



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>159025</u>		2. Exact name of the limited liability company <u>Español & Compañia LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Sale spices, Herbal natural, and Brood, etc</u>	
5. Principal office address <u>231 Towace Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Chelo Español</u>		Contact Title <u>OWNER</u>	
Street Address <u>231 Towace Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Chelo Español</u>		Manager Name	
Street Address <u>231 Towace Ave</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02920</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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 CORPORATIONS DIV
 2015 OCT 9 PM 1:02

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File Date _____
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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 Chelo Español Date 10/09/15
 Print or Type Name of Authorized Person _____