



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2025**

**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**  
 MAR 04 2025  
 BY 1347

1. Entity ID Number <b>001743086</b>		2. Exact name of the Corporation <b>KFratt Inc.</b>												
3. Principal Office Address <b>225 Newman Avenue</b>			City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>									
4. NAICS Code <b>621610</b>		6. Brief description of the character of business conducted in Rhode Island <b>Home health care services</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Lisa Rego</b>			Vice-President Name <b>Lisa Rego</b>											
Street Address <b>19 Bowen Street</b>			Street Address <b>19 Bowen Street</b>											
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>									
Secretary Name <b>Lisa Rego</b>			Treasurer Name <b>Lisa Rego</b>											
Street Address <b>19 Bowen Street</b>			Street Address <b>19 Bowen Street</b>											
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>None</b>			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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center"><b>1000</b></td> <td style="text-align:center"><b>Common</b></td> <td style="text-align:center"><b>No Par</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1000</b>	<b>Common</b>	<b>No Par</b>			
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<b>1000</b>	<b>Common</b>	<b>No Par</b>												
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. <i>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.</i>														
Name of Authorized Representative <b>Lisa Rego</b>				Date <b>2/24/2025</b>										
Signature of Authorized Representative <i>Lisa Rego</i>														

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