



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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  
STAMP**  
FEB 21 2023  
BY 31167  
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1. Entity ID Number <b>768460</b>		2. Exact name of the Corporation <b>CITIWORKS CORP.</b>			
3. Principal Office Address <b>20 RUTLEDGE DRIVE</b>			City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURE, SALES, AND CONSTRUCTION OF FENCES AND ACCESS CONTROL SYSTEMS</b>			
5. State of Incorporation <b>MASSACHUSETTS</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN A. CHATFIELD</b>			Vice-President Name		
Street Address <b>20 RUTLEDGE DRIVE</b>			Street Address		
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City	State	Zip
Secretary Name <b>KAREN M. CHATFIELD</b>			Treasurer Name <b>JOHN A. CHATFIELD</b>		
Street Address <b>20 RUTLEDGE DRIVE</b>			Street Address <b>20 RUTLEDGE DRIVE</b>		
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN A. CHATFIELD</b>			Director Name <b>KAREN M. CHATFIELD</b>		
Street Address <b>20 RUTLEDGE DRIVE</b>			Street Address <b>20 RUTLEDGE DRIVE</b>		
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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. <b>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.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>275,000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR VALUE</b>	
This information is currently of record in the Department of State. Changes require an additional filing.					
Name of Authorized Representative <b>JOHN A. CHATFIELD</b>				Date <b>2/15/23</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
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