



Annual Report for the year: 2020  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2020 JAN 17 PM 12:37

1. Entity ID Number <b>001335272</b>		2. Exact name of the Corporation <b>BOB Bay's INC</b>			
3. Principal Office Address <b>9 Burr St</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02930</b>	
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction &amp; Consulting</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Cirillo</b>			Vice-President Name <b>Joey Henderson</b>		
Street Address <b>9 Burr St</b>			Street Address <b>135 Elton Circle</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02930</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Amanda Turwhe</b>			Treasurer Name		
Street Address <b>35 Church Hill Dr</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02930</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>		<b>1.01</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative <b>Amanda Turwhe</b>					Date <b>1/17/20</b>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.scs.ri.gov

JAN 17 2020

**FILED**  
~~BOB~~  
 A.A.