



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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FILED
 SECRETARY OF STATE
 CORPORATIONS DIV

Limited Liability Company Annual Report for the year: 2015

2016 AUG -1 AM 9:06

Filing period: September 1 - November 1

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

1. Entity ID Number		2. Exact name of the Limited Liability Company			
000571322		Espo Maintenance, LLC.			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
State: R1		Building Maintenance, Repairs related Services			
5. Principal Office Address		City	State	Zip	
23 BRINILLEY STREET		Providence	R1	02909	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Simeon P. Dkon		Manager			
Street Address		City	State	Zip	
23 Brinkley Street		Providence	R1	02909	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Simeon P. Dkon					
Street Address		Street Address			
23 BRINILLEY Street					
City	State	Zip	City	State	Zip
Providence	R1	02909			
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Simeon P. Dkon				08/01/2016	
Signature of Authorized Person				SIGN DOCUMENT HERE	

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BY CA-280301

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