RI SOS Filing Number: 201987991110 Date: 2/28/2019 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual R[redacted]r 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.

FILED
FEB 28 2019
BY 9703

1. Entity ID Number	2. Exact name of the Corporation
000020954	Bay Management Corp.

3. Principal Office Address	City	State	Zip
117 West 72nd Street, Suite 5W	New York	NY	10023

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	Real Estate Management
5. State of Incorporation: Delaware	

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

President Name	Vice-President Name
James A. Nicholson	Justin M. Nicholson
Street Address: 117 West 72nd Street, Suite 5W	Street Address: 600 Hickory Hill Road
City: New York, State: NY, Zip: 10023	City: Chadds Ford, State: PA, Zip: 19317
Secretary Name	**Treasurer Name**
Justin M. Nicholson	James A. Nicholson
Street Address: 600 Hickory Hill Road	Street Address: 117 West 72nd Street, Suite 5W
City: Chadds Ford, State: PA, Zip: 19317	City: New York, State: NY, Zip: 10023

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

Director Name	Director Name
James A, Nicholson	
Street Address: 117 West 72nd Street, Suite 5W	Street Address:
City: New York, State: NY, Zip: 10023	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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	CNP	$10.00

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	Date
James A. Nicholson	02-20-2019
Signature of Authorized Representative	

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: 10/2017