

STAMP

•

Annual Report for the year: 2017

**Limited Liability Company** 

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>691197</b>	l	2. Exact name of the Limited Liability Company  DV XV, LLC				
3. NAICS Code 531120		Brief description of the character of business conducted in Rhode Island commercial property				
5. State of Formation RI						
6. Principal Office Address 33 College Hill Road, Building 15			City Warwick	State RI	Zip 02889	
7. Mailing Address of Limit		any and Name o	r Title of Contact Person	<del></del>		
Contact Name Brian Bucci			Contact Title Managing Member			
Street Address PO Box 6187			City Warwick	State RI	<sup>Zip</sup> 02887	
8. List ALL managers (nar	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	e Island. This inform	nation is currently	of record with the Department of St			
Under penalty of perjury, statements, and that all s	I declare and aff	irm that I have	examined this report, including	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Brian A. Bucci				[ /0]	12/17	
Signature of Authorized Pe	rson	/ Jago	LDOC MENT AFRE			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

OCT 1 0 2017