



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$5.00

(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 **144 Wapping Road** Street Address **SAME**
City **Portsmouth** State **RI** Zip **02871** City **SAME** State **SAME** Zip **SAME**

Secretary Name **SAME** Treasurer Name **SAME**
Street Address **SAME** Street Address **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 **8,000 COMM \$0.01 PAR VALUE**

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

ISSUED SHARES

Number of Shares **500** Class/Series **Comm** Par Value **.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: **1/26**

Check No.: **2387**

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.

Katherine Field **01-08-01**
Signature of Officer Date

Katherine A. Field
Print or Type Name of Officer

President
Title of Officer