RI SOS Filing Number: 202576791120 Date: 7/10/2025 4:00:00 PM

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL 10 A 11:26

1. Entity ID Number	2. Exact name of the Corporation
000137470	Communication Works Inc.

3. Principal Office Address	City	State	Zip
One Rutland House Road	North Scituate	RI	02857

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541810	MARKETING/ADVERTISING/PUBLIC RELATIONS
5. State of Incorporation: RI	

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

President Name	Vice-President Name
DEBRA T. MORAIS	STEPHEN KASS
Street Address: ONE RUTLAND HOUSE RD	Street Address: ONE RUTLAND HOUSE RD
City: N. SCITUATE State: RI Zip: 02857	City: N. SCITUATE State: RI Zip: 02857
Secretary Name	**Treasurer Name**
	STEPHEN KASS
Street Address	**Street Address**
	ONE RUTLAND HOUSE RD
City / State / Zip	**City / State / Zip**
	N. SCITUATE RI 02857

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	STK	0.00 NO PAR

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
Debra T. Morais DEBRA T. MORAIS	6/23/2025

Signature of Authorized Representative: Debra T. Morais Pres. 7/7/25

FILED
JUL 10 2025 AA
BY 5308

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