RI SOS Filing Number: 200952465140 Date: 10/13/2009 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.

1. ID No.	*2. Exact name of the limited liability company*
181344	KANE'S WAY, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	Affordable housing real estate development

5. Principal office address	*City*	*State*	*Zip*
150 Franklin Street	Bristol	RI	02809

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

Contact Name	*Contact Title*
Kathleen Bazinet	Executive Director

Street Address	*City*	*State*	*Zip*
150 Franklin Street	Bristol	RI	02809

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	*Manager Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Manager Name	*Manager Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

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

Agent Name	*Address*	
ALRED R. REGO, JR., ESQ.		
Address	*City*	*Zip*
443 HOPE STREET	BRISTOL, RI	02809

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

[redacted] [redacted]

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.

Kathleen D Bazinet 8/21/09
Signature of Authorized Person *Date*

[redacted] Kathleen Bazinet
Print or Type Name of Authorized Person

File Date FILED
Check No.
By: OCT 13 2009
By 2839
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07

39072-19-439503