (1) commercial enterprise or business that is formed in Maryland or does business in Maryland, or (2) a corporation, foundation, school, hospital, or other legal entity for which none of the earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?	[x Yes []No					
confirm	If you answered "No" to Question A, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report Is not required to submit a Corporate Diversity Addendum. Please see instructions for additional information. If you answered "Yes" to Question A, please proceed to Questions B, C and D.						
В. С.	Is this business a limited liability company (LLC) owned by a single member? Is this business a privately held company with at least 75% of the company's shareholders	[]Yes 🔀 No					
D.	who are family members? Is this business an entity that (1) has an annual operating budget or annual sales less than	[] Yes [X No					
D.	\$5,000,000; and (d) does not qualify or seek to qualify for a "State benefit" as defined below:	[] Yes [X No					
\$1.00 n	A 'State benefit" means (1) a state capital grant funding totaling \$1.00 million or more in a single fiscal year, (2) State tax credits totaling \$1.00 million or in a single fiscal year; or (3) the receipt of a state contract with a total value of \$1.00 million or more. A "State contract" means a contact that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.						
Report	If you answered "Yes" to Question B, C or D, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report is ot required to submit a Corporate Diversity Addendum. Please see instructions for filing additional information.						
Corpora may be	If you answered "No" to Question B, C or D, you are legally obligated to complete and return to SDAT with this Annual Report, a Corporate Diversity Addendum that is required by COMAR 24.01.07. The Addendum and instructions for submitting the Addendum may be found at https://dat.maryland.gov/Pages/sdatforms.aspx . Failure to complete and return the Addendum to SDAT may prohibit you from receiving certain State benefits. Please see instructions for additional information.						
E.	Required information for certain corporations. Please see instructions for more information.						
	Total number of directors Total number of female directors						
SECT	ION IV ALL BUSINESS ENTITIES COMPLETE						
A.	Does the business own, lease, or use personal property, including inventory, loca	ted in					
	Maryland with a total original cost of \$20,000 or more	[]Yes [/]No					
	If you answered "Yes", you must complete and include Section IV through Section 8 with this Annua	ıl Report					
B.	Did the entity dispose, sell or transfer ANY of its business personal property prior January 1?	to []Yes [ŊNo					
If you answered "No" to Question A and "Yes" to Question B, and reported property in the prior year, or received an assessment, you must complete a Form SD-1 Section VIII and submit with the Annual Report to document the disposal, sale or transfer of ANY business personal property in 2024. *Note: Any disposal, sale or transfer of ANY business personal property will require completion of the SD-1.							
If you answered "No" to both Questions A and B, the Business Personal Property portion of the return may not have to be completed. By answering "No" you are attesting to owning a sum total of personal property in Maryland with an original cost of less than \$20,000 on January 1, 2025.							
INITIA *Failui	L OR SIGN HERE	sment.					

Department ID#	Z20300687
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SECTION V - ALL BUSINESS ENTITIES COMPLETE

By signing this form below, you declare and attest, under penalty of perjury, and pursuant to Tax-Property Article §1-201 of the Annotated Code of Maryland, that the statements made in this Annual Report, including those on any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the entity listed in Section I. Further, you are aware that the entity may be required to report Beneficial Ownership Information to the U.S. Department of the Treasury's Financial Crimes and Enforcement Network at https://www.fincen.gov/boi

A. Corporate Officer or Princi	pal of Entity	
Print Name	X Signature	Date
Mailing Address		· · · · · · · · · · · · · · · · · · ·
Email Address	Phone Number	
B. Firm or individual, other th	nan taxpayer, preparing this Annual R	eport/Personal Property Return
Print Name Tracy Adams	X Signature	Date 06-10-2025
Mailing Address 6 CityPlace Drive, Suite 8	300 St. Louis, MO 63141	
Email Address tracv.adams@armanino.com	Phone Number	314.983.1382

PLEASE BE SURE TO SIGN THIS ANNUAL REPORT TO AVOID REJECTION BY THE DEPARTMENT

PLEASE MAKE CHECK PAYABLE TO DEPT. OF ASSESSMENTS & TAXATION. PLEASE INCLUDE YOUR DEPT.

ID# ON THE CHECK.

If filing by mail, please return with applicable filing fee to:

Department of Assessments and Taxation, Business Services Unit P.O. Box 17052, Baltimore, MD 21297-1052
File Online: Maryland Business Express
410 767 1330 * Email: sdat.cscc@maryland.gov