



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 509504		2. Exact name of the limited liability company Zarephath Systems, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Investment Trust deed investing Alternative energy related products for overseas plants			
5. Principal office address 14 Gention Ave		City Providence	State RI	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name F. Viola Egbuniwe		Contact Title President/Manager			
Street Address 14 Gention Ave		City Providence	State RI	Zip 02908	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name N/A		Manager Name N/A			
Street Address N/A		Street Address N/A			
City N/A		City N/A	State N/A	Zip N/A	
Manager Name N/A		Manager Name N/A			
Street Address N/A		Street Address N/A			
City N/A		City N/A	State N/A	Zip N/A	
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 14 2012

BY

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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

F. Viola Egbuniwe

Print or Type Name of Authorized Person

8/14/12
Date

File Date

Check No

By:

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