



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>60656</b>		2. Exact name of the Corporation <b>BAYVIEW HOLDINGS, INC.</b>			
3. Principal Office Address <b>1676 EAST MAIN ROAD</b>		City <b>PORTSMOUTH</b>		State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>62 - Health Care and Social Ass</b>		6. Brief description of the character of business conducted in Rhode Island <b>CHILD CARE AND NURSERY SCHOOL</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN W. CORBISHLEY JR.</b>			Vice-President Name <b>ELIZABETH A. JENARD</b>		
Street Address <b>148 OAKLAND FARM ROAD</b>			Street Address <b>356 GOLFOVIEW DRIVE #301</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>N. PALM BEACH</b>	State <b>FL</b>	Zip <b>33408</b>
Secretary Name <b>LORI B. CORBISHLEY</b>			Treasurer Name <b>LORI B. CORBISHLEY</b>		
Street Address <b>148 OAKLAND FARM ROAD</b>			Street Address <b>148 OAKLAND FARM ROAD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>300</b>		<b>COMMON</b>		<b>NO PAR</b>	
11. 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.					
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.					
Name of Authorized Representative <b>LORI B. CORBISHLEY, SECRETARY/TREASURER</b>					Date <b>1/19/17</b>
Signature of Authorized Representative <i>Lori B. Corbishley</i>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 23 2017

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