



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007


Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 154895		2. Exact name of the limited liability company Akima Facilities Management, LLC	
3. State of Formation ALASKA		4. Brief description of the character of the business which is actually conducted in Rhode Island Government Contractor	
5. Principal office address 13777 Ballantyne Corp Pl #455		City Charlotte	State NC
		Zip 28277	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Tina Philbrick		Contact Title Acctg & Fin Manager	
Street Address 13777 Ballantyne Corp Pl #455		City Charlotte	State NC
		Zip 28277	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/>			
Manager Name Bruce Adkins		Manager Name Chris Teich	
Street Address 13777 Ballantyne Corp Pl		Street Address 13873 Park Center Rd, Suite 400N	
City Charlotte	State NC	City Herndon	State VA
Zip 28277		Zip 20171	
Manager Name Ed Morris		Manager Name	
Street Address 13777 Ballantyne Corp Pl		Street Address	
City Charlotte	State NC	City	State
Zip 28277		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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

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.


Signature of Authorized Person
10/16/07
Date
ED MORRIS
Print or Type Name of Authorized Person

FILED	
File Date	NOV 01 2007
Check No.	By 5930
By:	
FOR SECRETARY OF STATE USE ONLY	