



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 01 2021

BY 5481 DS

1. Entity ID Number <u>000071782</u>		2. Exact name of the Corporation <u>K WORLD ENTERPRISES INC</u>	
3. Principal Office Address <u>70 WEST MAIN RD</u>		City <u>MIDDLETOWN</u>	State <u>RI</u>
		Zip <u>02842</u>	
4. NAICS Code <u>811111</u>	6. Brief description of the character of business conducted in Rhode Island <u>AUTO REPAIR</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name <u>KENNETH W SCHWARZ</u>		Vice-President Name	
Street Address <u>70 WEST MAIN RD</u>		Street Address	
City <u>MIDDLETOWN</u>	State <u>RI</u>	Zip <u>02842</u>	
Secretary Name		Treasurer Name <u>KENNETH W SCHWARZ</u>	
Street Address		Street Address <u>70 WEST MAIN RD</u>	
City <u>MIDDLETOWN</u>	State <u>RI</u>	Zip <u>02842</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1000</u>	<u>COMM</u>
			<u>NO PAR VAL</u>
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 <u>KENNETH SCHWARZ</u>		Date <u>1/22/21</u>	
Signature of Authorized Representative <u>Ken Schwarz</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov