St St	tate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
	Division Of Business		
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-304	40	
Limited Liability Com	pany		
Annual Report Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc		
16-66(b&c)) is subject to a p			
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000797126</u>			
2. Exact Name of the Lin	nited Liability Company Trans-A	frica Consultancy Servi	ices LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS	codes, please select the code that b	est describes your busi	ness.
NAICS Code		6	54
			<u>5</u>
4. Brief Description of the	e Character of the Business Which	n is Actually Conducte	d in Rhode Island
	<u>FAINABLE FISHERIES, INTEG</u> W INCOME COMMUNITIES IN		URE AND WATER
		AFRICA.	
5. Principal Office Addres	SS		
No. and Street: 104	ROFFEE STREET		
City or Town: <u>BAR</u>	<u>RRINGTON</u> State:	<u>RI</u> Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Pe	erson:
Contact Name: KIFLE W	. HAGOS Contact Title: MANAGIN	IG PARTNER	
No. and Street: 104 ROFFEE STREET City or Town: BARRINGTON State: RI Zip: 02806 Country: USA			
City or Town: BARF	<u>RINGTON</u> State	: <u>RI</u> Zip: <u>02806</u>	Country: <u>USA</u>
7. Name and Address of	Each Manager of the Limited Liab	oility Company, if App	licable.
DO NOT LIST MEMBER	(5		
DO NOT LIST MEMBER		٩٩٩	229
	S Individual Name First, Middle, Last, Suffix	Addr Address, City or Town, S	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KIFLE W. HAGOS 104 ROFFEE STREET BARRINGTON , RI 02806

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

Signed this 12 Day of September, 2016 at 10:59:56 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 § 7-16.

By KIFLE WOLDESILASSIE HAGOS

Signature of Authorized Person

Form No. 632 Revised 09/07

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