



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. <b>509504</b>		2. Exact name of the limited liability company <b>Zarephath Systems, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <del>Private Consulting</del> <b>Trust Seed Investing</b> <b>Alternative energy related products for overseas plants</b>			
5. Principal office address <b>14 Gention Ave</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>F. Viola Egbuniwe</b>		Contact Title <b>President/Manager</b>			
Street Address <b>14 Gention Ave</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address <b>N/A</b>		Street Address <b>N/A</b>			
City <b>N/A</b>		City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address <b>N/A</b>		Street Address <b>N/A</b>			
City <b>N/A</b>		City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	
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**

**176788**  
**DS**

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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