

annual Report for the year:	2019	
Limited Liability Company		

- → Filing period: September 1 November 1
- Filing Fee: \$50.00

Penaity: Additional \$2	5.00 fee if form is	not filed by Dece	∌mber 1.	_	ECE SVI	
1. Entity ID Number 000128385	2. Exact nam BAYB/	2. Exact name of the Limited Liability Company BAYBAX PARTNERS RHODE ISLAND, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island COMMERCIAL REAL ESTATE				
5. State of Formation RI						
6. Principal Office Address	6. Principal Office Address			State	Zip	
140 Westchester Drive			Canton	MA	02021	
7. Mailing Address of Limited		y and Name or Tit	tle of Contact Person			
Contact Name CAROL CIFFOLILLO		Contact Title Manager	Contact Title Manager			
Street Address 140 Westchester Drive		City Canton	State MA	^{Zip} 02021		
8. List ALL managers (name	es and addresses)	of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS	
Manager Name CAROL CIFFOLILLO		Manager Name				
Street Address 140 Westchester Drive		Street Address				
City Canton	State MA	^{Zip} 02021	City	State	Zip	
Manager Name			Manager Name			
Street Address		Street Address				
City	State	Zip	City	State	Zio	

s. Resident Agent in Knode Isla	ing. This information is currently of r	ecord with the Departm	ent of State. Ch	hanges require filing Fi	orm 642.
Under penalty of perius, Lide	clare and office that I have an		to at at		

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 Person

CAROL CIFFOLILLO

3/11/21

Check the box to indicate an attachment

Signature of Authorized Person

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED M

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