



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001674276

2. Exact Name of the Limited Liability Company ANSAH AFRICA ENTERPRISE, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541613

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PURPOSE IS TO BE A SOCIAL ENTERPRISE THAT MAKES A PROFIT AND MAKES AN IMPACT WORLDWIDE. THIS WILL BE DONE THROUGH SELLING PRODUCTS, PROVIDING SERVICES, AND OFFERING RESOURCES MADE BY AFRICANS AND/OR DESIGNED FOR AFRICANS ONLINE. ANSAH AFRICA ENTERPRISE (AAE) PLANS TO PROVIDE SERVICES, SUCH AS CONSULTATION ON STARTING A NEW BUSINESS, REGISTRATION OF NEW BUSINESS ENTITY IN THE US, DIGITAL MARKETING, DONATION PAYMENT PROCESSING, ETC. AAE ALSO PLANS TO SELL PRODUCTS ONLINE, SUCH AS BOOKS, FASHION ACCESSORIES, ETC. AAE ALSO PLANS TO OFFER RESOURCES, SUCH AS ENTREPRENEUR TIPS AND TOOLS.

5. Principal Office Address

No. and Street: 11 LAKESIDE ST.

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TONY O ANSAH Contact Title: FOUNDER

No. and Street: 11 LAKESIDE ST

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TONY O ANSAH 11 LAKESIDE ST. PROVIDENCE , RI 02904

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

Signed this 4 Day of September, 2018 at 10:39:19 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 TONY O ANSAH
Signature of Authorized Person

Form No. 632
Revised 09/07

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