

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

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000268423

2. Name of Corporation Liberation Capital International, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street:

39 ALISTON AVENUE

City or Town:

MIDDLETOWN

State: RI

Zip: <u>02842</u>

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

JUN 23 2016 OV

City or Town:

State: Zip: Country:

BY__

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO INCREASE THE ECONOMIC, SOCIAL AND ENVIRONMENTAL PUBLIC WELFARE IN POOR AREAS OF DEVELOPING COUNTRIES, BEGINNING IN AFRICA, FOR **INDIVIDUALS, FAMILES AND COMMUNITIES**

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

Title

Individual Name First, Middle, Last, Suffix Address

VICE PRESIDENT

KARIN P MURRAY

Address, City or Town, State, Zip Code, Country

1053 EAST SHORE ROAD

JAMESTOWN, RI 02835 USA

PRESIDENT

DAVID J. KOLATOR

39 ALISTON AVENUE MIDDLETOWN, RI 02842 USA

DIRECTOR

JOSEPH LINK MURRAY

1035 EAST SHORE ROAD

JAME, RI 02835 USA

DIRECTOR

KARIN P MURRAY

1053 EAST SHORE ROAD JAMESTOWN, RI 02835 USA

DIRECTOR

DAVID J KOLATOR

39 ALLSTON AVENUE MIDDLETOWN, RI 02842 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DAVID J. KOLATOR 39 ALLSTON AVENUE MIDDLETOWN, RI 02842

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: David J Kolator

Business Name:

No. and Street: 39 Allston Avenue

City or Town:

Middletown

State: RI

Zip: <u>02842</u>

Country: <u>USA</u>

Contact Phone: (401) 225-1544 ext:

Contact Email: kolator.ri@cox.net

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 21 Day of June, 2016 at 6:00:00 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By David J Kolator

Signature of Authorized Person

Make Corrections

Accept :