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State of Rhode Island
**Department of State - Business Services Division**

**Annual Report for the year:** 2021
**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.

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| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 749578 | Libera Public Radio |
| 3. State of Incorporation: R.I | 5. Brief description of the character of business conducted in Rhode Island: Radio is an online media that helps to provide unity, Public health accarness among praspora Liberians Community |
| 4. NAICS Code: 813319 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| Apt. 2 46 Rhodes street | Pawtucket | RI | 02860 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Alphonso Zean Sue | Samson Brown TOE |
| Street Address: #2 46 Rhodes Street | Street Address: 5530 Jonesboro Way |
| City: Pawtucket / State: RI / Zip: 02860 | City: Sacramento / State: CA / Zip: 95835 |
| Secretary Name: Jaiyah M. Jalame | Treasurer Name |
| Street Address: 2122 Rand Place NE | Street Address |
| City: Washington / State: DC / Zip: 20002 | 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 ☐

| Director Name | Director Name |
|---|---|
| Alphonso Zean Sue | Samson Brown Toe |
| Street Address: #Apt. 2 46 Rhodes Street | Street Address: 5530 Jonesboro |
| City: Pawtucket / State: RI / Zip: 02860 | City: Sacramento / State: CA / Zip: 95835 |
| Director Name: Jaiyah M. Jalame | Director Name |
| Street Address: 2122 Rand Place NE | Street Address |
| City: Washington / State: DC / Zip: 20002 | City / State / Zip |

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

***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.***

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee*

| Name of Officer/Authorized Representative | Date |
|---|---|
| Alphonso Zean Sue | 5/14/21 |

Signature of Officer/Authorized Representative: M Jalame

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**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 631 - Revised: 08/2020