

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 8/13/2019 11:18 AM EST

Confirmation Number: 5401

Amended Confirmation Number:

Employer Information

Name: BayCoast Bank  
Address: 330 Swansea Mail Drive  
City: Swansea  
State: MA  
Zip Code: 02777

Plan Administrator Information

Name: BayCoast Bank  
Address: 330 Swansea Mail Drive  
City: Swansea  
State: MA  
Zip Code: 02777  
Phone: 5086754482  
Email: jwallace@baycoastbank.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	BayCoast Bank Nonqualified Deferred Compensation Plan	Number of Employees: 21
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Additional Information:

effective date September 1, 2019 total eligible employees 21 total participating employees 0



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 5401. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.