



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
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1. Entity ID Number <u>001670439</u>		2. Exact name of the Corporation <u>TRUWORK, INC.</u>			
3. Principal Office Address <u>55 LANDS END DRIVE</u>			City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <u>541612</u>		6. Brief description of the character of business conducted in Rhode Island <u>For any and other legal and lawful transactions</u> <u>Consulting Agency</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>LAURIE SIMONEAU</u>			Vice-President Name		
Street Address <u>55 LANDS END DRIVE</u>			Street Address		
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>CNP</u>	<u>\$0.0100</u>
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 <u>LAURIE A. SIMONEAU</u>				Date <u>4/1/2025</u>	
Signature of Authorized Representative <u>Laurie A. Simoneau</u>					

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

RI DOS MADE EDITS PER FILER

APR 24 2025
FORM 630- Revised: 12/2023

BY 29P4G

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