

Annual Report for the year: **Limited Liability Company**

2025

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2025 APR 28 P 4: 02

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|--|--|--|---------------|----------------------|
| | , , , , , , , , , , , , , , , , , , , | | | |
| 001709946 | COHEN YACHT SERVICES LLC | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | |
| 238990 | REPAIR AND MAINTAIN PRIVATELY OWNED YACHTS UNDER 60' | | | |
| 5 State of Formation | | INTIMIZED OF THE PROPERTY OF T | I AGITTO GIVI | JEIN 00 |
| | | | | |
| RI | | | | |
| 6 Principal Office Address | | City | State | Zip |
| 16 CONGDON AVE | | NEWPORT | RI | 02840 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name AUSTIN E. COHEN | | Contact Title OWNER | | |
| <u> </u> | . | | Υ | , |
| 16 CONGDON AVE | | City NEWPORT | State RI | ^{Zip} 02840 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | | |
| 9 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 | |
| AUSTIN E. COHEN | | | 4/23/2025 | |
| Signature of Authorized Person | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov

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YSCVVS

FORM 632 - Revised: 12/2023