

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2022 **Limited Liability Company**

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→ 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 Evact same of the Limited Li	ability Company			
·	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 6				
5. State of Formation	7				
RI					
6 Principal Office Address		City	State	Zip	
16 CONGDON AVE		NEWPORT	RI	02840	
7. Mailing Address of Limited L	iability Company and Name or Titl	e of Contact Person	 	•	
Contact Name AUSTIN E. COHEN		Contact Title OWNER			
Street Address 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	Date	
AUSTIN E. COHEN			4/23/2025	4/23/2025	
Signature of Author and Perso			•		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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