

Check No.

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

2012

401.222.3040

| 1. Corporate ID No. 70757 | CDW Cor | 2. Name of Corporation CDW Consultants, Inc. | | | |
|--|--|--|--|--|-------------------------------|
| 3. Street Address Principal Business Office 40 Speen Street, Suite 301 | | | СПу Framingham | State MA | Zip |
| 4. Business Phone No. 5. State of Incorporation 508-875-2657 Massachusetts | | | | | 01701 |
| 6. Brief Description of the Ch Engineering consultin | g services. | | | | |
| 7. NAMES AND ADDR President Name | ESSES OF THE OFF | TICERS: ("X" BOX FOR ATT | ACHMENT) T FILL IN | SPACES BEFORE USIN | IG ATTACHMENTS |
| Yee Cho Street Address | | | Kathleen Campbell | | |
| 19 Ruane Road | | | Street Address 11 Old Mill Road | | |
| West Newton | State MA | 02465 | City Maynard | State MA | Ζφ 01754 |
| Secretary Name Yee Cho | | | Treasurer Name Yee Cho | | |
| Street Address 19 Ruane Road | | | Street Address 19 Ruane Road | | |
| West Newton | State MA | ^{Zip} 02465 | City Wood Novdon | State MA | <i>х</i> ьр 02465 |
| Yee Cho | SSES OF THE DIRE | ECTORS: ("X" BOX FOR AT | TACHMENT) ☐ FILL IN Oirector Name Kathleen Campbell | N SPACES BEFORE USI | NG ATTACHMENTS |
| 9 Ruane Road | | | Street Address 11 Old Mill Road | | |
| Tty West Newton Director Name | State MA | Ζιμ 02465 | City Maynard | State MA | Ζίμ 01754 |
| | | | Director Name | | [017.34 |
| treet Address | | | Street Address | | |
| ii): | State | Zip | City | State | Zip |
| . SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | Number of Shares | Class/Series | Par Value |
| | | | 1,295 | Class A | No Par Value |
| | | | | | |
| nis report must be execu is report must be execu | ated on behalf of the ted on behalf of the | e corporation by an authorized corporation by the receiver o | representative. If the corr trustee. | orporation is in the hand | ls of a receiver or truste |
| | | | | | _ |
| | ,A | · | mending any accom | rjury, I declare and affirm npanying schedules and sta | that I have examined this i |
| m· FILEU | | | contained herein are | True and correct. | accinents, and that all state |