RI SOS Filing Number: 201927470280 Date: 11/12/2019 4:00:00 PM State of Rhode Island and Providence Plantations



Department of State - Business Services Division

Annual Report for the year: 2019
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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BY 5205 D

1. Entity ID Number	2. Exact name of the Limited Liability Company						
001660902							
	MY YACHT, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
423910	Yacht holding company						
5. State of Formation	1						
RI							
6. Principal Office Address	*	 -	City	State	Zlp		
401 Main Street			Ashaway	RI	02804		
7. Mailing Address of Limited Lia	bility Company	and Name or Title	e of Contact Person				
Contact Name Raymond J. Quinlan		Contact Title Member					
Street Address 401 Main Street			City Ashaway	State RI	Zip 02804		
8. List ALL managers (names ar	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 /							
Raymond J. Quinlan, Member							
Signature of Authorized Flerson SIGN 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