



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

Annual Report for the year: **2019**


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.

FILED
JUL 01 2019
BY 1042 PS

1. Entity ID Number 268423		2. Exact name of the Corporation Liberation Capital International, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To increase the economic, social, and environmental public welfare in poor areas of developing countries beginning in Africa, for individuals, families and communities.			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 39 Allston Avenue		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. Kolator		Vice-President Name Karin P. Murray			
Street Address 39 Allston Avenue		Street Address 1053 East Shore Road			
City Middletown	State RI	Zip 02842	City Jamestown	State RI	Zip 02835
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J Kolator		Director Name Karin P Murray			
Street Address 39 Allston Avenue		Street Address 1053 East Shore Road			
City Middletown	State RI	Zip 02842	City Jamestown	State RI	Zip 02835
Director Name Aleta Brooke		Director Name			
Street Address 1053 East Shore Road		Street Address			
City Jamestown	State RI	Zip 02835	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
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.					
<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 David J Kolator				Date 27 June 2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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