



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

STAMP

SECRETARY OF STATE
PROVIDENCE, RI 02882

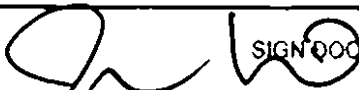
Annual Report for the year: **2018**

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 1084159		2. Exact name of the Limited Liability Company 20 KNOWLESWAY, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island THE PURCHASE, HOLDING, LEASING AND SALE OF RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 130 TOWER HILL ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SKYCAP, LLC			Contact Title MEMBER		
Street Address 67 FAIRMONT AVENUE		City STAMFORD		State CT	Zip 06906
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.					
<i>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.</i>					
Name of Authorized Person JONATHAN D. HIERL, MEMBER				Date 11/29/18	
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

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