



State of Rhode Island
Department of State - Business Services Division

RECD 2025 3 30
25 PM 2:00:00

STAMP

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.

1. Entity ID Number 000014903			2. Exact name of the Corporation Kenilworth Creations, Inc.		
3. Principal Office Address 30 Jefferson Park Road, Unit 1			City Warwick	State RI	Zip 02888
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island Purchase and Sale of Jewelry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Eric J. Soloff			Vice-President Name Joseph Listengart		
Street Address 30 Jefferson Park Road, Unit 1			Street Address 30 Jefferson Park Road, Unit 1		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Joseph Listengart			Treasurer Name Eric J. Soloff		
Street Address 30 Jefferson Park Road, Unit 1			Street Address 30 Jefferson Park Road, Unit 1		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Eric J. Soloff			Director Name Joseph Listengart		
Street Address 30 Jefferson Park Road, Unit 1			Street Address 30 Jefferson Park Road, Unit 1		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			25	Common Class A	1.00 par value
			600	Common Class B	1.00 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 Eric J. Soloff				Date 3/27/25	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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