



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2016 SEP 12 PM 3:41

**Limited Liability Company Annual Report for the year:** 2015

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	
521683		139 Benefit Street, LLC	
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island	
RI		office space Rental	
5. Principal Office Address		City	State
139 Benefit Street		Providence	RI
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name		Contact Title	
Levis Courman		President	
Street Address		City	State
139 Benefit Street		Providence	RI
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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.			
<b>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.</b>			
Name of Authorized Person			Date
Levis Courman			9/22/16
Signature of Authorized Person			

*[Handwritten signature]*  
ID 759185

9/9/14

11:17 AM

**FILED**

SEP 21 2016

By 284033

KM