STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: $50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company
000161280	**212 Broadway, LLC**

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RI	**To hold Real Estate**

5. Principal office address	City	State	Zip
212 Broadway	**Newport**	**RI**	**02840**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Timothy O. Banks	**Manager**		
Street Address	City	State	Zip
212 Broadway	**Newport**	**RI**	**02840**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Timothy O. Banks					
Street Address			Street Address		
212 Broadway					
City	State	Zip	City	State	Zip
Newport	**RI**	**02840**			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

File Date

Check No _____ **MAR 0 1 2013**

By BY _____ _AL 191507   2:03_

FOR SECRETARY OF STATE USE ONLY

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.

_____ 03/01/2013

Signature of Authorized Person   Date

Timothy O. Banks

Print or Type Name of Authorized Person