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State of Rhode Island and Providence Plantations  Department of State - Business Services Division

Annual Report for the year: 2015

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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	1: -							
1. Entity ID Number		2. Exact name of the Limited Liability Company						
509504	Zerephath System LLC							
3. NAICS Code	A Brief description of the operated of hurinose ponducted in Dhade Island							
221117	11 1 1 To a company relighting up it							
5. State of Formation			J , 0 ,	West	AFRICA			
RI .								
6. Principal Office Address			City	State	Zip			
14 Gentian A		<del></del>	Providence	RI	02908			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name F. Viola Eq	buniwa	2	Contact Title (E)					
	han A		city Providence	State RT	ZIP 02908			
8. List ALL managers (names a	ind addresses)	of the Limited Liabi	lity Company, IF APPLICABLE -	DO NOT LIST M	EMBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name		<u> </u>	Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Check the box to indicate an attachment								
9. Resident Agent in Rhode Isla	nd. This informat	ion is currently of rec	ord with the Department of State, Ch	nanges require filing	Form 642.			
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.								
Name of Authorized Person Date								
F. Viola Egbuniue 8/15/18								
Signature of Authorized Person SIC NATIONAL DATE OF THE PROPERTY OF THE PROPER								
A Mora								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

AUG 15 2018

BY KL 336961