

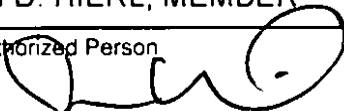


State of Rhode Island  
Department of State - Business Services Division

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.

**FILED  
STAMP**  
MAY 04 2024  
BY 6/10/24  
S. G. L. OF STATE

1. Entity ID Number <b>001684787</b>		2. Exact name of the Limited Liability Company <b>33 SYLVAN, LLC</b>	
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>THE PURCHASE, HOLDING, LEASING AND SALE OF RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.</b>	
5. State of Formation <b>RHODE ISLAND</b>			
6. Principal Office Address <b>130 TOWER HILL ROAD</b>		City <b>NORTH KINGSTOWN</b>	State <b>RI</b>
		Zip <b>02852</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>SKYCAP, LLC</b>		Contact Title <b>MANAGER</b>	
Street Address <b>67 FAIRMONT AVENUE</b>		City <b>STAMFORD</b>	State <b>CT.</b>
		Zip <b>06906</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9 <i>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.</i>			
Name of Authorized Person <b>JONATHAN D. HIERL, MEMBER</b>		Date <b>4/25/24</b>	
Signature of Authorized Person 			

**MAIL TO:**

Division of Business Services  
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