



State of Rhode Island

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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R.I. DEPT. OF STATE
BUS. SERVICES DIV.
2021 MAY 28 PM 2:43

1. The name of the limited liability company is:		
SKYCAP, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: STATE OF CONNECTICUT		
3. The date of its organization is: MARCH 26, 2009		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name DOMENIC A. MOSCA, JR.		
Street Address (NOT a P.O. Box) 130 TOWER HILL ROAD		
City/Town NORTH KINGSTOWN	State RHODE ISLAND	Zip Code 02852
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
THE PURCHASE, MANAGEMENT, LEASING AND SALE OF RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.		
Check the box to indicate an attachment ☐		

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

STAMP

MAY 28 2021

BY 1266A

A.A. 2:43 PM.

FOR
SECRETARY OF STATE
USE ONLY

FORM 450 - Revised: 08/2020

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

67 FAIRMONT AVENUE, STAMFORD, CONNECTICUT 06906

8. The mailing address for the limited liability company is:

67 FAIRMONT AVENUE, STAMFORD, CONNECTICUT 06906

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
RUSSELL MINK	67 FAIRMONT AVENUE, STAMFORD, CONNECTICUT 06906
JONATHAN HIERL	67 FAIRMONT AVENUE, STAMFORD, CONNECTICUT 06906

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

SKYCAP, LLC

Date

MAY 25, 2021

Signature of Authorized Person

Registered Agent

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

SKYCAP, LLC

a domestic limited liability company, were filed in this office on March 26, 2009.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: May 24, 2021

Business ID: 0966844

Express

Certificate Number: 2021288142001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 28, 2021 02:43 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

