



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

**FEB 24 2023 STAMP**  
 3114 FOR [Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>14456</b>	2. Exact name of the Corporation <b>Kane Corporation</b>
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3. Principal Office Address <b>1028 Boston Neck Road</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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4. NAICS Code <b>511111</b>	6. Brief description of the character of business conducted in Rhode Island <b>Holding Company</b>
5. State of Incorporation <b>Rhode Island</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David A. Owens</b>			Vice-President Name <b>Braden B. Kane, Jr.</b>		
Street Address <b>1028 Boston Neck Road</b>			Street Address <b>1028 Boston Neck Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Braden B. Kane, Jr.</b>			Treasurer Name <b>Braden B. Kane, Jr.</b>		
Street Address <b>1028 Boston Neck Road</b>			Street Address <b>1028 Boston Neck Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David A. Owens</b>			Director Name <b>Braden B. Kane, Jr.</b>		
Street Address <b>1028 Boston Neck Road</b>			Street Address <b>1028 Boston Neck Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
NUMBER OF SHARES	CLASS/SERIES	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 <b>David A. Owens</b>	Date <b>2-22-23</b>
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Signature of Authorized Representative 
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