

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 \* Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIRLY IN RIACK INK

* In accordance with R.I.G.L. 7-law (R.I.G.L. 7-1.2-1501(c&d)) is	1.2-1501(e), eacb corp s subject to a penalty j	oration falling or refus ee of \$25.00.	ing to file its annual report within	tbirty (30) days after	r the time prescribed by	
1. Corporate ID No.	2. Name of Corporation			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
35671	Bay Real	ty, Ltd.				
3. Street Address Principal Business Office			City	State	Zip	
1182 Boston Neck Road  4. Business Phone No.			Narragansett	RI	02882	
y. Walte of America		5. State of Incorporation	3			
401-789-3003 Rhode Isla  6. Brief Description of the Character of Business Conducted in Rhode Island			апо	·		
Real Estate Sa	•	anae isiana	•			
		C"X" BOX FOR ATT	ACHMENT) [] FILL IN SPACE	S REEADE HEING A	TTACTIBETRITE	
President Name	OI MILL OFFICERO.	( A BOATOKAII	Vice President Name	S BEFORE USING A	IIIACHMENIS	
James H. Readyhough						
Street Address			Street Address			
612 Post Road						
City:	State	Ζip	City	State	Zip	
Wakefield	RI	02879				
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9 NAMES AND ADDRESSES	OF THE DIBECTOR	C. CHYT DOY FOR AT				
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
James H. Readyhough			Director manie			
Street Address			Street Address			
612 Post Road			•			
City	State	Zip 00070	City	State	Zip	
Wakefield	RI	02879				
Director Name			Director Name	.5	************************	
Street Address			Street Address			
24	0	La				
City	State	Zip	City	State	Zip	
O SHADES AUTHODIZED /*	  V" BOV EOD ATTA	 	10 CHARLE TOCHER CAN	1		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
3			Territory states	Cadisty Serves	rui venne	
1,000 COMM NO PAR VALUE			100 NO PAR COMMON			
This report must be executed	on behalf of the corp	oration by an authoriz	ed representative. If the corpora	tion is in the hands	of a receiver or trustee.	
this report must be executed o	n behalf of the corpo	ration by the receiver	or trustee.		<b></b> ,	
				1 1	1	
			Under penalty of periury	L declare and affirm the	at I have examined this report	
			including any accompany	ing schedules and state	pients, and that all statements	
Ell	ED		contained hereon are true	and correct	////120	
File Date	ED		Yamos	signature Date		
	E 2008		Signature /			
Check No. JAN 2 5 2008  By: By: Check No.			James H. Readyhough			
						Ву:
FOR SECRETARY OF STAT	TE USE ONLY		Pr. Title	resident		