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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&d)) is subject to a penalty fee of $25.00.***

| 1. Corporate ID No. | 2. Name of Corporation | | |
|---|---|---|---|
| 152990 | Bayview Pharmacy, Inc. | | |
| 3. Street Address Principal Business Office: 81 Prides Crossing Lane | City: Saunderstown | State: RI | Zip: 02874 |
| 4. Business Phone No.: 401-284-4505 | 5. State of Incorporation: Rhode Island | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
Pharmacy

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Ryan D. Dyer | Christine A. Dyer |
| Street Address: 81 Prides Crossing Lane | Street Address: 81 Prides Crossing Lane |
| City: Saunderstown / State: RI / Zip: 02874 | City: Saunderstown / State: RI / Zip: 02874 |
| Secretary Name: Christine A. Dyer | Treasurer Name: Ryan D. Dyer |
| Street Address: 81 Prides Crossing Lane | Street Address: 81 Prides Crossing Lane |
| City: Saunderstown / State: RI / Zip: 02874 | City: Saunderstown / State: RI / Zip: 02874 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Director Name |
|---|---|
| Ryan D. Dyer | Christine A. Dyer |
| Street Address: 81 Prides Crossing Lane | Street Address: 81 Prides Crossing Lane |
| City: Saunderstown / State: RI / Zip: 02874 | City: Saunderstown / State: RI / Zip: 02874 |
| Director Name | Director Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

**9. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 8,000 | common | $0.01 |
| | | |

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 200 | common | $0.01 |
| | | |

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.

[redacted] [redacted]

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] ✓ 10/4/09
*Signature* *Date*

Christine A. Dyer
*Print or Type Name*

[redacted] Vice President
*Title*

*File Date* FILED
*Check No* OCT 07 2009
*By:* By 1223
FOR SECRETARY OF STATE USE ONLY

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