



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.

FILED
MAR 04 2025
BY 5902 *n*

1. Entity ID Number <u>71782</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 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>	City	State	Zip
Secretary Name			Treasurer Name <u>KENNETH SCHWARZ</u>		
Street Address			Street Address <u>70 WEST MAIN RD</u>		
City	State	Zip	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	City	State	Zip
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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>2/27/25</u>
Signature of Authorized Representative <u>Kenneth Schwarz</u>					

MAIL TO:
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Website: www.sos.ri.gov