

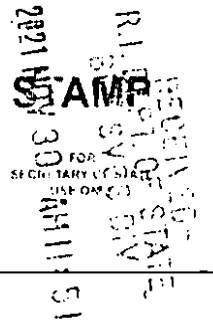


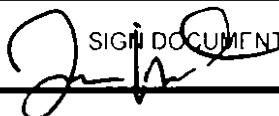
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**

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 001684778		2. Exact name of the Limited Liability Company 30 RODMAN, 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 MANAGER		
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 SKYCAP, LLC			Manager Name		
Street Address 67 FAIRMONT AVENUE			Street Address		
City STAMFORD	State CT	Zip 06906	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 JONATHAN D. HIERL, MEMBER				Date 11/22/21	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

NOV 30 2021
BY Ch. Ch. # 5401