



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. 158924		2. Exact name of the limited liability company Urban Social Empowerment LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MARKETING, EDUCATION CONSULTING	
5. Principal office address 191 DEAN ST.		City PROVIDENCE	State R/
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONNY SKYE		Contact Title DIRECTOR	
Street Address 191 DEAN ST.		City PROVIDENCE	State R/
		Zip 02903	
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 JONNY SKYE		Manager Name MUSTAPHA NIE	
Street Address 191 DEAN ST.		Street Address 191 DEAN ST.	
City PROVIDENCE	State R/	City PROVIDENCE	State R/
Zip 02903		Zip 02903	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JONNY SKYE		Address	
Address 191 DEAN STREET		City PROVIDENCE	Zip 02903-

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

2007 OCT -1 PM 1:07

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

FILED	
File Date	NOV 15 2007
Check No.	1004
By:	JONNY SKYE
FOR SECRETARY OF STATE USE ONLY	