State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP
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Annual Report for the year: 2018
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	2. Exact name of the Limited Liability Company		
1256283	**Commuter Yacht, LLC**		
3. NAICS Code 336611	4. Brief description of the character of business conducted in Rhode Island: **to design, build and sell semi-custom and custom motor yachts**		
5. State of Formation: **RI**			
6. Principal Office Address: **32 Clarke St.**	City: **Newport**	State: **RI**	Zip: **02840**
7. Mailing Address of Limited Liability Company and Name or 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 (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		
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 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.

Name of Authorized Person	Date
James G. Ewing	AUG 28 · 2018
Signature of Authorized Person: SIGN DOCUMENT HERE	

FILED
SEP 05 2018
BY 14430

MAIL TO:
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