STAMP

Annual Report for the year: 2018
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 1659901		2. Exact name of the Limited Liability Company 15 CHARTIER CIRCLE, LLC				
3. NAICS Code	4 Brief desc	4. Brief description of the character of business conducted in Rhode Island				
531390	Other activi	Other activities related to real estate				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
1000 S. Point Drive			Miami Beach	FL	33139	
7. Mailing Address of Limited	Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name Stephen J. Maguire			Contact Title Manager			
Street Address 1000 S. Point Drive			City Miami Beach	State FL	^{Zip} 33139	
8. List ALL managers (names	and addresses)	of the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS	
Manager Name Stephen J. Maguire			Manager Name			
Street Address 1000 S. Point Drive			Street Address			
City Miami Beach	State FL	Z _{IP} 33139	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		Check the box to indicate an attachment				
9. Resident Agent in Rhode Is	slarid. This informa	ation is currently of re	ecord with the Department of Stat	e. Changes require filin	g Form 642.	
Under penalty of perjury, I o statements, and that all state				g any accompanyin	g schedules and	
Name of Authorized Person			Date	1.0		
Stephan	Magi	31/		11/13	/ {8	
Signature of Authorized/Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

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

N

2007