



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 154897		2. Exact name of the limited liability company Bay Point Mortgage, LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island Mortgage Broker	
5. Principal office address 457 Wilbur Avenue		City Swansea	State MA
		Zip 02777	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Tammy Pacheco		Contact Title Vice President	
Street Address 457 Wilbur Avenue		City Swansea	State MA
		Zip 02777	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Candice Kazen		Manager Name	
Street Address 457 Wilbur Avenue		Street Address	
City Swansea	State MA	City	State
Zip 02777		Zip	
Manager Name Tammy Pacheco		Manager Name	
Street Address 457 Wilbur Avenue		Street Address	
City Swansea	State MA	City	State
Zip 02777		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NATIONAL REGISTERED AGENTS, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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

FILED

File Date
NOV 01 2007

Check No.
By 835

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Tammy M. Pacheco 10/30/2007
Signature of Authorized Person Date
Tammy M. Pacheco
Print or Type Name of Authorized Person