STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
14456	**Kane Corporation**

3. Principal office address	City	State	Zip
1028 Boston Neck Road	**North Kingstown**	**RI**	**02852**

4. Business Phone No.	5. State of Incorporation
401-294-4634	**RHODE ISLAND**

6. Brief description of the character of business conducted in Rhode Island
Holding Company

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
David A. Owens	**1028 Boston Neck Road**	**North Kingstown**	**RI**	**02852**

Vice-President Name	Street Address	City	State	Zip
Braden B. Kane, Jr.	**1028 Boston Neck Road**	**North Kingstown**	**RI**	**02852**

Secretary Name	Street Address	City	State	Zip
Braden B. Kane, Jr.	**1028 Boston Neck Road**	**North Kingstown**	**RI**	**02852**

Treasurer Name	Street Address	City	State	Zip
Braden B. Kane, Jr.	**1028 Boston Neck Road**	**North Kingstown**	**RI**	**02852**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
David A. Owens	**1028 Boston Neck Road**	**North Kingstown**	**RI**	**02852**

Director Name	Street Address	City	State	Zip
Braden B. Kane, Jr.	**1028 Boston Neck Road**	**North Kingstown**	**RI**	**02852**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	850	Common N/A	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 19 2016
2157

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 Representative — Date: 1-13-16

David A. Owens, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
131210-01/2012388