RI SOS Filing Number: 202339608780 Date: 7/19/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2023 JUL 19 P 12: 34

Annual Report for the year: 2023

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.

| a Company | 2. Exact name of the Limited List | sility Company | <u> </u> | |
|--|---|----------------|------------------|-------------|
| 1. Entity ID Number | | | | |
| 001668770 | SKY PROPERTIES LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531311 | | | | |
| 5. State of Formation | n _ | 1 0 1 1 | -01/ | |
| RI | REAL ES | tATE RENT | <u>/+ / ></u> | |
| 6. Principal Office Address | | City | State | Zip |
| 6. Principal Office Address 780 RESERVOIR WE#207 | | CRANSTON | RI | 029/1 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name MGDELYN RODRIGUEZ | | Contact Title | | |
| Phone Address of | | City | State | Zip 2 4 9 |
| 嘘く えんんだれ だんじ ロミナ | | PROVIDENCE | 11/2 | () 2/ 0/ |
| 8. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| Under penelty 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. | | | | |
| | | | Date / / | |
| Name of Authorized Person | | 17/19/23 | | |
| MADELYN RODRIGEZ | | | 1711 | / / |
| Signature of Authorized Person | | | | |
| (muco) | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 532 - Revised: 2/2023