



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

REC'D RIDOS BSD
24 FEB 7 PM 2:58:46

1. Entity ID Number 1100160		2. Exact name of the Corporation K.A.T. ENTERPRISES, INC.												
3. Principal Office Address 7 THURBER BLVD.			City SMITHFIELD	State RI	Zip 02917									
4. NAICS Code 237110		6. Brief description of the character of business conducted in Rhode Island DAMAGE PREVENTION/SAFETY												
5. State of incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name NATALIA ALBERT			Vice-President Name											
Street Address 250 BLACKSTONE AVE.			Street Address											
City WARWICK	State RI	Zip 02889	City	State	Zip									
Secretary Name			Treasurer Name ALEXA ALBERT											
Street Address			Street Address 300 BLACKSTONE AVE.											
City	State	Zip	City WARWICK	State RI	Zip 02889									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td align="center">0</td> <td></td> <td align="center">0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		0.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
0		0.01												
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 AMY PARKER				Date 02/07/2024										
Signature of Authorized Representative AP. Amy Parker														

FILED

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

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BY **PINKYQ**
AP