



State of Rhode Island
Department of State - Business Services Division

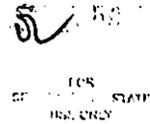
Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 09 2024

22335



1. Entity ID Number 000152549		2. Exact name of the Corporation Bay Side Builders, Inc.			
3. Principal Office Address 7 Everett Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Home building and remodeling			
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 Bruce A. Donahue			Vice-President Name Mary Ellen Donahue		
Street Address 7 Everett Avenue			Street Address 7 Everett Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Mary Ellen Donahue			Treasurer Name Bruce A. Donahue		
Street Address 7 Everett Avenue			Street Address 7 Everett Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bruce A. Donahue			Director Name Mary Ellen Donahue		
Street Address 7 Everett Avenue			Street Address 7 Everett Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	
		1,000	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 Bruce A. Donahue				Date 4/3/2024	
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