



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 001682196		2. Exact name of the Corporation THE WORKS INC.			
3. Principal Office Address 80 Washington St			City Norwell	State MA	Zip 02062
4. NAICS Code 561312		6. Brief description of the character of business conducted in Rhode Island Executive Search & Recruiting / Design & Project Management			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Peter Eleftherio			Vice-President Name		
Street Address 2074 Prairie Ave.			Street Address		
City Miami Beach	State FL	Zip 33139	City	State	Zip
Secretary Name Melanie Eleftherio			Treasurer Name Peter Eleftherio		
Street Address 2074 Prairie Ave.			Street Address 2074 Prairie Ave.		
City Miami Beach	State FL	Zip 33139	City Miami Beach	State FL	Zip 33139
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Peter Eleftherio			Director Name Joe Salvucci		
Street Address 2074 Prairie Ave.			Street Address 80 Washington St., F29		
City Miami Beach	State FL	Zip 33139	City Norwell	State MA	Zip 02062
Director Name Melanie Eleftherio			Director Name Melissa Yahia		
Street Address 2074 Prairie Ave.			Street Address 72 Summerfield LN		
City Miami Beach	State FL	Zip 33139	City Middletown	State RI	Zip 02842
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
		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 Peter Eleftherio				Date 11/17/22	
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

1:16pm
FILED

JAN 05 2023

BY 71504
#1504