



State of Rhode Island  
**Department of State - Business Services Division**

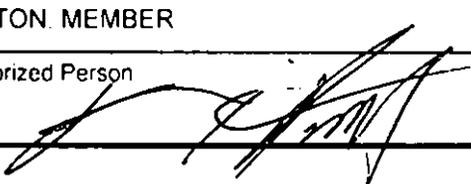
**FILED**

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BY 1241 OS

**Annual Report for the year:** 2020  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |       |                                                                                                                  |                      |                 |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|--------------|
| 1. Entity ID Number<br>001660589                                                                                                                                                                            |       | 2. Exact name of the Limited Liability Company<br>BAY COAST HOMES, LLC                                           |                      |                 |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE AND OTHER INVESTMENTS |                      |                 |              |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |       |                                                                                                                  |                      |                 |              |
| 6. Principal Office Address<br>44 GOOSEBERRY LANE                                                                                                                                                           |       |                                                                                                                  | City<br>TIVERTON     | State<br>RI     | Zip<br>02878 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                  |                      |                 |              |
| Contact Name KURT S. POULTON                                                                                                                                                                                |       |                                                                                                                  | Contact Title MEMBER |                 |              |
| Street Address 44 GOOSEBERRY LANE                                                                                                                                                                           |       |                                                                                                                  | City TIVERTON        | State RI        | Zip 02878    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                  |                      |                 |              |
| Manager Name N/A                                                                                                                                                                                            |       | Manager Name N/A                                                                                                 |                      |                 |              |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                                   |                      |                 |              |
| City                                                                                                                                                                                                        | State | Zip                                                                                                              | City                 | State           | Zip          |
| Manager Name N/A                                                                                                                                                                                            |       | Manager Name N/A                                                                                                 |                      |                 |              |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                                   |                      |                 |              |
| City                                                                                                                                                                                                        | State | Zip                                                                                                              | City                 | State           | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                  |                      |                 |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                          |       |                                                                                                                  |                      |                 |              |
| <i>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.</i> |       |                                                                                                                  |                      |                 |              |
| Name of Authorized Person<br>KURT S. POULTON, MEMBER                                                                                                                                                        |       |                                                                                                                  |                      | Date<br>9-30-20 |              |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                  |                      |                 |              |

**MAIL TO:**  
 Division of Business Services  
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