



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 08 2024

BY

31499 DS

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 768460		2. Exact name of the Corporation CITIWORKS CORP.			
3. Principal Office Address 20 RUTLEDGE DRIVE			City ATTLEBORO	State MA	Zip 02703
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Manufacture, sales, and construction of fences and access control systems.			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN A. CHATFIELD			Vice-President Name		
Street Address 20 RUTLEDGE DRIVE			Street Address		
City ATTLEBORO	State MA	Zip 02703	City	State	Zip
Secretary Name KAREN M. CHATFIELD			Treasurer Name JOHN A. CHATFIELD		
Street Address 20 RUTLEDGE DRIVE			Street Address 20 RUTLEDGE DRIVE		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN A. CHATFIELD			Director Name KAREN M. CHATFIELD		
Street Address 20 RUTLEDGE DRIVE			Street Address 20 RUTLEDGE DRIVE		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			275,000	COMMON	NPV
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 JOHN A. CHATFIELD					Date 2/6/24
Signature of Authorized Representative  President					

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

FORM 630- Revised: 04/2023