



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

Annual Report for the year: **2019**
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.

FILED
STAMP
NOV 22 2019
BY 11277
[Signature]

1. Entity ID Number 163212		2. Exact name of the Limited Liability Company 15 Messenger, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island real estate ownership, rental and rehabilitation			
5. State of Formation Rhode Island					
6. Principal Office Address 5600 Post Road, #114-213		City East Greenwich		State RI	Zip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Leslie Hand		Contact Title Member			
Street Address 5600 Post Road, #114-213		City East Greenwich		State RI	Zip 02818
8. 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	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
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.					
Name of Authorized Person Leslie Hand				Date	
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