RI SOS Filing Number: 200703300140 Date: 11/27/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
157096	LIBERTY POWER RHODE ISLAND LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	Electricity Retailer

5. Principal office address	City	State	Zip
800 W Cypress Creek Rd #410	Ft. Lauderdale	FL	33309

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Alberto Daire	COO

Street Address	City	State	Zip
800 W Cypress Creek Rd #410	Ft Lauderdale	FL	33309

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
David HERNANDEZ	800 W. Cypress Creek Rd #410	Ft. Lauderdale	FL	33309
Alberto Daire	800 W Cypress Creek Rd #410	Ft Lauderdale	FL	33309
ELIEZER HERNANDEZ	800 W Cypress Creek Rd #410	Ft Lauderdale	FL	33309

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORPORATE CREATIONS NETWORK INC.	7 EVA LANE	CRANSTON	02921-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person *Date* 10/17/07

[redacted] Alberto Daire
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 29 2007
By: 4438
By 1095-17-198628
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07