



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

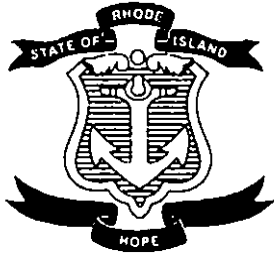
1. Entity ID Number:  001670439	2. The name of the entity is:  TRUWORK, INC																																				
3. Date of Revocation:  9/12/2023	4. Reason for Revocation:  Annual Report																																				
5. Entity Type:  Domestic Business Corporation																																					
6. The reinstatement requirements are:  <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>3</td><td>(report filing fee) \$ 50</td><td>Total Fees \$ 150</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>2</td><td>(penalty fee) \$ 50</td><td>Total Fees \$ 100</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</td><td>\$</td><td></td><td></td></tr><tr><td><input type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Change of Agent Form (filing fee)</td><td>\$ 20</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Registered Office Form</td><td>NO FEE</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	3	(report filing fee) \$ 50	Total Fees \$ 150	<input checked="" type="checkbox"/> Penalty fees (# of years)	2	(penalty fee) \$ 50	Total Fees \$ 100	<input type="checkbox"/> Replacement filing fee	\$			<input type="checkbox"/> LOGS (Tax Good Standing)				<input type="checkbox"/> Legislative Act/Court Order				<input checked="" type="checkbox"/> Change of Agent Form (filing fee)	\$ 20			<input type="checkbox"/> Change of Registered Office Form	NO FEE			<input type="checkbox"/> Certificate of Correction				<input type="checkbox"/> Amendment (name change required)			
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7. Accompanied by																																					

FILED

9:05

APR 24 2025

BY 29 P4G  
KS.



STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

TRUWORK INC  
55 LANDS END DR  
NORTH KINGSTOWN, RI 02852-4430

## LETTER OF GOOD STANDING

It appears from our records that **TRUWORK INC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **TRUWORK INC** is in good standing with the Rhode Island Division of Taxation as of **04/01/2025**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

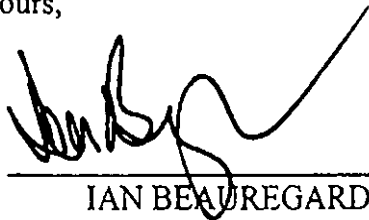
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,



IAN BEAUREGARD  
Supervising Revenue Officer



Neena Savage  
Tax Administrator

571212559:23122309  
DLN: 10019160285