RI SOS Filing Number: 202329127220 Date: 2/21/2023 4:00:00 PM

State of Rhode Island

**Department of State - Business Services Division**

**FILED**

FEB 21 2023

BY

**Annual Report for the year:** 2023

**Corporation**

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

| 1 Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 001743086 | KFratt Inc. | | |
| 3 Principal Office Address | City | State | Zip |
| 1240 Pawtucket Avenue | Rumford | RI | 02916 |
| 4 NAICS Code | 6 Brief description of the character of business conducted in Rhode Island | | |
| 621610 | Home health care services | | |
| 5. State of Incorporation | | | |
| RI | | | |

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Lisa Rego | 19 Bowen Street | Rumford | RI | 02916 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Lisa Rego | 19 Bowen Street | Rumford | RI | 02916 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Lisa Rego | 19 Bowen Street | Rumford | RI | 02916 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Lisa Rego | 19 Bowen Street | Rumford | RI | 02916 |

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

| Director Name | Street Address | City | State | 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 | Common | No Par |
| | | |

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 |
|---|---|
| Lisa Rego, President | 2/7/2023 |

Signature of Authorized Representative

Lisa Rego

**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: 11/2021**