



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

(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

Vice President Name

SAME

Street Address

Street Address

144 Wapping Road

SAME

City

Portsmouth

State

RI

Zip

02871

City

SAME

State

SAME

Zip

SAME

Secretary Name

SAME

Treasurer Name

SAME

Street Address

Street Address

SAME

SAME

City

SAME

State

SAME

Zip

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

—

Director Name

—

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)

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

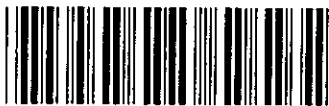
Par Value

500

Comm

.01

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



* 1 0 0 3 0 0 *

File Date: **1-14-02**

Check No.: **3090**

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] **1-14-02**
Signature of Officer Date

Katherine A. Field
Print or Type Name of Officer

President
Title of Officer