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State of Rhode Island Department of State - Business Services Division

FILED

APR 23 2025

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1 Entity ID Number	2 Event name of the Limited Lightlity Company					
	2. Exact name of the Limited Liability Company					
001768325	Bay Street, LLC					
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	Real estate holdings and other lawful purposes.					
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zıp		
123 Luther Ave.		Somerset	MA	02726		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Gary J. Shaker		Contact Title Trustee/Sole Member				
Street Address 123 Luther Ave.		City Somerset	State MA	^{Zip} 02726		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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 Person			Date	Date /		
Gary J. Shaker 4/11/2025						
Signature of Authorized Person						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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