



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.

1. Entity ID Number <u>000790721</u>		2. Exact name of the Corporation <u>WEST BAY PROPERTIES INC.</u>			
3. Principal Office Address <u>122 NORTH RIVER DRIVE</u>		City <u>NARRAGANSETT</u>		State <u>RI</u>	Zip <u>02882</u>
4. NAICS Code <u>53110</u>		6. Brief description of the character of business conducted in Rhode Island <u>R.E. MANAGEMENT.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>MARGUERITE SALVATORE</u>			Vice-President Name		
Street Address <u>122 NORTH RIVER DRIVE</u>			Street Address		
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City	State	Zip
Secretary Name			Treasurer Name <u>MARGUERITE SALVATORE</u>		
Street Address			Street Address <u>- SAME -</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 <u>1000</u>		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>NONE</u>		<u>COMMON</u>	<u>0</u>
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 <u>MARGUERITE M. SALVATORE</u>					Date <u>1-18-19</u>
Signature of Authorized Representative <u>[Signature]</u>					

SIGN DOCUMENT

FILED

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 22 2019

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FORM 630 - Revised: 02/2017