



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

FILED

Annual Report for the year: 2019
 Corporation _____

FEB 28 2019

BY 9703
TO

- 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 000020954		2. Exact name of the Corporation Bay Management Corp.			
3. Principal Office Address 117 West 72nd Street, Suite 5W			City New York	State NY	Zip 10023
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Management			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James A. Nicholson		Vice-President Name 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 Justin M. Nicholson		Treasurer Name 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 <input type="checkbox"/>					
Director Name James A, Nicholson		Director Name			
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 <input type="checkbox"/>			
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 James A. Nicholson				Date 02-20-2019	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov