



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. <b>120723</b>		2. Exact name of the Corporation <b>Bay Side Painting Inc.</b>		
3. Principal office address <b>10 Elizabeth St.</b>		City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
4. Business Phone No. <b>401-433-1928</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Painting Contractor</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name <b>David S. Fournier</b>		Vice-President Name <b>David S. Fournier</b>		
Street Address <b>10 Elizabeth St.</b>		Street Address <b>10 Elizabeth St.</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>
Secretary Name <b>David S. Fournier</b>		Treasurer Name <b>David S. Fournier</b>		
Street Address <b>10 Elizabeth St.</b>		Street Address <b>10 Elizabeth St.</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name <b>David S. Fournier</b>		Director Name		
Street Address <b>10 Elizabeth St.</b>		Street Address		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
100		Common	No Par Value	

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.

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

Form No. 630  
Revised: 01/2012

FILED

FEB 17 2015

BY 2464

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.

David S Fournier  
Signature of Authorized Representative

2/10/15  
Date

**David S Fournier**

Print or Type Name of Authorized Representative