RI SOS Filing Number: 202334462530 Date: 4/27/2023 4:00:00 PM

## State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILEDSTAMP	
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A 5 10 10 11 1	10.5	,,						
1. Entity ID Number		2. Exact name of the Corporation						
000131716	Bayside	Electric Con	, ,					
3. Principal Office Address			City		State	Zip		
4 Friendship Avenue			Warwick		RI	02889		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
221122	Electric s	Electric service provider						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	d addresses)				the box to i	ndicate an attachment 🗖		
President Name Michael S. Stefanik			Vice-President Name None					
Street Address 4 Friendship Avenue			Street Address					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City		State	Zip		
Secretary Name Michael S. Stefanik			Treasurer Name None					
Street Address 4 Friendship Avenue			Street Address					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City		State	Zip		
8. List ALL directors (names ar	nd addresses)			Check	the box to i	ndicate an attachment		
Michael S. Stefanik			Director Name None					
Street Address 4 Friendship Avenue			Street Address					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City		State	Zip		
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	<del></del>	State	Ζιp		
9. Shares Authorized	10. Shares Iss							
This information is currently of record in the Department of State.		NUMBER OF	SHARES	_	CLASS/SFRIES PAR VALUE			
		100		Common		no par		
Changes require an additional f	iling.				_			
11. This report must be execut					ration is in	the hands of a receiver or		
trustee, this report must be ex- Under penalty of perjury, I de					nanvina c	chadulas and		
statements, and that all state	<u>emen</u> ts contained					Circuaica and		
Name of Authorized Represen					Date			
Michael S. Stefanik, P					2	19/2023		
Signature of Authorized Repre	esentative /							

MAIL TO:

**Division of Business Services** 

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

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