



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                               |                    |                                                                                |                                                                            |                     |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------|---------------------|
| 1. Entity ID No.<br><b>135063</b>                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>Bay Street Construction Corporation</b> |                                                                            |                     |                     |
| 3. Principal office address<br><b>63 Tom Harvey Road</b>                                                                                                      |                    | City<br><b>Westerly</b>                                                        | State<br><b>RI</b>                                                         | Zip<br><b>02891</b> |                     |
| 4. Business Phone No.<br><b>(401) 348-0172</b>                                                                                                                |                    | 5. State of Incorporation<br><b>Rhode Island</b>                               |                                                                            |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>General contracting, construction, remodeling</b>                           |                    |                                                                                |                                                                            |                     |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                           |                    |                                                                                |                                                                            |                     |                     |
| President Name<br><b>Darrin S. Reed</b>                                                                                                                       |                    |                                                                                | Vice-President Name<br><b>None</b>                                         |                     |                     |
| Street Address<br><b>63 Tom Harvey Road</b>                                                                                                                   |                    |                                                                                | Street Address                                                             |                     |                     |
| City<br><b>Westerly</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02891</b>                                                            | City                                                                       | State               | Zip                 |
| Secretary Name<br><b>Darrin S. Reed</b>                                                                                                                       |                    |                                                                                | Treasurer Name<br><b>Darrin S. Reed</b>                                    |                     |                     |
| Street Address<br><b>63 Tom Harvey Road</b>                                                                                                                   |                    |                                                                                | Street Address<br><b>63 Tom Harvey Road</b>                                |                     |                     |
| City<br><b>Westerly</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02891</b>                                                            | City<br><b>Westerly</b>                                                    | State<br><b>RI</b>  | Zip<br><b>02891</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                          |                    |                                                                                |                                                                            |                     |                     |
| Director Name<br><b>N/A</b>                                                                                                                                   |                    |                                                                                | Director Name                                                              |                     |                     |
| Street Address                                                                                                                                                |                    |                                                                                | Street Address                                                             |                     |                     |
| City                                                                                                                                                          | State              | Zip                                                                            | City                                                                       | State               | Zip                 |
| Director Name                                                                                                                                                 |                    |                                                                                | Director Name                                                              |                     |                     |
| Street Address                                                                                                                                                |                    |                                                                                | Street Address                                                             |                     |                     |
| City                                                                                                                                                          | State              | Zip                                                                            | City                                                                       | State               | Zip                 |
| <b>9. SHARES AUTHORIZED</b>                                                                                                                                   |                    |                                                                                | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |                                                                                | NUMBER OF SHARES                                                           | CLASS/SERIES        | PAR VALUE           |
|                                                                                                                                                               |                    |                                                                                | 100                                                                        | Common              | \$1.00              |
|                                                                                                                                                               |                    |                                                                                |                                                                            |                     |                     |

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.

**FILED**

**MAR 04 2014**

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 of Authorized Representative

**Darrin S. Reed**

Print or Type Name of Authorized Representative

**2/21/14**  
Date

File Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY

**21082**