

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.



1. Entity ID Number 986132	Relian	2. Exact name of the Limited Liability Company Reliant Yachts, LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
33661	to design	to design, build and sell semi-custom and custom motor yachts				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
32 Clarke Street			Newport	RI	02840	
7. Mailing Address of Limit	ed Liability Compa	ny and Name o	r Title of Contact Person			
Contact Name Walter S. Szot			Contact Title Member			
Street Address 617 Fleming St., #8			City Key West	State FL	^{Zip} 33040	
8. List ALL managers (nar	nes and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	,			Check the box to	indicate an attachment	
9 Resident Agent in Rhod	le Island. This infor	mation is currently	of record with the Department of St	ate. Changes require file	ng Form 642.	
Under penalty of perjury statements, and that all	/. I declare and af	firm that I have	examined this report, includi	ng any accompanyi	ng schedules and	
Name of Authorized Personal James G. Ewing	on /	MAL		Date	118/18	
Signature of Authorized P		4. 10	N DOCUMENT HERE	\ 		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED MAY 2 3 2018 14328