



State of Rhode Island
Department of State - Business Services Division

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.

FILED
 FEB 21 2023
 BY *[Signature]*

| | | | | | |
|---|--------------------|---|--|--------------------|-------------------------|
| 1 Entity ID Number 001743086 | | 2 Exact name of the Corporation KFratt Inc. | | | |
| 3 Principal Office Address 1240 Pawtucket Avenue | | | City Rumford | State RI | Zip 02916 |
| 4 NAICS Code 621610 | | 6 Brief description of the character of business conducted in Rhode Island Home health care services | | | |
| 5 State of Incorporation RI | | | | | |
| 7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Lisa Rego | | | Vice-President Name Lisa Rego | | |
| Street Address 19 Bowen Street | | | Street Address 19 Bowen Street | | |
| City Rumford | State RI | Zip 02916 | City Rumford | State RI | Zip 02916 |
| Secretary Name Lisa Rego | | | Treasurer Name Lisa Rego | | |
| Street Address 19 Bowen Street | | | Street Address 19 Bowen Street | | |
| City Rumford | State RI | Zip 02916 | City Rumford | State RI | Zip 02916 |
| 8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | 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 |
| 9 Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 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 Lisa Rego, President | | | | | Date 2/7/2023 |
| Signature of Authorized Representative <i>Lisa Rego</i> | | | | | |

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