

STAMP

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.

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FOR SECRETARY OF STATE USE ONLY

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								
331001	to design,	to design, build and sell semi-custom and custom motor yachts								
5. State of Formation										
RI				10-1-	Zip					
6. Principal Office Address			City	State	02840					
32 Clarke St.			Newport	RI	U204U					
7. Mailing Address of Limited	Liability Compar	ny and Name or	Title of Contact Person							
Contact Name Walter S. Szot			Contact Title Member	Contact Title Member						
Street Address 617 Fleming St., #8			City Key West	State FL	^{Zip} 33040					
8 List ALL managers (name	s and addresses) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS					
Manager Name			Manager Name							
Street Address			Street Address	Street Address						
City	State	Zip	City	State	Zip					
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
					in diameter					
					indicate an attachment					
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of S	tate. Changes require fili	ng roim 042.					
Under penalty of perjury, statements, and that all st	declare and aff atements conta	irm that I have ined herein are	examined this report, include true and correct.	ing any accompanyli	ng scriedules and 					
Name of Authorized Person		Date	2-10							
James G. Ewing		/		7 AUG 28.201						
Signature of Authorized Per	rson	810	TOUGHT DERE	·						

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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