



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. ID No.** 000605619

**2. Exact Name of the Limited Liability Company** DISTINCTIVE YACHT SERVICES, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

811490

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

YACHT MANAGEMENT AND REPAIR COMPANY.

**5. Principal Office Address**

No. and Street: 36 WASHINGTON SQUARE

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JAMES WILLIAM SHONDEL Contact Title: MANAGER

No. and Street: 137 1/2 WASHINGTON AVENUE

312

City or Town: BELLEVILLE

State: NJ Zip: 07109 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JAMES WILLIAM SHONDEL	106 E. RESERVE DRIVE ALPINE, WY 83128 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MARK B. BARDORF, ESQ. 36 WASHINGTON SQUARE NEWPORT , RI 02840

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 22 Day of November, 2019 at 10:49:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By ANGEL CASALE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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