



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.	Zip 02909	
5. Foreign corporation. Enter principal office address		City	State	Zip	
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	Zip 02909	City prov.	State RI	Zip 02909
Secretary Name LUCINDA WILMOT		Treasurer Name ADAM KATHLEEN PEARCE			
Street Address 123 ALMY ST.		Street Address 99 ALMY ST.			
City prov.	State RI	Zip 02909	City prov.	State RI	Zip 02909
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	Zip 02909	City prov.	State RI	Zip 02909
Director Name		Director Name ESTHER ODEN			
Street Address		Street Address 451 Broadway			
City	State	Zip	City	State	Zip
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.

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

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