



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

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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 000142747		2. Exact name of the limited liability company Esquire Litigation Solutions, LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Litigation Support Services			
5. Principal office address 25A Vreeland Road, Suite 200			City Florham Park	State NJ	Zip 07932
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name			Contact Title		
Street Address 25A Vreeland Road, Suite 200			City Florham Park	State NJ	Zip 07932
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

000142747

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.

File Date **FILED**  
Check No. JAN 26 2010  
By **DS**  
FOR SECRETARY OF STATE USE ONLY

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2010 JAN 26 AM 11:38

Signature of Authorized Person **Domenick DiCicco**  
Date 12/14/2009  
Print or Type Name of Authorized Person