

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**BROADWAY PLAZA LLLP**

UBI Number:

**603 112 446**

Business Type:

**WA LIMITED LIABILITY LIMITED PARTNERSHIP**

Business Status:

**ACTIVE**

Principal Office Street Address:

**3107 COLBY AVE, EVERETT, WA, 98201, UNITED STATES**

Principal Office Mailing Address:

**PO BOX 1547, EVERETT, WA, 98206-1547, UNITED STATES**

Expiration Date:

**05/31/2020**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**05/12/2011**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**HUD FUNDED SR. AND DISABLED LOW-INCOME HOUSING**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
HOUSING AUTHORITY OF THE CITY OF EVERETT	3107 COLBY AVE, EVERETT, WA, 98201-0000, UNITED STATES	PO BOX 1547, EVERETT, WA, 98206-1547, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**4253031186**

Email:

**CHRISN@EVHA.ORG**

Street Address:

**3107 COLBY AVE, EVERETT, WA, 98201, USA**

Mailing Address:

**PO BOX 1547, EVERETT, WA, 98206-1547, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ASHLEY	LOMMERS-JOHNSON
GOVERNOR	INDIVIDUAL		MADDY	METZGER-UTT

## NATURE OF BUSINESS

- HUD FUNDED SR. AND DISABLED LOW-INCOME HOUSING

## EFFECTIVE DATE

Effective Date:

**04/30/2019**

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

**YES**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

## RETURN ADDRESS FOR THIS FILING

Attention:

**CHRIS NEBLETT**

Email:

**CHRISN@EVHA.ORG**

Address:

**PO BOX 1547, EVERETT, WA, 98206-1547, USA**

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

## EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON

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☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**CHRIS**

Last Name:

**NEBLETT**

Entity Name:

**EVERETT HOUSING AUTHORITY**

Title:

**ADMIN COORDINATOR**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.