



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

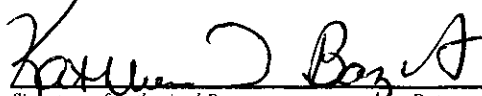
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                                                 |                                     |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|--------------|
| 1. ID No.<br>181344                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>KANE'S WAY, LLC                                                                               |                                     |              |              |
| 3. State of Formation<br>RHODE ISLAND                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Affordable housing real estate development |                                     |              |              |
| 5. Principal office address<br>150 Franklin Street                                                                                                                                                            |       | City<br>Bristol                                                                                                                                 |                                     | State<br>RI  | Zip<br>02809 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                 |                                     |              |              |
| Contact Name<br>Kathleen Bazinet                                                                                                                                                                              |       |                                                                                                                                                 | Contact Title<br>Executive Director |              |              |
| Street Address<br>150 Franklin Street                                                                                                                                                                         |       | City<br>Bristol                                                                                                                                 |                                     | State<br>RI  | Zip<br>02809 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                 |                                     |              |              |
| 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<br>ALRED R. REGO, JR., ESQ.                                                                                                                                                                        |       |                                                                                                                                                 | Address                             |              |              |
| Address<br>443 HOPE STREET                                                                                                                                                                                    |       | City<br>BRISTOL, RI                                                                                                                             |                                     | Zip<br>02809 |              |

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

|           |                                 |
|-----------|---------------------------------|
| File Date | FILED                           |
| Check No. |                                 |
| By:       | OCT 13 2009                     |
| By:       | 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.

  
Signature of Authorized Person  
Kathleen Bazinet  
Date 8/21/09  
Print or Type Name of Authorized Person