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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	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