



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

FILED
MAR 25 2024
BY 3218

Annual Report for the year: 2024
Corporation

- 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 <u>000014456</u>		2. Exact name of the Corporation <u>KANE CORPORATION</u>			
3. Principal Office Address <u>1020 BOSTON NECK ROAD</u>		City <u>NORTH KINGSTOWN</u>		State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <u>459110</u>		6. Brief description of the character of business conducted in Rhode Island <u>RETAIL SALES AND REAL ESTATE</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DAVID A. OWENS</u>			Vice-President Name <u>BRADEN B. KANE JR.</u>		
Street Address <u>129 HALLVILLE ROAD</u>			Street Address <u>1243 NORTH ROAD</u>		
City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02874</u>
Secretary Name <u>SAME AS ABOVE</u>			Treasurer Name <u>SAME AS ABOVE</u>		
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 <u>SAME AS (2) ABOVE</u>			Director Name <u>[Signature]</u>		
Street Address <u>[Signature]</u>			Street Address		
City	State	Zip	City	State	Zip
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
			<u>850</u>	<u>CNP</u>	<u>\$0.00</u>
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 <u>DAVID A. OWENS</u>					Date <u>3/21/24</u>
Signature of Authorized Representative <u>[Signature]</u>					