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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
FEB 16 2018
BY 1202

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000788450	Kate Foster Real Estate, Inc.

3. Principal Office Address	City	State	Zip
PO Box 3431	Pawtucket	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531210	A real estate office and to invest, manage, and deal in real estate
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kate Foster			Vice-President Name: None		
Street Address: 6 Brook Ct.			Street Address: None		
City: Pawtucket	State: RI	Zip: 02861	City: None	State: None	Zip: None
Secretary Name: None			Treasurer Name: None		
Street Address: None			Street Address: None		
City: None	State: None	Zip: None	City: None	State: None	Zip: None

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kate Foster			Director Name: None		
Street Address: 6 Brook Ct.			Street Address: None		
City: Pawtucket	State: RI	Zip: 02861	City: None	State: None	Zip: None
Director Name: None			Director Name: None		
Street Address: None			Street Address: None		
City: None	State: None	Zip: None	City: None	State: None	Zip: None

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	STK	.01
None	None	None

11. 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.

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.

Name of Authorized Representative	Date
Kate Foster	2/14/18

Signature of Authorized Representative: Kate Foster SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017