



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 STAMP

FEB 14 2024

BY 8743

1. Entity ID Number 000064225		2. Exact name of the Corporation WORLD STORE, LTD			
3. Principal Office Address 16 WEST MAIN STREET			City N. KINGSTOWN	State RI	Zip 02852
4. NAICS Code 444110		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES/GIFTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DALE M. GROGAN			Vice-President Name		
Street Address 425 STORE DRIVE			Street Address		
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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		
			100		
			STK		
			\$0.00		
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 DALE M. GROGAN					Date 02/09/24
Signature of Authorized Representative <i>Dale M. Grogan</i>					

MAIL TO:
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