



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 71316		2. Name of Corporation Bay Breeze Interiors, Inc.			
3. Street Address Principal Business Office 10 Ningret Avenue			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-348-0722		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Retail and/or consignment Sale of Furniture, Furnishings and Gift Items.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert P. Richins			Vice President Name Harriet Holmes-Richins		
Street Address 6 Windover Turn			Street Address 6 Windover Turn		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name Harriet Holmes-Richins			Treasurer Name Robert P. Richins		
Street Address 6 Windover Turn			Street Address 6 Windover Turn		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert P. Richins			Director Name Harriet Holmes-Richins		
Street Address 6 Windover Turn			Street Address 6 Windover Turn		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			1,000	None	NPV

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.

File Date	1-13-09
Check No.	8691
By:	MMC
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.

Signature: Robert P. Richins Date: 1/14/09
Print or Type Name: Robert P. Richins
Title: President