	State of Rhode Island and Prov Office of the Secretar	
	Division Of Business S	Services
	148 W. River Str	
	Providence RI 02904	
HOPE	(401) 222-304	)
Limited Liability Compa Annual Report Filing Period: September 1 - N		
	16-66(d), each limited liability company fa days after the time prescribed by law (R. 5.00.	
ANNUAL REPORT YEAR: 2	016	
1. ID No. <u>000486364</u>		
2. Exact Name of the Limited Liability Company Bayview Asset Management, LLC		
3. State of Formation		
State: <u>DE</u>		
ARTICLE III		
Using the following NAICS codes, please select the code that best describes your business.		
NAICS Code		<u>6</u> <u>55</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
ASSET MANAGEMENT AND LOAN ACQUISITION.		
5. Principal Office Address		
No. and Street: 4425 PONCE DE LEON BOULEVARD, 4TH FLOOR		
City or Town:CORAL GABLESState: FLZip:33146Country: USA		
6. Mailing Address of Limit	ed Liability Company and Name or Ti	tle of Contact Person:
Contact Name: Contact Title:		
No. and Street: 4425 PONCE DE LEON BOULEVARD, 5TH FLOOR		
<u>COMPLIANCE DEPARTMENT</u>		
City or Town: CORAL GA	ABLES	State: <u>FL</u> Zip: <u>33146</u> Country: <u>US</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 19 Day of October, 2016 at 1:52:26 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By BRIAN BOMSTEIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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