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

FILED
JAN 29 2021 STAMP
BY

Annual Report for the year: 2021
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	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. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
999999	Holding Company
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
David A. Owens	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	**Treasurer Name**
Braden B. Kane, Jr.	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 ☐

Director Name	Director Name
David A. Owens	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This Information is currently of record in the Department of State.	850	Common N/A	No Par Value
Changes require an additional filing.			

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	Date
David A. Owens, President	1-25-21

Signature of Authorized Representative: David A. Owens — SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017