



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.

REC'D RI SOS BSD
MAY 1 11:03:45:00

1. Entity ID Number <u>001726899</u>		2. Exact name of the Corporation <u>Worldwide Companies</u>	
3. Principal Office Address <u>141 SHAW PIKE</u>		City <u>JOHNSTON</u>	State <u>RI</u>
		Zip <u>02919</u>	
4. NAICS Code <u>42390</u>	6. Brief description of the character of business conducted in Rhode Island <u>WORLDWIDE LICENSING OF ENGINEERED FUELS FOR PROCESSING, DISTRIBUTION AND CONSUMPTION.</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>MARK HAWKINS</u>		Vice-President Name	
Street Address <u>141 SHAW PIKE</u>		Street Address	
City <u>JOHNSTON</u>	State <u>RI</u>	City	State
	Zip <u>02919</u>		Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>MARK HAWKINS</u>		Director Name	
Street Address <u>141 SHAW PIKE</u>		Street Address	
City <u>JOHNSTON</u>	State <u>RI</u>	City	State
	Zip <u>02919</u>		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>850</u>	CLASS/SERIES <u>CWP</u>
		PAR VALUE <u>0.0100</u>	
Changes require an additional filing.			
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. FILED			
Name of Authorized Representative <u>MARK HAWKINS</u>		Date <u>5-1-2025</u>	
Signature of Authorized Representative <u>[Signature]</u>		BY <u>345</u> <u>PS</u>	

MAIL TO:
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