



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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
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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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		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. <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 AMY PARKER					Date 02/07/2024
Signature of Authorized Representative <i>Amy Parker</i> AP.					

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 PNK4Q

FORM 630- Revised 12/2023