



State of Rhode Island
Department of State - Business Services Division

FILED

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.

FEB 03 2025
BY 16043 PAA.

| 1. Entity ID Number 000090568 | | 2. Exact name of the Corporation KelKat Holdings, Inc. | | | | | | | | | | | | |
|--|--------------|---|---|-----------------|--------------|------------------|--------------|-----------|------|--------|------|--|--|--|
| 3. Principal Office Address 30 Monticello Road # K | | | City Pawtucket | State RI | Zip 02861 | | | | | | | | | |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Robert T. Roy | | | Vice-President Name Carol A. Roy | | | | | | | | | | | |
| Street Address 225 Walker Street | | | Street Address 225 Walker Street | | | | | | | | | | | |
| City Seekonk | State MA | Zip 02771 | City Seekonk | State MA | Zip 02771 | | | | | | | | | |
| Secretary Name Robert T. Roy | | | Treasurer Name Robert T. Roy | | | | | | | | | | | |
| Street Address 225 Walker Street | | | Street Address 225 Walker Street | | | | | | | | | | | |
| City Seekonk | State MA | Zip 02771 | City Seekonk | State MA | Zip 02771 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Robert T. Roy | | | Director Name | | | | | | | | | | | |
| Street Address 225 Walker Street | | | Street Address | | | | | | | | | | | |
| City Seekonk | State MA | Zip 02771 | City | State | Zip | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | 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 <input type="checkbox"/> | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 1000 | Common | None | | | |
| 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 Robert T. Roy | | | | Date 1/27/25 | | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |

MAIL TO:
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