



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 2011

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. 000571322		2. Exact name of the limited liability company Espe Maintenance LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Building Maintenance, Repairs and related Services			
5. Principal office address 23 Brinkley Street		City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Simeon Okon			Contact Title MANAGER		
Street Address 23 Brinkley Street		City Providence	State RI	Zip 02909	
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 Simeon Okon			Manager Name		
Street Address 23 Brinkley Street		Street Address			
City Providence	State RI	Zip 02909	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	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 EKAETE OKON			Address		
Address 23 Brinkley Street		City Providence	Zip 02909		

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

FILED

AUG 26 2011

By **DS**
150944

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.

Simeon Okon **08/26/2011**
Signature of Authorized Person Date

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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