RI SOS Filing Number: 202444913650 Date: 1/29/2024 12:34:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Partnership Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: <u>2024</u>

1. **ID No.** <u>001683289</u>

- 2. Exact Name of the Partnership Bay Spring Associates LLP
- 3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

531120

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ACQUIRE, DEVELOP, OWN REAL ESTATE

5. Principal Office Address

No. and Street: 60 BAY SPRING AVENUE

UNIT B3

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

6. The name and business address of one or more partner(s):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	MARK MOURA	16 BERNARD AVENUE BARRINGTON, RI 02806 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 29 Day of January, 2024 at 12:37:36 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1

By MARK MOURA

Signature of Authorized Person

Form No. 643 Revised 10/23

© 2007 - 2024 State of Rhode Island All Rights Reserved