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.

FILED
FEB 22 2024
BY 115983

1. Entity ID Number	2. Exact name of the Corporation			
000090568	KelKat Holdings, Inc.			
3. Principal Office Address		City	State	Zip
30 Monticello Road # K		Pawtucket	RI	02861
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
531110	To engage in the business of acquiring, holding, selling, using and renting real estate.			
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
Robert T. Roy	225 Walker Street	Seekonk	MA	02771

Vice-President Name	Street Address	City	State	Zip
Carol A. Roy	225 Walker Street	Seekonk	MA	02771

Secretary Name	Street Address	City	State	Zip
Robert T. Roy	225 Walker Street	Seekonk	MA	02771

Treasurer Name	Street Address	City	State	Zip
Robert T. Roy	225 Walker Street	Seekonk	MA	02771

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

Director Name	Street Address	City	State	Zip
Robert T. Roy	225 Walker Street	Seekonk	MA	02771

Director Name	Street Address	City	State	Zip

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
1000	Common	None

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
Robert T. Roy	2/14/24

Signature of Authorized Representative: Robert T Roy, Pres.

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 12/2023