STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED 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* RI *Zip* 02840

4. Business Phone No. 401-848-2750

5. State of Incorporation RHODE ISLAND

6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island
Landscape Architecture and Site Planning

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Katherine Field
Street Address 144 Wapping Road
City Portsmouth *State* RI *Zip* 02871

Vice President Name same
Street Address same
City same *State* same *Zip* same

Secretary Name same
Street Address same
City same *State* same *Zip* same

Treasurer Name same
Street Address same
City same *State* same *Zip* same

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name —
Street Address
City *State* *Zip*

Director Name —
Street Address
City *State* *Zip*

Director Name —
Street Address
City *State* *Zip*

Director Name —
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	COMM	$.01 PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*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

[redacted]

* 100300 *

File Date: 1-16-02

Check No.: 3090

By: a

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Katherine A. Field 1-14-02
Signature of Officer *Date*

Katherine A. Field
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01