



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 2015

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. 131716		2. Exact name of the Corporation Bayside Electric Company						
3. Principal office address 4 Friendship Avenue		City Warwick		State RI	Zip 02886			
4. Business Phone No. 401-739-6698		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Electric service provider								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Michael S. Stefanik			Vice-President Name None					
Street Address 4 Friendship Avenue			Street Address					
City Warwick	State RI	Zip 02886	City	State	Zip			
Secretary Name Michael S. Stefanik			Treasurer Name Michael S. Stefanik					
Street Address 4 Friendship Avenue			Street Address 4 Friendship Avenue					
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Michael S. Stefanik			Director Name None					
Street Address 4 Friendship Avenue			Street Address					
City Warwick	State RI	Zip 02886	City	State	Zip			
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
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.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						100	common	no par

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

DEC 31 2014

BY **4098**

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

Michael S. Stefanik, President

Print or Type Name of Authorized Representative

Date

12-26-14