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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

FOR SCORETARY OF STATE UST ONLY

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 1256283	2. Exact name of the Limited Liability Company Commuter Yacht, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
1.33(de)	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 St.			Newport	RI	02840
7. Mailing Address of Limited Lia	bility Compar	y and Name or T	itle 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 (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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
<u> </u> -	<u> </u>			Check the box to	indicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of periury, I de	clare and affi	rm that I have e.	xamined this report, includi	ing any accompanyir	ng schedules and
statements, and that all statements contained herein are true and correct.					
Name of Authorized Person				:	14 28 2018
Signature of Authorized Person Signature of Authorized Person 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 FILED
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