



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 18 2025

BY

25822
[Signature]

1. Entity ID Number 000090719		2. Exact name of the Corporation WORLDWIDE ENTERPRISES, INC.			
3. Principal Office Address 70 COMMERCIAL WAY			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 314994		6. Brief description of the character of business conducted in Rhode Island To engage in manufacturing/constructing/fabricating/buying/importing; dealing in rope/cable composed of metal or natural synthetic fiber.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOHN J. PETRONE			Vice-President Name NONE		
Street Address 70 COMMERCIAL WAY			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name LYNNE S. PETRONE			Treasurer Name LYNNE S. PETRONE		
Street Address 70 COMMERCIAL WAY			Street Address 70 COMMERCIAL WAY		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name JOHN J. PETRONE			Director Name LYNNE S. PETRONE		
Street Address 70 COMMERCIAL WAY			Street Address 70 COMMERCIAL WAY		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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 ☐		
			NUMBER OF SHARES		PAR VALUE
			510	COMMON	NO PAR
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 LYNNE S. PETRONE					Date 3/14/25
Signature of Authorized Representative [Signature]					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised. 12/2023