



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

A. Ralph Molis, 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. 000128385		2. Exact name of the limited liability company BayBax Partners Rhode Island, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate			
5. Principal office address 1017 TURNPIKE STREET, SUITE 33			City CANTON	State MA	Zip 02021
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEFFREY A CIFFOLILLO			Contact Title MANAGER		
Street Address 140 WESTCHESTER DRIVE			City CANTON	State MA	Zip 02021
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 JEFFREY A CIFFOLILLO			Manager Name		
Street Address 140 WESTCHESTER DRIVE			Street Address		
City CANTON	State MA	Zip 02021	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 BUSINESS FILINGS INTERNATIONAL, INC.			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

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

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.

FILED

File Date **JAN 07 2008**

Check No.

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

[Signature] 12/31/07
Signature of Authorized Person Date

[Signature] 12/31/07
Print or Type Name of Authorized Person Date