



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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000119488		2. Name of Corporation Broadway Renaissance	
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 451 Broadway		City PROV.
5. Foreign corporation. Enter principal office address		State RI	Zip 02909
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To preserve historical heritage of Broadway and environs.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name STEVEN M. KANE		Vice President Name ESTHER ODEN	
Street Address 451 Broadway		Street Address 451 Broadway	
City PROV.	State RI	City PROV.	State RI
Secretary Name LUCINDA WILMOT		Treasurer Name ADAM KATHLEEN PEARCE	
Street Address 123 ALMY ST.		Street Address 99 ALMY ST.	
City PROV.	State RI	City PROV.	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name LUCINDA WILMOT		Director Name ADAM STEVEN M. KANE	
Street Address 123 ALMY ST.		Street Address 451 Broadway	
City PROV.	State RI	City PROV.	State RI
Director Name ESTHER ODEN		Director Name ESTHER ODEN	
Street Address 451 Broadway		Street Address 451 Broadway	
City PROV.	State RI	City PROV.	State RI
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

STEVEN M. KANE 5/9/09
Signature of Officer Date
STEVEN M. KANE
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date	5-27-09
Check No.	695
By:	mnc
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