



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. 20954		2. Exact name of the Corporation Bay Management Corp.			
3. Principal office address 117 West 72nd Street - Suite 5W			City New York	State NY	Zip 10023
4. Business Phone No. 212-874-5900			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Real Estate Management					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James A. Nicholson			Vice-President Name Justin M. Nicholson		
Street Address 117 West 72nd Street - Suite 5W			Street Address 1573 Camp Linden Road		
City New York	State NY	Zip 10023	City West Chester	State PA	Zip 19382
Secretary Name Justin M. Nicholson			Treasurer Name James A. Nicholson		
Street Address 1573 Camp Linden Road			Street Address 117 West 72nd Street - Suite 5W		
City West Chester	State PA	Zip 19382	City New York	State NY	Zip 10023
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James A. Nicholson			Director Name		
Street Address 117 West 72nd Street - Suite 5W			Street Address		
City New York	State NY	Zip 10023	City	State	Zip
Director Name			Director Name		
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
			10	Common	No Par Value

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

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

01/22/2015

Date

James A. Nicholson

Print or Type Name of Authorized Representative

FILED

JAN 26 2015

BY _____

[Handwritten Signature]