



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1


→ Filing Fee: \$50.00

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

FEB 20 2024

STAMP

0397  FOR  
SECRETARY OF STATE  
USF CA V

1. Entity ID Number 131716		2. Exact name of the Corporation Bayside Electric Company			
3. Principal Office Address 4 Friendship Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 221122		6. Brief description of the character of business conducted in Rhode Island Electric service provider			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Michael S. Stefanik			Vice-President Name None		
Street Address 4 Friendship Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Michael S. Stefanik			Treasurer Name None		
Street Address 4 Friendship Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Michael S. Stefanik			Director Name None		
Street Address 4 Friendship Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	no par
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 S. Stefanik, President					Date February 5, 2024
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