



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

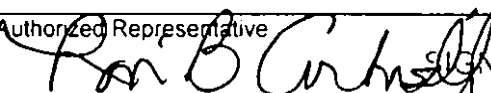
Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILEDSTAMP
JAN 18 2019BY 010801
101

1. Entity ID Number 60656		2. Exact name of the Corporation BAYVIEW HOLDINGS, INC.			
3. Principal Office Address 1676 EAST MAIN ROAD		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island CHILD CARE AND NURSERY SCHOOL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN W. CORBISHLEY JR.			Vice-President Name ELIZABETH A. JENARD		
Street Address 148 OAKLAND FARM ROAD			Street Address 356 GOLFVIEW DRIVE #301		
City PORTSMOUTH	State RI	Zip 02871	City N. PALM BEACH	State FL	Zip 33408
Secretary Name LORI B. CORBISHLEY			Treasurer Name LORI B. CORBISHLEY		
Street Address 148 OAKLAND FARM ROAD			Street Address 148 OAKLAND FARM ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 LORI B. CORBISHLEY, SECRETARY/TREASURER					Date 1/16/19
Signature of Authorized Representative 					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