RECD RIDOS BSD '25 APR 24 AM9:06:11

RECD RIDOS BSD '24 APR 1 PM1:15:29

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.

1. Entity ID Number	2. Exact name of the Corporation			
001670439	TRUWORK, INC.			
3. Principal Office Address		**City**	**State**	**Zip**
55 LANDS END DRIVE		N. KINGSTOWN	RI	02852
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
[redacted] 541612	For any and other legal and lawful transactions Consulting Agency.			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
LAURIE SIMONEAU					
Street Address			**Street Address**		
55 LANDS END DRIVE					
City	**State**	**Zip**	**City**	**State**	**Zip**
N. KINGSTOWN	RI	02852			
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 ☐

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	$0.0100

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
LAURIE A. SIMONEAU	FILED	4/1/2025

Signature of Authorized Representative

Laurie A. Simoneau

APR 24 2025

BY 29P4G 9:06 RS

RI DOS MADE EDITS PER FILER

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