



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 799578		2. Exact name of the Corporation Libera Public Radio			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Radio is an online media that helps to provide unity, public health awareness among diaspora Liberians / Community			
4. NAICS Code 813319		6. Principal Office Address Apt #2, 46 Rhodes Street		City Pawtucket	State RI
				Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Aphonso Jean Sae			Vice-President Name Samson Brown TDe		
Street Address 46 Rhodes Street Apt. 2			Street Address 5530 Jonesboro Way		
City Pawtucket	State RI	Zip 02860	City Sacramento	State CA	Zip 95835
Secretary Name Jalyah 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 <input type="checkbox"/>					
Director Name Aphonso Jean Sae			Director Name Samson Brown TDe		
Street Address 46 Rhode Street Apt. 2			Street Address 5530 Jonesboro Way		
City Pawtucket	State RI	Zip 02860	City Sacramento	State CA	Zip 95835
Director Name Jalyah 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 Aphonso Jean Sae					Date 7/18/2024
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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

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BY 4PV1Y

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