



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.

REC'D RDCS 951  
24 OCT 1 PM 12:00  
37

1. Entity ID Number <u>1931</u>		2. Exact name of the Corporation <u>BARAYCO LAND INC</u>												
3. Principal Office Address <u>23 CONNELL Hwy</u>		City <u>NEWPORT</u>		State <u>RI</u>	Zip <u>02840</u>									
4. NAICS Code <u>531120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Rental</u>												
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <u>Kenneth Callison</u>			Vice-President Name <u>NONE</u>											
Street Address <u>23 Connell Hwy</u>			Street Address											
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip									
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>											
Street Address			Street Address											
City	State	Zip	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 <u>NONE</u>			Director Name <u>NONE</u>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td><u>COMMON</u></td> <td><u>NONE</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>	<u>COMMON</u>	<u>NONE</u>			
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<u>100</u>	<u>COMMON</u>	<u>NONE</u>												
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 <u>Kenneth Callison</u>				Date <u>9/30/24</u>										
Signature of Authorized Representative <u>[Signature]</u>				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILED</b> 9/30/24 OCT 01 2024         </div>										

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY [Signature]