

<b>Form X-17A-5 Filer Information</b>  <b>FORM X-17A-5</b>	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549  <b>ANNUAL AUDITED REPORT</b> <b>Form X-17A-5</b> <b>Part III</b>  <b>FACING PAGE</b> Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder	<b>OMB APPROVAL</b>  OMB Number: 3235-0123  Estimated average burden hours per response: 12.00
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### X-17A-5: Filer Information

Filer CIK	0000881810
Filer CCC	p2*fdiwu
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Would you like a Return Copy?	<input checked="" type="checkbox"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>
Confirming Copy File Number	

#### Submission Contact Information

Name	James Rybakoff
Phone	2125839800
E-Mail Address	jamesr@akinbay.com

#### Notification Information

Notify via Filing Website only?	<input checked="" type="checkbox"/>
Notification E-mail Address	jamesr@akinbay.com

### X-17A-5: Submission Information

Report for the Period Beginning	01-01-2020
and Ending	12-31-2020
Type of Registrant	<input checked="" type="checkbox"/> Broker-dealer <input type="checkbox"/> OTC derivatives dealer

#### Material Weakness

Does this submission include an accountant's report covering the compliance report that identifies one or more material weaknesses?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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### X-17A-5: A. Registrant Identification

Name of Broker-dealer	AKIN BAY COMPANY LLC
<b>Address of Principal Place of Business (Do not use P.O. Box No.)</b>	
Address 1	780 THIRD AVENUE
City	NEW YORK
State/Country	NEW YORK
Mailing Zip/ Postal Code	10017
<b>Name and Telephone Number of Person to Contact in Regard to this Report</b>	
Name	james rybakoff
Telephone Number	2125839800

### X-17A-5: B. Accountant Identification

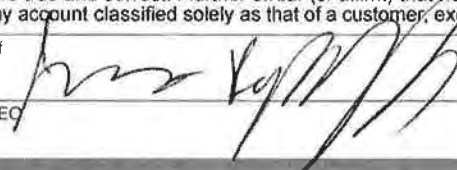
#### Independent Public Accountant

Name - if individual, state last, first, and middle name	BK Accountants CPAs, PLLC
Address 1	48-19 43rd Ave
City	Sunnyside
State/Country	NEW YORK
Mailing Zip/ Postal Code	11104
Check One	<input checked="" type="radio"/> Certified Public Accountant <input type="radio"/> Certified Public Accountant not resident in United States or any of its possessions

**X-17A-5: Signature**

**Oath or Affirmation**

I, **James Rybakoff**, swear (or affirm) that, to the best of my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of **AKIN BAY COMPANY LLC**, as of **03-16-2021**, are true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature	<u>James Rybakoff</u> 
Title	<u>President &amp; CEO</u>

**Notary Public**

Checking this box acknowledges that this oath or affirmation has been notarized. ☒

STATE OF NEW YORK  
COUNTY OF NEW YORK

ON THIS 16TH DAY OF MARCH, 2021  
BEFORE ME PERSONALLY CAME

JAMES RYBAKOFF

TO ME KNOWN TO BE THE INDIVIDUAL(S) DESCRIBED IN  
AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND  
ACKNOWLEDGED THAT HE/SHE/THEY EXECUTED THE SAME.

Adam Tobel  
Notary Public

