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State of Rhode Island
Department of State - Business Services Division

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BY 31532 AAA

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.

1. Entity ID Number	2. Exact name of the Corporation		
768460	CITIWORKS CORP.		
3. Principal Office Address	City	State	Zip
20 RUTLEDGE DRIVE	ATTLEBORO	MA	02703
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238990	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 ☐

President Name	Street Address	City	State	Zip
JOHN A. CHATFIELD	20 RUTLEDGE DRIVE	ATTLEBORO	MA	02703

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
KAREN M. CHATFIELD	20 RUTLEDGE DRIVE	ATTLEBORO	MA	02703

Treasurer Name	Street Address	City	State	Zip
JOHN A. CHATFIELD	20 RUTLEDGE DRIVE	ATTLEBORO	MA	02703

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
JOHN A. CHATFIELD	20 RUTLEDGE DRIVE	ATTLEBORO	MA	02703

Director Name	Street Address	City	State	Zip
KAREN M. CHATFIELD	20 RUTLEDGE DRIVE	ATTLEBORO	MA	02703

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
275,000	COMMON	NVP

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	Date
JOHN A. CHATFIELD	1/29/25

Signature of Authorized Representative: John A. Chatfield

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 12/2023