F			1	
	State of Rhode Office of the Secreta		Fee: \$50.00	
Division Of Business Services				
148 W. River Street				
	Providence RI 0290			
(401) 222-3040				
Limited Liability Company				
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: 2021				
<b>1. ID No.</b> <u>001687037</u>				
2. Exact Name of the Limited Liability Company Broadway Associates II, LLC				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download				
the list of codes here. More information on NAICS can be found online.				
531390				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
TO ACQUIRE, DEVELOP, MANAGE, AND SELL REAL PROPERTY.				
5. Principal Office Address				
	PONTIAC AVENUE NSTON Stat	$\sim \mathrm{PI}$ $-7\mathrm{in}$ $0.0010$	Country: USA	
City of Town: <u>CRA</u>	<u>NSTON</u> State	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				
	PONTIAC AVENUE	<u>E</u> State: <u>RI</u> Zip: <u>02910</u> Country: <u>USA</u>		
City or Town: <u>CRANSTON</u> State: <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	میاداد ۸		
	First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country		
MANAGER WILLIAM J. CANNING LLC 402 PONTIAC AVENUE				
CRANSTON, RI 02910				

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 1 Day of December, 2021 at 7:51:44 PM 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

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