

6. Brief Description of the Character of Business Conducted in Rhode Island

1. Corporate ID No. 000014903

4. Business Phone No.

President Name

Eric J. Soloff

401-921-6602 x307

3. Street Address Principal Business Office

30 Jefferson Park Road Unit 1

Purchase and Sale of Jewelry

30 Jefferson Park Road Unit 1

2. Name of Corporation

Kenilworth Creations, Inc.

Secretary of State – Division of Business Services 148 W. River Street Providence, RI 02904-2615 401.222.3040

02888

State

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## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2016

State of Incorporation

Rhode Island

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

Citv

Warwick

Vice President Name Rachel Soloff

30 Jefferson Park Road Unit 1

Street Address

FILED  JAN 2 1 2016  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained herein are true and correct.  File Date  Check No.  By:  FOR SECRETARY OF STATE USE ONLY  FILED  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained herein are true and correct.  Rachel Soloff  Print or Type Name  Secretary  Title	City Warwick	RI	02888	City Warwick	State RI	02888
30 Jefferson Park Road Unit 1  Cay Warwick Ri D2888 Warwick Ri J500ff Street Address J500ff Street Address  Street Address  Street Address  Street Address  Street Address  City State	Rachei Soloff Street Address			Eric J. Soloff Street Address		
Warwick RI 02888 Warwick RI 02888 Part						
Director Name Fire J. Soloff  Street Address 30 Jefferson Park Road Unit 1  City Warwick RI  Director Name  Street Address  Director Name  Street Address  Street Address  Street Address  Director Name  Director Name  Street Address  Stree	Warwick	RI	02888	Warwick	RI	02888
30 Jefferson Park Road Unit 1  City State Ri 02888 Warwick Ri 02888  Director Name  Street Address  City State Ri 02888  Director Name  Street Address  City State Zip Orestor Name  Street Address  City State Zip City State Zip  9. SHARES AUTHORIZED; ("X" BOX FOR ATTACHMENT) SISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares Common Stock \$1.00 Par Value instruction sheet.  Changes require an additional filing. See Section 9 of instruction sheet.  Chis 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.  FILED  JAN 2 1 2016  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained have in a run and correct.  Significant Richard Statements, and that all statement contained have run a run and correct.  Significant Richard Statements, and that all statement contained have run and correct.  Significant Richard Statements, and that all statement contained have run and correct.  Significant Richard Statements, and that all statement contained have run and correct.  Significant Richard Statements, and that all statement contained have run and correct.  Significant Richard Statements, and that all statement contained have run and correct.  Significant Richard Statements, and that all statement contained have run and correct.  Significant Richard Statements, and that all statement contained have run and correct.  Significant Richard Statements and correct.  Significant Richard Statements and statements, and that all statement contained have run and correct.  Significant Richard Statement Richard Richard Statement Richard Richa	Director Name	DRESSES OF THE DIRE	CTORS; ("X" BOX FOR AT	Director Name	IN SPACES BEFORE US	ING ATTACHMENTS
Warwick Director Name    Director Name						
Street Address  State  Zip  SHARES AUTHORIZED; ("X" BOX FOR ATTACHMENT)  ISSUED SHARES - THIS SECTION MUST BE COMPLETED  Winsber of Shares  [Class Series]  Par Value  State. Changes require an additional filing. See Section 9 of instruction sheet.  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.  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.  FILED  JAN 2 1 2016  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained hybrin are true and correct.  Signature  Rachel Soloff  Print or Type Name  Secretary  Title	Warwick		1 -	Warwick		
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JAN 2 1 2016  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained herein are true and correct.    File Date	State. Changes require an additional filing. See Section 9 of			100 Class A Shares Common Stock \$1.00 Par Value		
File Date  Check No.  By:  FOR SECRETARY OF STATE USE ONLY  SIGNATURE  JAN 2 1211b  including any accompanying schedules and statements, and that all statement contained herein are true and correct.  Signature  Rachel Soloff  Print or Type Name  Secretary  Title	This report must be exhis report must be ex	xecuted on behalf of the	e corporation by the receive	 ed representative. If the c er or trustee.	corporation is in the hand	ds of a receiver or trustee,
Check No		<b>BY</b>	JAN 2 1 2016 XL 41308	including any accompa	mying schedules and statem	have examined this report, tents, and that all statements
Print or Type Name  Secretary  FOR SECRETARY OF STATE USE ONLY  Title	File Date			Signature Signature		Date
FOR SECRETARY OF STATE USE ONLY  Secretary  Title	Check No.					
FOR SECRETARY OF STATE USE ONLY  Title	By:					
	FOR SECRET.	ARY OF STATE USE ONLY				Form 630 Rev. 12/06