



RI SOS Filing Number: 202033487140 Date: 1/30/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

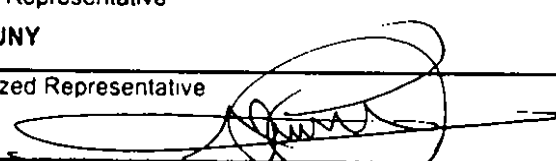
JAN 30 2020

3748 ⁰²**Annual Report for the year: 2020**
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 000117068		2. Exact name of the Corporation BAYCO ENTERPRISES, INC.			
3. Principal Office Address 128 COWESETT AVENUE		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE AND SELL FUEL, FOOD, BEVERAGES AND CIGARETTES AS WELL AS REPAIR AUTOMOBILES; TO PARTICIPATE IN ALL PHASES OF THE GASOLINE AND CONVENIENCE STORE INDUSTRY			
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 MICHAEL BALOUNY		Vice-President Name HYAM BAYLOUNY			
Street Address 15 SHIRLEY BLVD.		Street Address 15 SHIRLEY BLVD.			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name MICHAEL BALOUNY		Treasurer Name MICHAEL BAYLOUNY			
Street Address 15 SHIRLEY BLVD.		Street Address 15 SHIRLEY BLVD.			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL BAYLOUNY		Director Name			
Street Address 15 SHIRLEY BLVD.		Street Address			
City CRANSTON	State RI	Zip 02910	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 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
		100		COMMON	NO PAR VALUE
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 MICHAEL BAYLOUNY				Date 1.30.20	
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