



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117068 2. Name of Corporation Bayco Enterprises, Inc.

3. Street Address Principal Business Office 128 COWESSETT AVENUE City WEST WARWICK State RI Zip 02893-

4. Business Phone No. 4018289729 5. State of Incorporation RHODE ISLAND 6. SIC Code 8953

7. 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 INDUSTRIES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Baylouny	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 X	Treasurer Name Michael Baylouny
Street Address X	Street Address 15 Shirley Blvd.
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name X	Director Name X
Street Address X	Street Address X
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910
Director Name X	Director Name X
Street Address X	Street Address X
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 7 0 6 8

117068 DBC 01/29/05 03:11:29 PM

File Date 2-14-05

Check No. 1023

By: MB

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 2-12-05

Print or Type Name of Officer Michael Baylouny

Title of Officer President



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117068		2. Name of Corporation Bayco Enterprises, Inc.			
3. Street Address Principal Business Office 128 Cowesett Avenue			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-828-9729		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island <input checked="" type="checkbox"/> 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 INDUSTRIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Baylouny			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 <input checked="" type="checkbox"/>			Treasurer Name Michael Baylouny		
Street Address <input checked="" type="checkbox"/>			Street Address 15 Shirley Blvd.		
City <input checked="" type="checkbox"/>	State <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/>	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <input checked="" type="checkbox"/>			Director Name <input checked="" type="checkbox"/>		
Street Address <input checked="" type="checkbox"/>			Street Address <input checked="" type="checkbox"/>		
City <input checked="" type="checkbox"/>	State <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/>	City <input checked="" type="checkbox"/>	State <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/>
Director Name <input checked="" type="checkbox"/>			Director Name <input checked="" type="checkbox"/>		
Street Address <input checked="" type="checkbox"/>			Street Address <input checked="" type="checkbox"/>		
City <input checked="" type="checkbox"/>	State <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/>	City <input checked="" type="checkbox"/>	State <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/>
10. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	100	No Par	100		No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 7 0 6 8 *

File Date 3-8-04
Check No. 287
By: ICP
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] x 2/12/04
Signature of Officer Date
x Michael Baylouny, Pres.
Print or Type Name of Officer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **117068** 2. Name of Corporation **BAYCO ENTERPRISES, INC.**
 3. Street Address Principal Business Office **128 Cowesett Ave.** City **West Warwick** State **RI** Zip **02893**
 4. Business Phone No **401-828-9729** 5. State of Incorporation **R. I.** 6. SIC Code **8953**
 7. Brief Description of the Character of Business Conducted in Rhode Island
Auto repairs and fuel sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Baylouny	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	Treasurer Name Michael Baylouny
Street Address	Street Address 15 Shirley Blvd.
City State Zip	City Cranston State RI Zip 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100		None

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100		No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: **4-15-03**
 Check No: **036**
 By: **ICP**

Signature of Officer: **[Signature]** Date: **1/28/03**
 Print or Type Name of Officer: **Michael Baylouny**
 Title of Officer: **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. **117068** 2 Name of Corporation **Bayco Enterprises, Inc.**

3 Street Address Principal Business Office **128 Cowesett Avenue** City **W. Warwick** State **RI** Zip **02893**

4 Business Phone No **401-828-9729** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code

7 Brief Description of the Character of Business Conducted in Rhode Island
Auto repairs and fuel sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Michael Baylouny**
Street Address **15 Shirley Blvd.**
City **Cranston** State **RI** Zip **02910**

Vice President Name **Hyam Baylouny**
Street Address **15 Shirley Blvd.**
City **Cranston** State **RI** Zip **02910**

Secretary Name **N/A**
Street Address
City State Zip

Treasurer Name **Michael Baylouny**
Street Address **15 Shirley Blvd.**
City **Cranston** State **RI** Zip **02910**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares **100 NO PAR VALUE** Class/Series Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares **100 Shares** Class/Series **—** Par Value **None**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **5-16-02**
Check No **6307**
By **[Signature]**

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.

[Signature]
Signature of Officer **Michael Baylouny** Date **1/27/02**
Print or Type Name of Officer
Title of Officer **President**