State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 FEB 27 PM 4:06

Annual Report for the year: Corporation 2017

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	2. Exact name of the Corporation		
2061	Bay Associates, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
1380 Warwick Avenue	Warwick	RI	02888
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
53	Real Estate		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
William M. McCaffrey			Ann D. McCaffrey		
Street Address			Street Address		
15 Woodridge Drive			40 Westonia Lane		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02888
Secretary Name			**Treasurer Name**		
William M. McCaffrey			Ann D. McCaffrey		
Street Address			Street Address		
15 Woodridge Drive			40 Westonia Lane		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par
		FILED	

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.

FEB 27 2017

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.

By: ★ 296912

Name of Authorized Representative

Ann D. McCAFFREY

Signature of Authorized Representative

Ann D. McCaffrey

Date

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2016