



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 121895 043107715		2. Name of Corporation BAY MORTGAGE SERVICES, INC.			
3. Street Address Principal Business Office 2277 STATE ROAD			City PLYMOUTH	State MA	Zip 02360
4. Business Phone No. 508-888-2600		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE LENDING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER J. LUCIDO			Vice President Name N/A		
Street Address 34R WINTER STREET			Street Address		
City KINGSTON	State MA	Zip 02364	City	State	Zip
Secretary Name PETER J. LUCIDO			Treasurer Name PETER J. LUCIDO		
Street Address 34R WINTER STREET			Street Address 34R WINTER STREET		
City KINGSTON	State MA	Zip 02364	City KINGSTON	State MA	Zip 02364
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PETER J. LUCIDO			Director Name N/A		
Street Address 34R WINTER STREET			Street Address		
City KINGSTON	State MA	Zip 02364	City	State	Zip
Director Name			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	COMMON	NO PAR	N/A	N/A	N/A

2007 SEP 19 AM 11:28
 CORPORATIONS DIVISION
 RI OFFICE OF THE SECRETARY OF STATE

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.

FILED

File Date **SEP 19 2007**

Check No. **By 057201 11.20**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature Date **8/6/07**

Print or Type Name
PETER J. LUCIDO

Title
PRESIDENT