



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JAN -5 PM 1:14

1. Entity ID Number <b>001682196</b>		2. Exact name of the Corporation <b>THE WORKS INC.</b>			
3. Principal Office Address <b>80 Washington St</b>			City <b>Norwell</b>	State <b>MA</b>	Zip <b>02062</b>
4. NAICS Code <b>561312</b>		6. Brief description of the character of business conducted in Rhode Island <b>Executive Search &amp; Recruiting / Design &amp; Project Management</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name <b>Peter Eleftherio</b>			Vice-President Name		
Street Address <b>2074 Prairie Ave.</b>			Street Address		
City <b>Miami Beach</b>	State <b>FL</b>	Zip <b>33139</b>	City	State	Zip
Secretary Name <b>Melanie Eleftherio</b>			Treasurer Name <b>Peter Eleftherio</b>		
Street Address <b>2074 Prairie Ave.</b>			Street Address <b>2074 Prairie Ave.</b>		
City <b>Miami Beach</b>	State <b>FL</b>	Zip <b>33139</b>	City <b>Miami Beach</b>	State <b>FL</b>	Zip <b>33139</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name <b>Peter Eleftherio</b>			Director Name <b>Joe Salvucci</b>		
Street Address <b>2074 Prairie Ave.</b>			Street Address <b>80 Washington St., F29</b>		
City <b>Miami Beach</b>	State <b>FL</b>	Zip <b>33139</b>	City <b>Norwell</b>	State <b>MA</b>	Zip <b>02062</b>
Director Name <b>Melanie Eleftherio</b>			Director Name <b>Melissa Yahia</b>		
Street Address <b>2074 Prairie Ave.</b>			Street Address <b>72 Summerfield LN</b>		
City <b>Miami Beach</b>	State <b>FL</b>	Zip <b>33139</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200,000 Auth		CNP	\$0.00
		5,000 Issued		CNP	\$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. <i>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.</i>					
Name of Authorized Representative <b>Peter Eleftherio</b>				Date <b>11/17/22</b>	
Signature of Authorized Representative 					

1:16pm  
FILED

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

JAN 05 2023

FORM 630 - Revised: 11/

BY 71504  
#1504