



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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.

2025 APR 23 11:18

1. Entity ID Number 152990		2. Exact name of the Corporation Bayview Pharmay Inc.	
3. Principal Office Address 3844 Post Road		City Warwick	State RI
		Zip 02886	
4. NAICS Code 621399	6. Brief description of the character of business conducted in Rhode Island Pharmacy		
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 Ryan D. Dyer		Vice-President Name None	
Street Address 3844 Post Road		Street Address	
City Warwick	State RI	Zip 02886	
Secretary Name Ryan D. Dyer		Treasurer Name Ryan D. Dyer	
Street Address 3844 Post Road		Street Address 3844 Post Road	
City Warwick	State RI	Zip 02886	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ryan D. Dyer		Director Name	
Street Address 3844 Post Road		Street Address	
City Warwick	State RI	Zip 02886	
Director Name		Director Name	
Street Address		Street Address	
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
		200	Common
		PAR VALUE	\$0.01
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 Ryan D. Dyer		Date 4-21-2025	
Signature of Authorized Representative 		FILED APR 23 2025 11:19 BY 4254V ey	

MAIL TO:
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 Website: www.sos.ri.gov