



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.

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|---|---|--|----------------------------------|
| 1 Entity ID Number 000792251 | | 2 Exact name of the Corporation KATHERINE COURT WATERFRONT, INC. | |
| 3 Principal Office Address 365 CHARLES STREET | | City PROVIDENCE | State RI |
| | | Zip 02909 | |
| 4 NAICS Code 511110 | 6 Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING | | |
| 5 State of Incorporation RI | | | |
| 7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name RICHARD V. SHAPPY | | Vice-President Name NONE | |
| Street Address 365 CHARLES STREET | | Street Address | |
| City PROVIDENCE | State RI | Zip 02904 | |
| Secretary Name RICHARD V. SHAPPY | | Treasurer Name RICHARD V. SHAPPY | |
| Street Address 365 CHARLES STREET | | Street Address 365 CHARLES STREET | |
| City PROVIDENCE | State RI | Zip 02904 | City PROVIDENCE |
| | | | State RI |
| | | | Zip 02904 |
| 8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name RICHARD V. SHAPPY | | Director Name | |
| Street Address 365 SHARLES STREET | | Street Address | |
| City PROVIDENCE | State RI | Zip 02904 | |
| 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. | | NUMBER OF SHARES | CLASS/SERIES |
| | | 1,000 | COMMON |
| | | | PAR VALUE |
| | | | .0100 |
| 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 RICHARD V. SHAPPY | | | Date 1/28/25 |
| Signature of Authorized Representative | | | FILED FEB 19 2025 BY 8210 |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov