	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Com	pany		
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001687037</u>			
2. Exact Name of the Limited Liability Company Broadway Associates II, LLC			
3. State of Formation			
State:			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531390</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	ed in Rhode Island
TO ACQUIRE, DEVELOP, MANAGE, AND SELL REAL PROPERTY.			
5. Principal Office Addre	SS		
No. and Street: 402 PONTIAC AVENUE			
		e: <u>RI</u> Zip: <u>02910</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: WILLIAM J. CANNING Contact Title: MANAGER			
No. and Street: 402 F	PONTIAC AVENUE		
City or Town: <u>CRA</u>	NSTON State	e: <u>RI</u> Zip: <u>02910</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
MANAGER	WILLIAM J. CANNING LLC	402 PON CRANSTON, F	TIAC AVENUE RI 02910 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HASLAW, INC. 100 WESTMINSTER STREET, SUITE 1500, C/O HINCKLEY ALLEN C/O HINCKLEY, ALLEN & SNYDER LLP PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2020 at 6:19:43 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By /WILLIAM J. CANNING/ Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved