




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

STAMP

Annual Report for the year: 2019
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 14456		2. Exact name of the Corporation KANE CORPORATION			
3. Principal Office Address 1028 Boston Neck Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 551111		6. Brief description of the character of business conducted in Rhode Island Holding Company			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A. Owens			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 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Braden B. Kane, Jr.			Treasurer Name Braden B. Kane, Jr.		
Street Address 1028 Boston Neck Road			Street Address 1028 Boston Neck Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David A. Owens			Director Name Braden B. Kane, Jr.		
Street Address 1028 Boston Neck Road			Street Address 1028 Boston Neck Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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
			850	Common N/A	No Par Value
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 David A. Owens, President					Date 1-8-19
Signature of Authorized Representative 			SIGN DOCUMENT HERE		
			FILED		

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

JAN 11 2019

BY 2583 FORM 630 - Revised: 10/2017

DS