



State of Rhode Island
Department of State - Business Services Division

FILED

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Annual Report for the year: 2021
Limited Liability Company

SEP 22 2021

BY ASB DS

- 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 000143803		2. Exact name of the Limited Liability Company Staff 15, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real estate holding			
5. State of Formation Rhode Island					
6. Principal Office Address 21 Center Parkway		City Plainfield	State CT	Zip 06374	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert D. Stafford			Contact Title Member		
Street Address 21 Center Parkway		City Plainfield	State CT	Zip 06374	
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <i>Samuel A. Stafford</i>				Date 09-13-21	
Signature of Authorized Person <i>Samuel A. Stafford</i>					

ASB

MAIL TO:
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