



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 100300		2. Name of Corporation Katherine Field & Associates, Inc.			
3. Street Address Principal Business Office 29 Mary Street		City Newport	State Rh	Zip 02840	
4. Business Phone No. 401-848-2950		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE LANDSCAPE ARCHITECTURE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Katherine Field			Vice President Name same		
Street Address 144 Wapping Rd.			Street Address		
City Portsmouth	State Rh	Zip 02871	City	State	Zip
Secretary Name same			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name n/a			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$0.01 PAR VALUE			500	Comm	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 0 3 0 0 *

File Date **1-12-04**
Check No. **4604**
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

[Signature]
Signature of Officer
KATHERINE A. FIELD
Print or Type Name of Officer
PRESIDENT
Title of Officer