



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 2014

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. 311296		2. Exact name of the Corporation Katie & Company Kookies, Etc., Inc.			
3. Principal office address One Turks Head Place, Suite 312		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-861-9042		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail and wholesale baker/cookies/pastries/baking					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kathleen T. Malo			Vice-President Name None		
Street Address 32 Edgemere Drive			Street Address		
City Seekonk	State MA	Zip 02771-2214	City	State	Zip
Secretary Name Kathleen T. Malo			Treasurer Name Kathleen T. Malo		
Street Address 32 Edgemere Drive			Street Address 32 Edgemere Drive		
City Seekonk	State MA	Zip 02771-2214	City Seekonk	State MA	Zip 02771-2214
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kathleen T. Malo			Director Name None		
Street Address 32 Edgemere Drive			Street Address		
City Seekonk	State MA	Zip 02771-2214	City	State	Zip
Director Name None			Director Name None		
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
			100	common	\$.01

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

File Date _____

Check No _____

By: _____

FEB 14 2014

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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.

Kathleen T. Malo 2/9/2014
Signature of Authorized Representative Date

Kathleen T. Malo, President

Print or Type Name of Authorized Representative