



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) Check the box to indicate an attachment ☐							
President Name <u>KENNETH COLLISON</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) Check the box to indicate an attachment ☐							
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 Check the box to indicate an attachment ☐				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			<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 Collison</u>					Date <u>9/30/24</u>		
Signature of Authorized Representative <u>[Signature]</u>					OCT 01 2024		

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]

FORM 600-REV 12-2023