

A. Ralpb 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 whi	ch is actually conducted in Rhode Island		
DELAWARE Electricity Retailer			
5. Principal office address Crun Ld #410	Ff. Cavderdale State	Zip <b>33</b> 309	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Alberto Dairi	Contact Title COO		
Street Address Green Rd #410	Ft Landerdah State	<sup>Zip</sup> 3 <b>3</b> 309	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)			
Manager Name Davin HERNANDEZ	Manager Name Alberto Daire		
800 W. GLOVESS Creek Rd #410	Street Address 600 W CYPNES Orel	L Rd #410	
Ff. carderdale 50 33309	Fr Lauder da Fr	Zip <b>3338</b> 6	
Manager Name EUELER HERNANDEZ	Manager Name	······································	
Street Address Wech RL #410	Street Address		
A carderdole FC 333309	City State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name		6-11	
CORPORATE CREATIONS NETWORK INC.	Address		
Address	City	Zip	
7 EVA LANE	CRANSTON	02921-	

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

File Date	EILED	
Check N		
Ву:	11438	
<b>5</b> )	FOR SECRETARY OF STATE USE ONL	C2. ((LCE)/A-2000/A-51

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

Print or Type Name of Authorized Person