

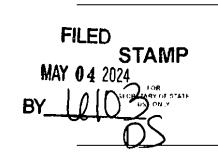
Department of State - Business Services Division

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.



Entity ID Number	2. Exact name of the Limited Liability Company			
001682640	2 GASPEE, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
531390	THE PURCHASE, HOLDING, LEASING AND SALE OF RESIDENTIAL,			
5 State of Formation	COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.			
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
130 TOWER HILL ROAD		NORTH KINGSTOWN	RI	02852
7. Mailing Address of Limited Lia	bility 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	on currently of record with the RI D	epartment of State is accurate. C	hanges require	filing Form 642.
	eclare and affirm that I have exa ents contained herein are true i		ny accompanyi	ng schedules and
Name of Authorized Person			Date 4/25/24	
JONATHAN D. HIERL, MEMBER			7123	723
Signature of Authorized Person				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov