



State of Rhode Island
Department of State - Business Services Division

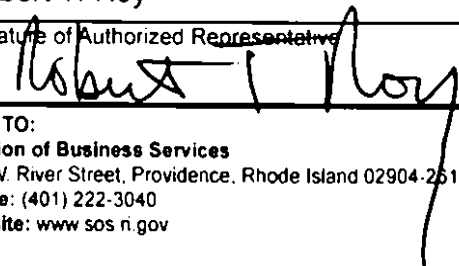
Annual Report for the year: **2025**

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

FEB 03 2025
BY 16043 AA.

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 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 Check the box to indicate an attachment <input type="checkbox"/>		
			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:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov