| State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office |
|---|
| Division Of Business Services |
| 148 W. River Street |
| Providence RI 02904-2615 |
| (401) 222-3040 |
| Business Corporation Annual Report Filing Period: February 1 - May 1 |
| 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. |
| ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : 2023 |
| 1. Corporate ID No. 000062692 |
| 2. Name of Corporation WORLD VIEW GRAPHICS, INC. |
| 3. Street Address Principal Business Office: |
| No. and Street: 29 CLIFF AVENUE |
| City or Town: <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u> |
| 4. Business Phone No. |
| <u>4018558850</u> |
| 5. State of Incorporation |
| State: <u>RI</u> |
| NAICS CODE |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |
| <u>531120</u> |
| 6. Brief Description of the Character of Business Conducted in Rhode Island |
| <u>RETAIL SALES & REAL ESTATE</u> |
| 7. Names and Addresses of the Officers and Directors: |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. |

| PRESIDENT | Individual Name First, Middle, Last, Suffix | | Address Address, City or Town, State, Zip Code, Country | | |
|---|--|----------|--|--|--|
| | ANDREW M KAGAN | | | 29 CLIFF AVENUE NEWPORT, RI 02840 USA | |
| . Shares Authorized and | Issued | | | | |
| Class of Stock | | | alue Per nare | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
| CNP | | \$0.0000 | | 5,000.00 | 5000 |
| compliance with R.I. Gen. | | | | | |
| By <u>ANDREW KAGAN</u> Signature of Authorize | ed Representative of the | he Corpo | ration | | |
| Signature of Authorize | ed Representative of th | he Corpo | ration | | |
| Signature of Authorize form No. 630 Revised 09/07 | ed Representative of th | he Corpo | ration | | |
| By <u>ANDREW KAGAN</u> Signature of Authorize | ed Representative of th | he Corpo | ration | | |