



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.

REC'D RIDOS BSD  
25 APR 24 PM 9:06:11

REC'D RIDOS BSD  
25 APR 24 PM 15:28

1. Entity ID Number <b>001670439</b>		2. Exact name of the Corporation <b>TRUWORK, INC.</b>	
3. Principal Office Address <b>55 LANDS END DRIVE</b>		City <b>N. KINGSTOWN</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. NAICS Code <b>541612</b>	6. Brief description of the character of business conducted in Rhode Island <b>For any and other legal and lawful transactions Consulting Agency.</b>		
5. State of Incorporation <b>RI</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>LAURIE SIMONEAU</b>		Vice-President Name	
Street Address <b>55 LANDS END DRIVE</b>		Street Address	
City <b>N. KINGSTOWN</b>	State <b>RI</b>	City	State
	Zip <b>02852</b>		Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<b>100</b>	<b>CNP</b>
			<b>\$0.0100</b>
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 <b>LAURIE A. SIMONEAU</b>		FILED	Date <b>4/1/2025</b>
Signature of Authorized Representative <i>Laurie A. Simoneau</i>		<b>APR 24 2025</b>	

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

RI DOS MADE EDITS PER FILER

FORM 630- Revised: 12/2023