



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 14465		2. Exact name of the Corporation KANE MOTOR CAR CO., INC.			
3. Principal Office Address 1028 BOSTON NECK ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island Automobile repairs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRADEN B. KANE, JR.			Vice-President Name BRADEN B. KANE, JR.		
Street Address 1028 BOSTON NECK ROAD			Street Address 1028 BOSTON NECK ROAD		
City NORTH KINGSTOWN	State RI	Zip 02822	City NORTH KINGSTOWN	State RI	Zip 02822
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRADEN B. KANE, JR.			Director Name DAVID A. OWENS		
Street Address 1028 BOSTON NECK ROAD			Street Address HALLVILLE ROAD		
City NORTH KINGSTOWN	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			99	common	none
11. 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. 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.					
Name of Authorized Representative BRADEN B. KANE, JR.					Date 2-3-17
Signature of Authorized Representative <i>Braden B Kane Jr</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED *or*
FEB 10 2017

FORM 630 - Revised: 10/2016

BY 98679