



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 143803	2. Exact name of the limited liability company STAFF 15, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding

5. Principal office address 2 Williams Street	City Providence	State RI	Zip 02903
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name Robert D. Stafford	Contact Title

Street Address 51 Colonial Avenue 21 CENTER PARKWAY	City Warwick	State RI CT	Zip 02885 06374
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
 (FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)
 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name N/A	• Manager Name N/A
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Street Address	• Street Address
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City	State	Zip	• City	State	Zip
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Manager Name N/A	• Manager Name N/A
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Street Address	• Street Address
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City	State	Zip	• City	State	Zip
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name SCOTT A. RITCH, ESQ.	Address 2 WILLIAMS STREET	
Address	City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 4 3 8 0 3

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.

Robert D. Stafford 9-26-05
Signature of Authorized Person Date

ROBERT D. STAFFORD
Print or Type Name of Authorized Person

143803 DLLC 09/21/05 11:24:37 AM
File Date 10/3/05
Check No. 993
By: <i>CR</i>
FOR SECRETARY OF STATE USE ONLY



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
401.222.3100

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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. 143803		2. Exact name of the limited liability company STAFF 15, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING			
5. Principal office address 21 CENTER PARKWAY			City PLAINFIELD	State CT	Zip 06374
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT D. STAFFORD			Contact Title		
Street Address 21 CENTER PARKWAY			City PLAINFIELD	State CT	Zip 06374
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 N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
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 SCOTT A. RITCH, ESQ.			Address 2 WILLIAMS STREET		
Address			City PROVIDENCE	Zip 02903	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (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.

Robert D. Stafford 10-20-07
Signature of Authorized Person Date

ROBERT D STAFFORD
Print or Type Name of Authorized Person

File Date	
Check No.	FILED
By:	OCT 16 2007
	FOR SECRETARY OF STATE USE ONLY
By:	<i>[Signature]</i>

15905-19-195702

Form 632 Rev. 07/07