



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

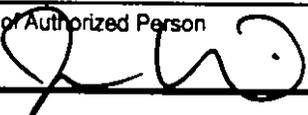
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FORM 632 - REVISED 10/2017  
 STATE OF RHODE ISLAND  
 DEPT. OF STATE  
 ISM ONLY

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 <b>001676473</b>		2. Exact name of the Limited Liability Company <b>115 SALTAIRE, LLC</b>			
3. NAICS Code <b>631390</b>		4. Brief description of the character of business conducted in Rhode Island <b>THE PURCHASE, HOLDING, LEASING AND SALE OF RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>130 TOWER HILL ROAD</b>		City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02862</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>SKYCAP, LLC</b>			Contact Title <b>MANAGER</b>		
Street Address <b>67 FAIRMONT AVENUE</b>		City <b>STAMFORD</b>	State <b>CT</b>	Zip <b>06906</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>SKYCAP, LLC</b>		Manager Name			
Street Address <b>67 FAIRMONT AVENUE</b>		Street Address			
City <b>STAMFORD</b>	State <b>CT</b>	Zip <b>06906</b>	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.					
<b>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.</b>					
Name of Authorized Person <b>JONATHAN D. HIERL, MEMBER</b>				Date <b>11/29/18</b>	
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**  
 DEC 12 2018  
 BY **4440**