



State of Rhode Island  
 Department of State - Business Services Division

FILED

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Annual Report for the year: 2021  
 Limited Liability Company

OCT 20 2021

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- 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>001703575  |             | 2. Exact name of the Limited Liability Company<br>Bristol Yacht Charters, LLC                       |                 |              |     |
| 3. NAICS Code<br>532411   |             | 4. Brief description of the character of business conducted in Rhode Island<br><br>Yacht chartering |                 |              |     |
| 5. State of Formation<br>Rhode Island   |             |   |                 |              |     |
| 6. Principal Office Address<br>99 Poppasquash Road  |             | City<br>Bristol   | State<br>RI     | Zip<br>02809 |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |             |   |                 |              |     |
| Contact Name<br>Andrew T. Tyska   |             | Contact Title   |                 |              |     |
| Street Address<br>99 Poppasquash Road   |             | City<br>Bristol   | State<br>RI     | Zip<br>02809 |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |             |   |                 |              |     |
| Manager Name<br>Andrew T. Tyska   |             | Manager Name  |                 |              |     |
| Street Address<br>99 Poppasquash Road   |             | Street Address  |                 |              |     |
| City<br>Bristol   | State<br>RI | Zip<br>02809  | 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. The Resident Agent information currently of record with the RI Department of State is accurate. 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>Andrew T. Tyska  |             |   | Date<br>10/8/21 |              |     |
| Signature of Authorized Person<br>  |             |   |                 |              |     |

**MAIL TO:**  
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