

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

Filling Period: January 1 - March 1 - Filling 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(c), 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&d)) is

subject to a penalty fee of \$25.00.					
I. Corporate ID No. 2061	2. Name of Corporation Bay Associates,	Inc.			
3 Street Address Principal Business Office 1380 Warwick Avenue			<i>City</i> Warwick	State RI	<i>2ф</i> 02888
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Real Estate	of Business Conducted in .	Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN	SPACES BEFORE USING A	TTACHMENTS
President Name William M. McCaffrey			Vice President Name Ann D. McCaffrey		
Warwick	Rhode Island	02889	City Warwick	Rhode Island	^{Zip} 02889
Secretary Name William M. McCaffrey			Treasurer Name Ann D. McCaffrey		
Street Address 15 Woodridge Drive			Street Address 40 Westonia Lane		
City Warwick	State Rhode Island	^{Zip} 02889	Cih Warwick	State Rhode Island	^{Ζip} 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Mreet Address		
City	State	Zip	CHy	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par Value
This report must be executed	on behalf of the corp	poration by an authorize	d representative. If the	corporation is in the hands of	f a receiver or trustee,
this report must be executed of	on benall of the corp	oration by the receiver	or trustee.		
				perjury, I declare and affirm that companying schedules and states	
FILED				are true and correct.	nome, and may an enachment
File Date			ann -	E. Malher	2/23/00
FFR 9 / 200	1		Signature	710	Date
Check No. PV SEV	<i>p</i>		ANN D. MCCaffrey Print or Type Name		
FOR SECRETARY OF STA	TE USE ONLY		Vice	president	
		J	Title		Form 630 Rev. 08/08