

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BAYCOAST BANK PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BAYCOAST BANK</u></p> <p><u>330 SWANSEA MALL DRIVE</u> <u>SWANSEA, MA 02777</u></p>	<p>1c Effective date of plan <u>11/01/1989</u></p> <p>2b Employer Identification Number (EIN) <u>04-1178460</u></p> <p>2c Plan Sponsor's telephone number <u>508-678-7641</u></p> <p>2d Business code (see instructions) <u>522120</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/13/2025	SCOTT LOPES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	702
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	483
	6a(2)	486
	6b	47
	6c	186
	6d	719
	6e	0
	6f	719
	6g(1)	
6g(2)		
6h		13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>BAYCOAST BANK PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BAYCOAST BANK</u>	D Employer Identification Number (EIN) <u>04-1178460</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>11</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value	2a	<u>76699246</u>	
b Actuarial value	2b	<u>76699246</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>172</u>	<u>6289621</u>	<u>6289621</u>
b For terminated vested participants	<u>47</u>	<u>6275318</u>	<u>6275318</u>
c For active participants	<u>483</u>	<u>36647596</u>	<u>36901027</u>
d Total	<u>702</u>	<u>49212535</u>	<u>49465966</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.30 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>2998790</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>2998790</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>ANA L. PINTO</u> Type or print name of actuary <u>COMPASS RETIREMENT CONSULTING GROUP</u> Firm name <u>118 PORTSMOUTH AVE, SUITE D201</u> <u>STRATHAM, NH 03885</u> Address of the firm	<u>06/10/2025</u> Date <u>23-05873</u> Most recent enrollment number <u>603-778-9920</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	155.05 %
15	Adjusted funding target attainment percentage	15	155.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	167.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
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 N/A, full yield curve used

b Applicable month (enter code)..... **21b** 1

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	2998790
b Excess assets, if applicable, but not greater than line 31a	31b	2998790

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan BAYCOAST BANK PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BAYCOAST BANK	D Employer Identification Number (EIN) 04-1178460	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: MARCUM LLP	b EIN: 11-1986323
c Position: AUDITOR	
d Address: 53 STATE STREET, 17TH FLOOR BOSTON, MA 02109	e Telephone: 617-807-5000

Explanation: [CBIZ CPAS P.C. ACQUIRED THE ATTEST PRACTICE OF MARCUM LLP.](#)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan BAYCOAST BANK PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BAYCOAST BANK	D Employer Identification Number (EIN) 04-1178460

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2566800
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	25723751
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	3277271
(B) Common	1c(4)(B)	46472068
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	3392782
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10509978
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	76699390	91942650
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	76699390	91942650

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1210914	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1210914
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	1348187	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		1348187
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	16627637	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14940791	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1686846
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	105301	
(B) Other	2b(5)(B)	14619748	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		14725049

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		18970996

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3727736	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3727736
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3727736

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15243260
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 544448.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan BAYCOAST BANK PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BAYCOAST BANK	D Employer Identification Number (EIN) 04-1178460	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	17

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705360A.

BayCoast Bank Pension Plan

Financial Statements and Supplemental Schedules

**As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023**

BayCoast Bank Pension Plan

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	21
Schedule H, Line 4(j) – Schedule of Reportable Transactions	30



BIZ CPAs P.C

53 State Street
17th Floor
Boston, MA 02109

P: 617.807.5000

Independent Auditors' Report

To the Trustees and Plan Administrator of
BayCoast Bank Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of Baycoast Bank Pension Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of October 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of BayCoast Bank Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended October 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of BayCoast Bank Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about BayCoast Bank Pension Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of BayCoast Bank Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about BayCoast Bank Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended October 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2023 Financial Statements

The 2023 financial statements of the Plan were audited by Marcum LLP in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated August 7, 2024 indicated

that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

Boston, MA

August 12, 2025

BayCoast Bank Pension Plan
Statements of Net Assets Available for Benefits
As of October 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments at fair value		
Money market fund	\$ 2,566,800	\$ 2,006,093
Mutual funds	10,509,978	8,740,547
Common stocks	49,749,339	41,422,255
Corporate bonds	25,723,751	22,253,188
Real estate investment trusts	3,392,782	2,277,307
Net Assets Available for Benefits	\$ 91,942,650	\$ 76,699,390

The accompanying notes are an integral part of these financial statements.

BayCoast Bank Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended October 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 2,559,101	\$ 2,382,412
Net appreciation in fair value of investments	16,411,895	3,402,680
Total additions	18,970,996	5,785,092
Deductions		
Benefits paid to participants	3,727,736	3,053,589
Net increase	15,243,260	2,731,503
Net assets available for benefits		
Beginning of year	76,699,390	73,967,887
End of year	\$ 91,942,650	\$ 76,699,390

The accompanying notes are an integral part of these financial statements.

BayCoast Defined Benefit Plan

Notes to Financial Statements

**As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023**

1. Description of Plan

The following description of the BayCoast Bank Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined pension plan established effective November 1, 1989, as restated November 1, 2023. The Plan covers all employees of BayCoast Bank (the "Company") who have completed 1,000 hours of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan's Compensation Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's Board of Trustees.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024 and 2023. No contributions were made to the Plan for both the years ended October 31, 2024 and 2023.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

1. Description of Plan (Continued)

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least three years or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of age 50 and 15 years of service; or age 55 and 10 years of service; or age 62. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits. Upon becoming vested, Participants are entitled to an employer sponsored benefit of 1.25% ("Base Percentage") of the highest consecutive three-year average compensation plus 0.60% ("Excess Percentage") of the highest consecutive three-year average compensation in excess of covered compensation, as defined, for each of the first twenty-five years of service. Effective October 24, 2023, the vesting period was amended from 3 to 5 years for employees hired on or after November 1, 2023. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

BayCoast Defined Benefit Plan

Notes to Financial Statements

**As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023**

2. Summary of Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Compensation Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

2. Summary of Accounting Policies (Continued)

Subsequent Events

Subsequent events were evaluated through August 12, 2025, the date the financial statements were available to be issued. No events were identified requiring recognition or disclosure in the financial statements.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2023. Had the valuation been performed as of October 31, 2023 there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	November 1, 2023
Assumed rate of return on investments	PPA interest rates as of November 1, 2023: Segment 1: 4.75% (first 5 years); Segment 2: 5.00% (next 15 years); Segment 3: 5.74% (thereafter); Effective Interest rate of 5.18%
Mortality basis	For the Plan year beginning November 1, 2023, the actuarial present value of accumulated Plan benefits was determined using the PRI-2012 Private Retirement Plans Total Amount - Weighted Dataset Mortality Tables with improvement scale MP-2021
Salary Increases	3.75% compounded annually
Covered Compensation	3.50% compound annual increase in the Taxable Wage Base
Retirement	Age 55 to 70 based on a sliding scale
Withdrawal	Probability from 0 to 10 years of service (age 55)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of the accumulated plan benefits under the Plan, as calculated by the independent actuary, is as follows as of November 1, 2023:

	2023
Actuarial Present Value of Accumulated Plan Benefits	
Vested Benefits	
Participants currently receiving payments	\$ 6,258,901
Terminated participants with deferred benefits	6,345,770
Active participants	36,709,940
Total Vested Benefits	49,314,611
Nonvested benefits	295,870
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 49,610,481

The changes in the actuarial present value of accumulated plan benefits are as follows as of November 1, 2023:

	2023
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 46,832,227
Increase (decrease) during the year attributable to:	
Benefits accumulated (including actuarial gains and losses)	4,761,745
Increase for interest due to the decrease in the discount period	2,464,616
Benefits paid	(3,053,589)
Change in actuarial assumptions	(1,394,518)
Net Increase	2,778,254
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 49,610,481

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at October 31, 2024 and 2023.

Money market fund: Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

4. Fair Value Measurements (Continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Real Estate Investment Trusts ("REITS"): These investments are valued at the daily closing price as reported by the trusts. REITS held by the Plan are registered with the Securities and Exchange Commission. These trusts are required to publish their daily net asset value ("NAV") and to transact at that price. The REITS held by the Plan are deemed to be actively traded. Investments in these trusts can be redeemed daily upon request.

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2024 and 2023:

Assets at Fair Value as of October 31, 2024	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,566,800	\$ -	\$ -	\$ 2,566,800
Mutual funds	10,509,978	-	-	10,509,978
Common stocks	49,749,339	-	-	49,749,339
Corporate bonds	-	25,723,751	-	25,723,751
Real estate investment trust	3,392,782	-	-	3,392,782
Total Assets in the Fair Value Hierarchy	66,218,899	25,723,751	-	91,942,650
Total Investments at Fair Value	\$ 66,218,899	\$ 25,723,751	\$ -	\$ 91,942,650

Assets at Fair Value as of October 31, 2023	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,006,093	\$ -	\$ -	\$ 2,006,093
Mutual funds	8,740,547	-	-	8,740,547
Common stocks	41,422,255	-	-	41,422,255
Corporate bonds	-	22,253,188	-	22,253,188
Real estate investment trust	2,277,307	-	-	2,277,307
Total Assets in the Fair Value Hierarchy	54,446,202	22,253,188	-	76,699,390
Total Investments at Fair Value	\$ 54,446,202	\$ 22,253,188	\$ -	\$ 76,699,390

BayCoast Defined Benefit Plan

Notes to Financial Statements

**As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023**

5. Information Certified by Custodian

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103–8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Plimoth Investment Advisors, the Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of October 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of October 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended October 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended October 31, 2024.

BayCoast Defined Benefit Plan

Notes to Financial Statements

**As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023**

6. Related-Party and Party In Interest Transactions

The Plan's investments are administered under a contract with Plimoth Investment Advisors (Plimoth), the Custodian of the Plan. The Plan's investments are held and managed by Plimoth, who invests cash received, interest and dividend income and makes distributions to participants. Plimoth is wholly owned by the Company. These transactions are party in interest transactions under ERISA. No fees were paid to Plimoth for these services for the years ended October 31, 2024 and 2023.

The Employee Retirement Income Securities Act of 1974 ("ERISA"), Section 407(a), administered by the Department of Labor, generally prohibits plans from acquiring or holding employer securities (defined in ERISA 407(d)(1) and (2)) but does permit plans to acquire qualifying employer securities (as defined in ERISA 407(d)(4) and (5)) if immediately after such acquisition the aggregate fair market value of employer securities held by the Plan does not exceed 10% of the fair market value of the assets of the Plan. The Plan holds bonds payable by Narragansett Financial Corp., the Company's holding entity, and a party-in-interest. Immediately after the acquisition of the bonds, the fair value of the bond did not exceed 10% of the fair market value of the assets of the Plan. The bonds have a 3.875% and 8.50% fixed to floating interest rate, respectively, and are due May 15, 2031 and December 1, 2032, respectively. As of October 31, 2024, the fair value of the bonds were \$1,791,069 and \$3,000,000, respectively, which amounts to 5.21% of net assets available for benefits. As of October 31, 2023, the fair value of the bonds were \$1,676,346 and \$3,000,000, respectively, which amounts to 6.10% of net assets available for benefits. This investment and transactions in this investment qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

BayCoast Defined Benefit Plan

Notes to Financial Statements

As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

BayCoast Defined Benefit Plan

Notes to Financial Statements

**As of October 31, 2024 and 2023 and
For the Years Ended October 31, 2024 and 2023**

8. Tax Status

The Plan adopted a pre-approved plan offered by CCH Incorporated d/b/a FTWILLIAM Com. The pre-approved plan received an IRS Opinion Letter dated February 28, 2023, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the date of the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Common Stocks:				
	Apple, Inc.	Apple, Inc.	\$ 576,484	\$ 2,840,818
	Alphabet Inc.	Alphabet Inc. Cl A	929,012	2,600,872
	Nvidia Corporation	Nvidia Corporation	348,523	2,522,440
	Amazon.Com, Inc.	Amazon.Com, Inc.	1,515,245	2,479,120
	Microsoft Corp	Microsoft Corp	1,046,275	2,438,100
	Salesforce Inc	Salesforce Inc	1,339,186	1,689,946
	Visa, Inc.	Visa, Inc.	988,898	1,391,280
	Wal-Mart Stores Inc	Wal-Mart Stores Inc	566,087	1,227,201
	JPMorgan Chase & Company	JPMorgan Chase & Company	556,872	1,220,560
	UnitedHealth Group Inc.	UnitedHealth Group Inc.	685,417	1,129,000
	Applied Materials Inc.	Applied Materials Inc.	532,820	1,125,796
	Chubb Ltd	Chubb Ltd	443,328	997,013
	Caterpillar Inc.	Caterpillar Inc.	549,420	978,120
	Qualcomm Inc	Qualcomm Inc	870,658	976,620
	Linde Plc	Linde Plc	621,755	912,300
	Merck & Co. Inc.	Merck & Co. Inc.	735,629	895,300
	Coca Cola	Coca Cola	720,434	854,255
	Stryker Corp	Stryker Corp	449,358	833,695
	RTX Corporation	RTX Corporation	595,108	822,732
	Exxon Mobil Corporation	Exxon Mobil Corporation	829,211	817,460
	Johnson & Johnson	Johnson & Johnson	682,313	795,303
	International Business Machines	International Business Machines	443,109	785,536
	Abbott Laboratories	Abbott Laboratories	752,297	770,916
	NextEra Energy Inc.	NextEra Energy Inc.	466,626	767,140
	Chevron Corp com	Chevron Corp com	665,053	699,454
	Lockheed Martin Corporation	Lockheed Martin Corporation	426,510	690,753

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Common Stocks (Continued):				
	Emerson Electric Co	Emerson Electric Co	\$ 607,346	\$ 682,101
	Berkshire Hathaway, Inc.	Berkshire Hathaway, Inc. Cl A	283,673	676,960
	Adobe Systems Inc.	Adobe Systems Inc.	585,078	621,026
	Lowe's Companies, Inc.	Lowe's Companies, Inc.	260,803	602,209
	Amgen Inc.	Amgen Inc.	501,028	592,296
	Duke Energy Corp	Duke Energy Corp	418,625	582,114
	Procter & Gamble Co	Procter & Gamble Co	403,406	573,175
	McDonald's Corp.	McDonald's Corp.	408,857	555,009
	Home Depot, Inc.	Home Depot, Inc.	290,686	551,250
	Bank Of America Corporation	Bank Of America Corporation	373,239	543,660
	Darden Restaurants Inc.	Darden Restaurants Inc.	420,019	516,865
	T-Mobile US Inc	T-Mobile US Inc	301,313	479,794
	Palo Alto Networks Inc.	Palo Alto Networks Inc.	423,614	468,429
	The Walt Disney Company	The Walt Disney Company	645,875	466,570
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc.	302,772	466,011
	Deere & Co.	Deere & Co.	400,396	465,394
	JPMorgan Chase	JPMorgan Chase Preferred 4.75%- Series GG	508,332	458,400
	Sysco Corp	Sysco Corp	499,406	453,448
	American Express Co	American Express Co	312,281	452,924
	AT&T Inc	AT&T Inc	488,595	450,800
	JPMorgan Chase & Co	JPMorgan Chase & Co 4.20% Series MM	555,889	442,161
	Union Pacific Corp	Union Pacific Corp	425,804	440,933

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Common Stocks (Continued):				
	Truist Financial Corp	Truist Financial Corp 5.25% Series O	\$ 468,898	\$ 428,656
	Verizon Communications Inc.	Verizon Communications Inc.	536,700	425,513
	Bank of America	Bank of America Pref Series KK 5.375%	409,962	386,720
	Public Storage	Public Storage 4% Series R	502,799	382,302
	Constellation Brands Inc	Constellation Brands Inc Cl A	402,492	371,744
	Bank Of America	Bank Of America 4.375%-Series NN	457,632	358,015
	ComCast Corporation	ComCast Corporation Cl A	281,467	353,727
	Public Storage	Public Storage 4.75% - Series K	355,918	311,081
	Allstate Corp	Allstate Corp 4.75% Series I	331,886	291,935
	Intel Corp	Intel Corp	559,944	270,076
	CVS Health Corp	CVS Health Corp	325,607	254,070
	Nike Inc.	Nike Inc. Class B	201,630	245,659
	United Parcel Service	United Parcel Service	171,655	227,902
	ATT	ATT Series A 5.00%	254,000	218,001
Mutual Funds:				
	American Funds New World Cl F-2	American Funds New World Cl F-2	\$ 2,259,336	\$ 2,872,033
	Vanguard International Growth Adm	Vanguard International Growth Adm	1,717,832	2,184,038

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued):				
	Ishares MSCI International Quality-ETF	Ishares MSCI International Quality-ETF	\$ 2,030,266	\$ 2,122,282
	Putnam Ultra Short Duration Income Fund	Putnam Ultra Short Duration Income Fund	1,003,355	1,014,353
	IShares MSCI Emerging Mkts Min Vol Factor ETF	IShares MSCI Emerging Mkts Min Vol Factor ETF	910,061	961,392
	EuroPacific Growth Fund - Class F2	EuroPacific Growth Fund - Class F2	732,448	888,895
	Vanguard Real Estate-ETF	Vanguard Real Estate-ETF	349,379	466,984
	Accenture PLC Cl A	Accenture PLC Cl A	420,187	420,680
Corporate Bonds:				
*	Narragansett Financial Corp	Narragansett Financial Corp, 8.5000%, 12/01/32 maturity date	\$ 3,000,000	\$ 3,000,000
*	Narragansett Financial Corp	Narragansett Financial Corp, 3.8750%, 05/15/31 maturity date	2,000,000	1,791,069
	Bank Of America	Bank Of America, 2.2500%, 08/04/27 maturity date	1,000,000	918,980
	AT&T Inc	AT&T Inc, 6.6250%, 05/15/29 maturity date	536,360	532,008
	Sysco Corp	Sysco Corp, 5.9500%, 04/01/30 maturity date	520,330	524,373

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued):				
	The Cigna Group	The Cigna Group, 5.1250%, 05/15/31 maturity date	\$ 504,775	\$ 503,817
	HP Inc	HP Inc, 4.7500%, 01/15/28 maturity date	494,850	501,438
	Lowes Co Inc	Lowes Co Inc, 4.8000%, 04/01/26 maturity date	505,250	501,235
	T-Mobile US Inc	T-Mobile US Inc, 7.6250%, 02/15/2025 maturity date	513,605	499,845
	Abbvie Inc	Abbvie Inc, 2.6000%, 11/21/24 maturity date	484,050	499,296
	JPMorgan Chase Finl Co LLC	JPMorgan Chase Finl Co LLC, 5.1500%, 05/15/25 maturity date	500,000	499,141
	Toronto Dominion Bank	Toronto Dominion Bank, 5.3500%, 02/28/26 maturity date	500,000	498,541
	Cigna Corp New	Cigna Corp New, 4.5000%, 02/25/26 maturity date	513,900	498,473
	Dupont De Nemours Inc	Dupont De Nemours Inc, 4.4930%, 11/15/25 maturity date	496,250	498,406
	CVS Health Corp	CVS Health Corp, 5.0000%, 01/30/29 maturity date	485,000	498,298
	Morgan Stanley	Morgan Stanley, 4.0000%, 07/23/25 maturity date	512,100	497,780

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued):				
	Goldman Sachs Group Inc	Goldman Sachs Group Inc, 3.5000%, 04/01/25 maturity date	\$ 512,125	\$ 497,331
	RTX Corporation	RTX Corporation, 3.9500%, 08/16/25 maturity date	496,600	497,056
	Abbvie Inc	Abbvie Inc, 3.6000%, 05/14/25 maturity date	482,000	496,993
	Cardinal Health Inc	Cardinal Health Inc, 3.7500%, 09/15/25 maturity date	496,650	495,911
	Abbvie Inc.	Abbvie Inc., 4.2500%, 11/14/28 maturity date	481,300	495,484
	Wells Fargo & Company	Wells Fargo & Company, 3.5500%, 09/29/25 maturity date	473,500	495,137
	Wells Fargo & Co	Wells Fargo & Co, 4.5000%, 07/28/25 maturity date	500,000	494,146
	Duke Energy Corp	Duke Energy Corp, 4.3000%, 03/15/28 maturity date	481,700	493,072
	L3Harris Technologies Inc	L3Harris Technologies Inc, 3.8500%, 12/15/26 maturity date	493,300	492,289
	Campbell Soup Co	Campbell Soup Co, 4.1500%, 03/15/28 maturity date	475,700	491,063

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued)				
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc, 3.8500%, 01/26/27 maturity date	\$ 483,640	\$ 490,309
	Darden Restaurants Inc	Darden Restaurants Inc, 3.8500%, 05/01/27 maturity date	482,500	489,036
	Sysco Corp	Sysco Corp, 3.3000%, 07/15/26 maturity date	479,500	488,609
	Unitedhealth Group Inc	Unitedhealth Group Inc, 3.8750%, 12/15/28 maturity date	477,200	486,860
	Comcast Corp	Comcast Corp, 4.2500%, 10/15/30 maturity date	474,750	486,226
	CVS Health Corp	CVS Health Corp, 3.0000%, 08/15/26 maturity date	489,050	483,806
	HP Inc.	HP Inc, 4.0000%, 04/15/29 maturity date	472,850	482,663
	Duke Energy Corp	Duke Energy Corp, 2.6500%, 09/01/26 maturity date	461,700	482,483
	Extra Space Storage LP	Extra Space Storage LP, 4.0000%, 06/15/29 maturity date	479,000	481,062
	Oracle Corp	Oracle Corp, 3.2500%, 11/15/27 maturity date	469,750	480,373
	Lowe's Cos Inc	Lowe's Cos Inc, 3.6500%, 04/05/29 maturity date	464,800	478,063

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued):				
	3M Co	3M Co, 3.3750%, 03/01/29 maturity date	\$ 460,065	\$ 473,794
	Intel Corp	Intel Corp, 3.9000%, 03/25/30 maturity date	458,150	469,158
	Altria Group Inc.	Altria Group Inc., 3.4000%, 05/06/30 maturity date	454,400	461,523
	L3Harris Technologies Inc	L3Harris Technologies Inc, 2.9000%, 12/15/29 maturity date	438,545	455,854
	Gold Sachs Group Inc.	Goldman Sachs Group Inc, 2.6000%, 02/07/30 maturity date	436,600	446,777
	Starbucks Corp	Starbucks Corp, 2.5500%, 11/15/30 maturity date	444,790	439,898
	RTX Corporation	RTX Corporation, 2.2500%, 07/01/30 maturity date	425,450	436,075
Real Estate Investment Trusts:				
	Extra Space Storage Inc	Extra Space Storage Inc	\$ 907,808	\$ 1,669,743
	Digital Realty Trust Inc	Digital Realty Trust Inc	738,941	1,150,475
	Public Storage	Public Storage	367,222	572,564

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Money Market Fund:				
*	Plimoth Investment Advisors	Money Market Fund	\$ 2,566,800	\$ 2,566,800
	Total Investments		\$ 72,828,975	\$ 91,942,650

*Denotes a party-in-interest.

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 04-1178460 Plan Number: 001

For the Year Ended October 31, 2024

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Series Transactions							
*	Plimoth Investment Advisors	Trust Access Account (Money Market)	\$ 7,722,542	\$ -	\$ 7,722,542	\$ 7,722,542	\$ -
*	Plimoth Investment Advisors	Trust Access Account (Money Market)	-	7,198,300	7,198,300	7,198,300	-
Total Series Transactions			\$ 7,722,542	\$ 7,198,300	\$ 14,920,842	\$ 14,920,842	\$ -

*Denotes a party-in-interest

See independent auditors' report.

BAYCOAST BANK PENSION PLAN
2023 SCHEDULE SB, LINE 26, SCHEDULE OF ACTIVE PARTICIPANT DATA

EMPLOYER IDENTIFICATION NUMBER: 04-1178460
THREE DIGIT PLAN NUMBER: 001

Years of Credited Service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Attained										
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	9	0	0	0	0	0	0	0	0
25 to 29	0	31	12	0	0	0	0	0	0	0
30 to 34	0	34	21	15	2	0	0	0	0	0
35 to 39	0	24	20	10	7	0	0	0	0	0
40 to 44	0	16	21	8	8	6	0	0	0	0
45 to 49	0	19	17	10	5	2	3	0	0	0
50 to 54	0	22	20	6	6	4	2	2	1	0
55 to 59	0	12	12	13	6	1	2	3	3	0
60 to 64	0	14	11	11	5	3	4	2	0	1
65 to 69	0	2	4	2	3	0	0	1	1	0
70 & up	0	1	0	0	1	1	0	0	1	0

BayCoast Bank Pension Plan

Summary of Actuarial Assumptions

Interest	For payments made during the years following the valuation date			
	during the first 5 years	4.75%		
	during the next 15 years	5.00%		
	thereafter	5.74%		
	Effective Interest Rate of 5.30%			
	For purposes of calculating liabilities for maximum deductible contribution the rates are:			
	during the first 5 years	3.82%		
	during the next 15 years	4.59%		
	thereafter	4.63%		
Mortality	IRS 2023 Mortality Table with separate rates for annuitants and non-annuitants			
Salary Increases	3.75% compounded annually.			
Covered Compensation	3.50% compound annual increase in the Taxable Wage Base.			
Retirement	Age	Rate of Retirement		
	55 to 61	5.00%		
	62	33.33%		
	63 to 64	10.00%		
	65	50.00%		
	66 to 69	33.33%		
	70	100.00%		
Withdrawal	Based on service as follows			
	Service	Rate of Withdrawal	Service	Rate of Withdrawal
	0 to 1	16.400%	6 to 7	8.400%
	1 to 2	15.067%	7 to 8	7.067%
	2 to 3	13.733%	8 to 9	5.733%
	3 to 4	12.400%	9 to 10	4.400%
	4 to 5	11.067%	10+ (age 55)	2.500%
	5 to 6	9.733%		
Asset Valuation Method	Fair Value of Assets.			

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

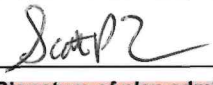
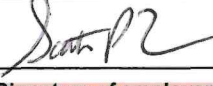
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan BayCoast Bank Pension Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BayCoast Bank 330 Swansea Mall Drive Swansea MA 02777	2b Employer Identification Number (EIN) 04-1178460
	2c Plan Sponsor's telephone number 508-678-7641
	2d Business code (see instructions) 522120

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>8/13/25</u>	Scott Lopes
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>8/13/25</u>	Scott Lopes
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">702</td> </tr> </table>	5	702																															
5	702																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">483</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">486</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">47</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">186</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">719</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">719</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">13</td> </tr> </table>				6a(1)		483	6a(2)		486	6b		47	6c		186	6d		719	6e		0	6f		719	6g(1)			6g(2)			6h		13
6a(1)		483																																
6a(2)		486																																
6b		47																																
6c		186																																
6d		719																																
6e		0																																
6f		719																																
6g(1)																																		
6g(2)																																		
6h		13																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																
7																																		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

BayCoast Bank Pension Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN: 04-1178460 Plan Number: 001

For the Year Ended October 31, 2024

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Series Transactions							
*	Plimoth Investment Advisors	Trust Access Account (Money Market)	\$ 7,722,542	\$ -	\$ 7,722,542	\$ 7,722,542	\$ -
*	Plimoth Investment Advisors	Trust Access Account (Money Market)	-	7,198,300	7,198,300	7,198,300	-
Total Series Transactions			\$ 7,722,542	\$ 7,198,300	\$ 14,920,842	\$ 14,920,842	\$ -

*Denotes a party-in-interest

See independent auditors' report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BayCoast Bank Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BayCoast Bank	D Employer Identification Number (EIN) 04-1178460	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date:	Month <u>11</u> Day <u>01</u> Year <u>2023</u>	
2	Assets:		
	a Market value.....	2a	76,699,246
	b Actuarial value	2b	76,699,246
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	172	6,289,621
	b For terminated vested participants.....	47	6,275,318
	c For active participants.....	483	36,647,596
	d Total	702	49,212,535
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate.....	5	5.30%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	2,998,790
	b Expected plan-related expenses	6b	0
	c Target normal cost.....	6c	2,998,790

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>06/10/2025</u> Date
	<u>Ana L. Pinto</u> Type or print name of actuary	<u>2305873</u> Most recent enrollment number
	<u>Compass Retirement Consulting Group</u> Firm name	<u>603-778-9920</u> Telephone number (including area code)
	<u>118 Portsmouth Ave, Suite D201</u> <u>Stratham NH 03885</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	155.05 %
15	Adjusted funding target attainment percentage	15	155.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	167.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 1
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	2,998,790	
b Excess assets, if applicable, but not greater than line 31a	31b	2,998,790	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Schedule SB, line 22 - Description of Weighted Average Retirement Age

BayCoast Bank Pension Plan
 EIN/PN: 04-1178460/001

Age	Absolute Ret Rate	Amt left	Prob of Ret	Col 1 x Col 4
55	5%	95.0%	5.0%	2.75
56	5%	90.25%	4.75%	2.66
57	5%	85.74%	4.51%	2.57
58	5%	81.45%	4.29%	2.49
59	5%	77.38%	4.07%	2.40
60	5%	73.51%	3.87%	2.32
61	5%	69.83%	3.68%	2.24
62	33%	46.56%	23.28%	14.43
63	10%	41.90%	4.66%	2.93
64	10%	37.71%	4.19%	2.68
65	50%	18.86%	18.86%	12.26
66	33%	12.57%	6.28%	4.15
67	33%	8.38%	4.19%	2.81
68	33%	5.59%	2.79%	1.90
69	33%	3.73%	1.86%	1.29
70	100%	0.00%	3.73%	2.61
			100.0%	62
				average retirement rate

BayCoast Bank Pension Plan

Summary of Plan Provisions

Eligibility

Employees become eligible after reaching age 21 and completing one year of service.

Retirement

The Normal Retirement Age is 65. A participant may retire and elect to receive a reduced benefit at that time if the participant is:

- age 62
- age 55 with ten years of service, or
- age 50 with fifteen years of service.

Benefit at Normal Retirement Age

The Normal Retirement Benefit is:

$$\begin{aligned} & 1.25\% \text{ of Final Average Earnings} \\ & \text{Plus} \\ & 0.6\% \text{ of Final Average Earnings over Covered Compensation} \end{aligned}$$

for each of the first 25 Years of Service.

Final Average Earnings is determined as the highest average earnings of the three consecutive years prior to the date of benefit determination. For this purpose, earnings mean W-2 wages. Earnings are limited for particular years based on statute. For the Plan Year beginning November 1, 2023 maximum earnings of \$330,000 are considered.

Covered Compensation is the thirty-five year average ending with a participant's Social Security Normal Retirement of the Wage Bases under Social Security. For determinations during the Plan Year beginning November 1, 2023, illustrative amounts are as follows:

<u>Year of Birth</u>	<u>Covered Compensation</u>
1955	\$ 91,884
1965	121,632
1975	143,424
1985	156,984
1995	160,200

Vesting

The Employer Provided Accrued benefit will be a 100% Vested Benefit when a participant has been credited with 5 Years of Service (3 Years of Service if hired prior to 11/1/2023) or age 62, if earlier.

BayCoast Bank Pension Plan

Summary of Plan Provisions

Form of Benefit

The Normal Form of Benefit is an annuity paid for the life of the participant. Optional forms are available on an actuarial basis. Optional forms of benefit include a ten year certain and life, joint annuity with either 67% or 100% continuation to the survivor, joint annuity with either 50% or 75% continuation to the beneficiary, or joint annuities with a ten year guarantee. Lump sum benefits are available.

Actuarial adjustments are based on the 1971 Individual Annuity Mortality Table for Males setback three years together with 6% interest.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Common Stocks:				
	Apple, Inc.	Apple, Inc.	\$ 576,484	\$ 2,840,818
	Alphabet Inc.	Alphabet Inc. Cl A	929,012	2,600,872
	Nvidia Corporation	Nvidia Corporation	348,523	2,522,440
	Amazon.Com, Inc.	Amazon.Com, Inc.	1,515,245	2,479,120
	Microsoft Corp	Microsoft Corp	1,046,275	2,438,100
	Salesforce Inc	Salesforce Inc	1,339,186	1,689,946
	Visa, Inc.	Visa, Inc.	988,898	1,391,280
	Wal-Mart Stores Inc	Wal-Mart Stores Inc	566,087	1,227,201
	JPMorgan Chase & Company	JPMorgan Chase & Company	556,872	1,220,560
	UnitedHealth Group Inc.	UnitedHealth Group Inc.	685,417	1,129,000
	Applied Materials Inc.	Applied Materials Inc.	532,820	1,125,796
	Chubb Ltd	Chubb Ltd	443,328	997,013
	Caterpillar Inc.	Caterpillar Inc.	549,420	978,120
	Qualcomm Inc	Qualcomm Inc	870,658	976,620
	Linde Plc	Linde Plc	621,755	912,300
	Merck & Co. Inc.	Merck & Co. Inc.	735,629	895,300
	Coca Cola	Coca Cola	720,434	854,255
	Stryker Corp	Stryker Corp	449,358	833,695
	RTX Corporation	RTX Corporation	595,108	822,732
	Exxon Mobil Corporation	Exxon Mobil Corporation	829,211	817,460
	Johnson & Johnson	Johnson & Johnson	682,313	795,303
	International Business Machines	International Business Machines	443,109	785,536
	Abbott Laboratories	Abbott Laboratories	752,297	770,916
	NextEra Energy Inc.	NextEra Energy Inc.	466,626	767,140
	Chevron Corp com	Chevron Corp com	665,053	699,454
	Lockheed Martin Corporation	Lockheed Martin Corporation	426,510	690,753

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Common Stocks (Continued):				
	Emerson Electric Co	Emerson Electric Co	\$ 607,346	\$ 682,101
	Berkshire Hathaway, Inc.	Berkshire Hathaway, Inc. Cl A	283,673	676,960
	Adobe Systems Inc.	Adobe Systems Inc.	585,078	621,026
	Lowe's Companies, Inc.	Lowe's Companies, Inc.	260,803	602,209
	Amgen Inc.	Amgen Inc.	501,028	592,296
	Duke Energy Corp	Duke Energy Corp	418,625	582,114
	Procter & Gamble Co	Procter & Gamble Co	403,406	573,175
	McDonald's Corp.	McDonald's Corp.	408,857	555,009
	Home Depot, Inc.	Home Depot, Inc.	290,686	551,250
	Bank Of America Corporation	Bank Of America Corporation	373,239	543,660
	Darden Restaurants Inc.	Darden Restaurants Inc.	420,019	516,865
	T-Mobile US Inc	T-Mobile US Inc	301,313	479,794
	Palo Alto Networks Inc.	Palo Alto Networks Inc.	423,614	468,429
	The Walt Disney Company	The Walt Disney Company	645,875	466,570
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc.	302,772	466,011
	Deere & Co.	Deere & Co.	400,396	465,394
	JPMorgan Chase	JPMorgan Chase Preferred 4.75%- Series GG	508,332	458,400
	Sysco Corp	Sysco Corp	499,406	453,448
	American Express Co	American Express Co	312,281	452,924
	AT&T Inc	AT&T Inc	488,595	450,800
	JPMorgan Chase & Co	JPMorgan Chase & Co 4.20% Series MM	555,889	442,161
	Union Pacific Corp	Union Pacific Corp	425,804	440,933

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Common Stocks (Continued):				
	Truist Financial Corp	Truist Financial Corp 5.25% Series O	\$ 468,898	\$ 428,656
	Verizon Communications Inc.	Verizon Communications Inc.	536,700	425,513
	Bank of America	Bank of America Pref Series KK 5.375%	409,962	386,720
	Public Storage	Public Storage 4% Series R	502,799	382,302
	Constellation Brands Inc	Constellation Brands Inc Cl A	402,492	371,744
	Bank Of America	Bank Of America 4.375%-Series NN	457,632	358,015
	ComCast Corporation	ComCast Corporation Cl A	281,467	353,727
	Public Storage	Public Storage 4.75% - Series K	355,918	311,081
	Allstate Corp	Allstate Corp 4.75% Series I	331,886	291,935
	Intel Corp	Intel Corp	559,944	270,076
	CVS Health Corp	CVS Health Corp	325,607	254,070
	Nike Inc.	Nike Inc. Class B	201,630	245,659
	United Parcel Service	United Parcel Service	171,655	227,902
	ATT	ATT Series A 5.00%	254,000	218,001
Mutual Funds:				
	American Funds New World Cl F-2	American Funds New World Cl F-2	\$ 2,259,336	\$ 2,872,033
	Vanguard International Growth Adm	Vanguard International Growth Adm	1,717,832	2,184,038

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
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Mutual Funds (Continued):				
	Ishares MSCI International Quality-ETF	Ishares MSCI International Quality-ETF	\$ 2,030,266	\$ 2,122,282
	Putnam Ultra Short Duration Income Fund	Putnam Ultra Short Duration Income Fund	1,003,355	1,014,353
	IShares MSCI Emerging Mkts Min Vol Factor ETF	IShares MSCI Emerging Mkts Min Vol Factor ETF	910,061	961,392
	EuroPacific Growth Fund - Class F2	EuroPacific Growth Fund - Class F2	732,448	888,895
	Vanguard Real Estate-ETF	Vanguard Real Estate-ETF	349,379	466,984
	Accenture PLC Cl A	Accenture PLC Cl A	420,187	420,680
Corporate Bonds:				
*	Narragansett Financial Corp	Narragansett Financial Corp, 8.5000%, 12/01/32 maturity date	\$ 3,000,000	\$ 3,000,000
*	Narragansett Financial Corp	Narragansett Financial Corp, 3.8750%, 05/15/31 maturity date	2,000,000	1,791,069
	Bank Of America	Bank Of America, 2.2500%, 08/04/27 maturity date	1,000,000	918,980
	AT&T Inc	AT&T Inc, 6.6250%, 05/15/29 maturity date	536,360	532,008
	Sysco Corp	Sysco Corp, 5.9500%, 04/01/30 maturity date	520,330	524,373

See independent auditors' report.

BayCoast Bank Pension Plan

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued):				
	The Cigna Group	The Cigna Group, 5.1250%, 05/15/31 maturity date	\$ 504,775	\$ 503,817
	HP Inc	HP Inc, 4.7500%, 01/15/28 maturity date	494,850	501,438
	Lowes Co Inc	Lowes Co Inc, 4.8000%, 04/01/26 maturity date	505,250	501,235
	T-Mobile US Inc	T-Mobile US Inc, 7.6250%, 02/15/2025 maturity date	513,605	499,845
	Abbvie Inc	Abbvie Inc, 2.6000%, 11/21/24 maturity date	484,050	499,296
	JPMorgan Chase Finl Co LLC	JPMorgan Chase Finl Co LLC, 5.1500%, 05/15/25 maturity date	500,000	499,141
	Toronto Dominion Bank	Toronto Dominion Bank, 5.3500%, 02/28/26 maturity date	500,000	498,541
	Cigna Corp New	Cigna Corp New, 4.5000%, 02/25/26 maturity date	513,900	498,473
	Dupont De Nemours Inc	Dupont De Nemours Inc, 4.4930%, 11/15/25 maturity date	496,250	498,406
	CVS Health Corp	CVS Health Corp, 5.0000%, 01/30/29 maturity date	485,000	498,298
	Morgan Stanley	Morgan Stanley, 4.0000%, 07/23/25 maturity date	512,100	497,780

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued):				
	Goldman Sachs Group Inc	Goldman Sachs Group Inc, 3.5000%, 04/01/25 maturity date	\$ 512,125	\$ 497,331
	RTX Corporation	RTX Corporation, 3.9500%, 08/16/25 maturity date	496,600	497,056
	Abbvie Inc	Abbvie Inc, 3.6000%, 05/14/25 maturity date	482,000	496,993
	Cardinal Health Inc	Cardinal Health Inc, 3.7500%, 09/15/25 maturity date	496,650	495,911
	Abbvie Inc.	Abbvie Inc., 4.2500%, 11/14/28 maturity date	481,300	495,484
	Wells Fargo & Company	Wells Fargo & Company, 3.5500%, 09/29/25 maturity date	473,500	495,137
	Wells Fargo & Co	Wells Fargo & Co, 4.5000%, 07/28/25 maturity date	500,000	494,146
	Duke Energy Corp	Duke Energy Corp, 4.3000%, 03/15/28 maturity date	481,700	493,072
	L3Harris Technologies Inc	L3Harris Technologies Inc, 3.8500%, 12/15/26 maturity date	493,300	492,289
	Campbell Soup Co	Campbell Soup Co, 4.1500%, 03/15/28 maturity date	475,700	491,063

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

EIN: 04-1178460 Plan Number: 001

As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued)				
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc, 3.8500%, 01/26/27 maturity date	\$ 483,640	\$ 490,309
	Darden Restaurants Inc	Darden Restaurants Inc, 3.8500%, 05/01/27 maturity date	482,500	489,036
	Sysco Corp	Sysco Corp, 3.3000%, 07/15/26 maturity date	479,500	488,609
	Unitedhealth Group Inc	Unitedhealth Group Inc, 3.8750%, 12/15/28 maturity date	477,200	486,860
	Comcast Corp	Comcast Corp, 4.2500%, 10/15/30 maturity date	474,750	486,226
	CVS Health Corp	CVS Health Corp, 3.0000%, 08/15/26 maturity date	489,050	483,806
	HP Inc.	HP Inc, 4.0000%, 04/15/29 maturity date	472,850	482,663
	Duke Energy Corp	Duke Energy Corp, 2.6500%, 09/01/26 maturity date	461,700	482,483
	Extra Space Storage LP	Extra Space Storage LP, 4.0000%, 06/15/29 maturity date	479,000	481,062
	Oracle Corp	Oracle Corp, 3.2500%, 11/15/27 maturity date	469,750	480,373
	Lowe's Cos Inc	Lowe's Cos Inc, 3.6500%, 04/05/29 maturity date	464,800	478,063

See independent auditors' report.

BayCoast Bank Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

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As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Corporate Bonds (Continued):				
	3M Co	3M Co, 3.3750%, 03/01/29 maturity date	\$ 460,065	\$ 473,794
	Intel Corp	Intel Corp, 3.9000%, 03/25/30 maturity date	458,150	469,158
	Altria Group Inc.	Altria Group Inc., 3.4000%, 05/06/30 maturity date	454,400	461,523
	L3Harris Technologies Inc	L3Harris Technologies Inc, 2.9000%, 12/15/29 maturity date	438,545	455,854
	Gold Sachs Group Inc.	Goldman Sachs Group Inc, 2.6000%, 02/07/30 maturity date	436,600	446,777
	Starbucks Corp	Starbucks Corp, 2.5500%, 11/15/30 maturity date	444,790	439,898
	RTX Corporation	RTX Corporation, 2.2500%, 07/01/30 maturity date	425,450	436,075
Real Estate Investment Trusts:				
	Extra Space Storage Inc	Extra Space Storage Inc	\$ 907,808	\$ 1,669,743
	Digital Realty Trust Inc	Digital Realty Trust Inc	738,941	1,150,475
	Public Storage	Public Storage	367,222	572,564

See independent auditors' report.

BayCoast Bank Pension Plan

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As of October 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Money Market Fund:				
*	Plimoth Investment Advisors	Money Market Fund	\$ 2,566,800	\$ 2,566,800
Total Investments			\$ 72,828,975	\$ 91,942,650

*Denotes a party-in-interest.

See independent auditors' report.