RI SOS Filing Number: 202449401710 Date: 3/25/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| Entity ID Number | 2. Exact name of the Limite | 2. Exact name of the Limited Liability Company | | | |
|-------------------------------|--|--|-----------------------|-----------------------|--|
| 000691197 | DV XV, LLC | DV XV, LLC | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 531120 | commercial property | | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | 1 | City | State | Zip | |
| 200 Centreville Road, Unit 10 | | Warwick | RI | 02886 | |
| 7. Mailing Address of Limite | d Liability Company and Name or | Title of Contact Person | | 1 | |
| Contact Name Brian Bucci | | . Contact Title Managing Member | | | |
| Street Address PO Box 6187 | | C:ty Warwick | State | Z _{IP} 02887 | |
| 8. The Resident Agent infor | mation currently of record with the | RI Department of State is accu | urate. Changes requir | e filing Form 642. | |
| | y, I declare and affirm that I hav tatements contained herein are | | ding any accompany | ring schedules and | |
| Name of Authorized Person - | | | Date | | |
| Brian Bucci | ^ | \wedge | 03/15/2024 | | |
| Signature of Authorized Per | rson | : Mi | | | |

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov