



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 18 2023

BY

1. Entity ID Number 000117068		2. Exact name of the Corporation BAYCO ENTERPRISES, INC.			
3. Principal Office Address 128 COWSETT 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 cigarettas as well as repair automobiles; to participate in all phases of the gasoline and a convenience store				
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE
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 1.15.23
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