



**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 **2012**

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. <b>535513</b>		2. Exact name of the limited liability company <b>15 SPRING STREET, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address <b>497 WEST BEACH ROAD</b>		City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>LAWRENCE C. LEBLANC</b>		Contact Title <b>MANAGER</b>			
Street Address <b>497 WEST BEACH ROAD</b>		City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	
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 <b>LAWRENCE C. LEBLANC</b>		Manager Name <b>MICHAEL CARLINO</b>			
Street Address <b>497 WEST BEACH ROAD</b>		Street Address <b>497 WEST BEACH ROAD</b>			
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
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 Form 642.					

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

SEP 14 2012

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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

**LAWRENCE C. LEBLANC**

Print or Type Name of Authorized Person

Date