



State of Rhode Island
Department of State - Business Services Division

2024
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Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000538512		2. Exact name of the Corporation Libera, Inc.			
3. Principal Office Address 708 Foote Avenue #300			City Jamestown	State NY	Zip 14701
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Software as a Service			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Himanshu Gandhi			Vice-President Name Tammy Wisotzkey		
Street Address 708 Foote Avenue #300			Street Address 708 Foote Avenue #300		
City Jamestown	State NY	Zip 14701	City Jamestown	State NY	Zip 14701
Secretary Name Daniel Callahan			Treasurer Name Daniel Callahan		
Street Address 708 Foote Avenue #300			Street Address 708 Foote Avenue #300		
City Jamestown	State NY	Zip 14701	City Jamestown	State NY	Zip 14701
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Himanshu Gandhi			Director Name Daniel Callahan		
Street Address 708 Foote Avenue #300			Street Address 708 Foote Avenue #300		
City Jamestown	State NY	Zip 14701	City Jamestown	State NY	Zip 14701
Director Name Terry White			Director Name Manish Maheshwary		
Street Address 708 Foote Avenue #300			Street Address 708 Foote Avenue #300		
City Jamestown	State NY	Zip 14701	City Jamestown	State NY	Zip 14701
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000,000		Class A	
		0		Class B	
		PAR VALUE			
		0.01			
		0.01			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Tammy Wisotzkey				Date 04-29-24	
Signature of Authorized Representative <i>Tammy Wisotzkey</i>				FILED	
				MAY 03 2024	
				BY <u>JOIS</u> <i>AL</i>	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov