



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

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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<br><b>001660902</b>   |       | 2. Exact name of the Limited Liability Company<br><b>MY YACHT, LLC</b>                                       |      |                           |                     |
| 3. NAICS Code<br><b>423910</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Yacht holding company.</b> |      |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |      |                           |                     |
| 6. Principal Office Address<br><b>401 Main Street</b>   |       | City<br><b>Ashaway</b>   |      | State<br><b>RI</b>        | Zip<br><b>02804</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |      |                           |                     |
| Contact Name<br><b>Raymond J. Quinlan</b>   |       | Contact Title<br><b>Member</b>   |      |                           |                     |
| Street Address<br><b>401 Main Street</b>  |       | City<br><b>Ashaway</b>   |      | State<br><b>RI</b>        | Zip<br><b>02804</b> |
| 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 <input type="checkbox"/>  |       |  |      |                           |                     |
| 9. Resident Agent in Rhode Island This information is currently of record with the Department of State. Changes require filing Form 642.  |       |  |      |                           |                     |
| <i>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.</i> |       |  |      |                           |                     |
| Name of Authorized Person<br><b>Raymond J. Quinlan, Member</b>  |       |  |      | Date<br><b>10-17-2018</b> |                     |
| Signature of Authorized Person<br>   |       |  |      | SIGN DOCUMENT HERE        |                     |

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**  
OCT 22 2018  
BY 5612