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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.



2023 JUN 23 A 9 46

Signature of Authorized Pers				
Name of Authorized Person JONATHAN D. HIER	<u> </u>		Date 6/20/23	
Under penalty of perjury, I statements, and that all sta	declare and affirm that I have exam tements contained herein are true	ined this report, including any and correct.	accompanying	schedules and
8. The Resident Agent inform	nation currently of record with the RI D	Department of State is accurate. C	hanges require	filing Form 642.
Street Address 67 FAIRMONT AVENUE		City STAMFORD	State CT	^{Zip} 06906
Contact Name SKYCAP, LLC		Contact Title MANAGER		
7. Mailing Address of Limited	Liability Company and Name or Title	of Contact Person	·	
6. Principal Office Address 130 TOWER HILL ROAD		City NORTH KINGSTOWN	State RI	Zip 02852
5. State of Formation RHODE ISLAND	COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.			
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island THE PURCHASE, HOLDING, LEASING AND SALE OF RESIDENTIAL,			
1. Entity ID Number 001676475	2. Exact name of the Limited Liability Company 33 BURNSIDE, LLC			

FILED

JUN 2 3 2023

MAIL TO:

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

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