

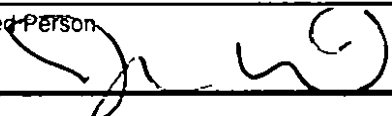


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

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MAY 04 2024
BY 6102
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|---|--|--|------------------------|
| 1. Entity ID Number 001684779 | | 2. Exact name of the Limited Liability Company 29 SYLVAN, 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. 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 4/25/24 |
| Signature of Authorized Person  | | | |

MAIL TO:
Division of Business Services
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