RI SOS Filing Number: 202446658540 Date: 2/14/2024 4:00:00 PM



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

Annual Report for the year:

Limited Liability Company

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2024

1. Entity ID Number	2. Exact name of the Limited Liability Company				
791386	BAY VIEW COTTAG	BAY VIEW COTTAGE, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390		OWNING, RENTING AND SELLING REAL ESTATE AND ANY OTHER			
5. State of Formation	LAWFUL PURPOSE.	1 LAWFUL PURPOSE.			
RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
P.O. BOX 1907		EAST GREENWICH	RI	02818	
7. Mailing Address of Limited	d Liability Company and Name or Title	of Contact Person			
CONTACT Name CHRISTINE REDFERN		Contact Title MANAGER			
P.O. BOX 1907		City EAST GREENWICH	State	^{Zip} 02818	
8. The Resident Agent inform	nation currently of record with the RI D	Department of State is accurate. Cl	hanges require	filing Form 642.	
	r, I declare and affirm that I have exa atements contained herein are true		y accompanyli	ng schedules and	
Name of Authorized Person	BAJVIEW COHOGELLC		Date		
CHRISTINE REDFER	in, Merr.		28	24	
Signature of Authorized Pers	ion			1	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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