



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**

## Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>268423</b>		2. Exact name of the Corporation <b>Liberation Capital International, Inc.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To increase the economic, social and environmental public welfare in poor areas of developing countries, beginning in Africa, for individuals, families and communities.</b>	
4. NAICS Code <b>525770</b>			
6. Principal Office Address <b>39 Allston Avenue</b>		City <b>Middletown</b>	State <b>RI</b>
		Zip <b>02842</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David J. Kolator</b>		Vice-President Name <b>Karin P Murray</b>	
Street Address <b>39 Allston Avenue</b>		Street Address <b>1053 East Shore Road</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02842</b>		Zip <b>02835</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>David J Kolator</b>		Director Name <b>Karin P Murray</b>	
Street Address <b>39 Allston Avenue</b>		Street Address <b>1053 East Shore Road</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02842</b>		Zip <b>02835</b>	
Director Name <b>Aleta Brooke</b>		Director Name	
Street Address <b>1053 East Shore Road</b>		Street Address	
City <b>Jamestown</b>	State <b>RI</b>	City	State
Zip <b>02835</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>David J Kolator</b>			Date <b>28 June 2017</b>
Signature of Officer/Authorized Representative <i>David J Kolator</i>			<b>FILED</b>

## MAIL TO:

Division of Business Services

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BY

JUN 30 2017

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FORM 631 - Revised: 06/2017