



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 788450		2. Exact name of the Corporation Kate Foster Real Estate, Inc.			
3. Principal office address 36 Waldo Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A REAL ESTATE OFFICE AND TO INVEST, MANAGE AND DEAL IN REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kathryn C. Foster			Vice-President Name Vacant		
Street Address 36 Waldo Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Kathryn C. Foster			Treasurer Name Kathryn C. Foster		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kathryn C. Foster			Director Name		
Street Address Same as above			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10	COMMON	NO PAR

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.

FILED

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.

File Date _____

Check No _____

By: _____

MAR 01 2013

Kathryn C. Foster
Signature of Authorized Representative

01/28/2013

Date

BY Wol

KATHRYN C. FOSTER

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative