



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

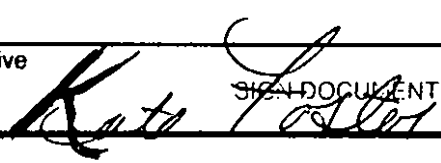
Annual Report for the year: **2018**
Corporation

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

FILED

FEB 16 2018

BY 1202

1. Entity ID Number 000788450		2. Exact name of the Corporation Kate Foster Real Estate, Inc.							
3. Principal Office Address PO Box 3431				City Pawtucket		State RI		Zip 02861	
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island 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 Kate Foster							Date 2/14/18		
Signature of Authorized Representative 							SIGN DOCUMENT HERE		