RALPH MOIL	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Secretary of State	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet)4-2615	
Business Corporatio Annual Report Filing Period: January 1 - M			
	7-1.2-1501(e), each corporation failir 80) days after the time prescribed by I ty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2013</u>		
1. Corporate ID No.	000063813		
2. Name of Corporation	J. McGwin & Associates, Inc.		
3. Street Address Princip	oal Business Office:		
	HIMNEY ROCK DRIVE TH KINGSTOWN	State: <u>RI</u> Zip: <u>02852</u> Co	untry: <u>USA</u>
4. Business Phone No.			
401-884-4802			
5. State of Incorporation			
State: <u>RI</u>			
6. Brief Description of th	e Character of Business Conducte	d in Rhode Island	
OPERATION SYSTEM	IS AND FINANCIAL CONSULT	ANTS.	
7. Names and Addresses	of the Officers and Directors:		
	ors must be listed. If officers and/ ger applicable; please delete.	or directors have been electe	ed, the title
Title	Individual Name	Address	
PRESIDENT	First, Middle, Last, Suffix JAMES E. MCGWIN JR	Address, City or Town, State, Zip 412 CHIMNEY RO	CK DR
TREASURER	JAMES E. MCGWIN JR.	N. KINGSTOWN, RI 0285 412 CHIMNEY RO	
SECRETARY	JULIA L. MCGWIN	N. KINGSTOWN, RI 0285 412 CHIMNEY R	
		N. KINGSTOWN, RI 0285	

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$0.1000	1,000.00	1000
or individuals signing this i signatory, under penalties o act and deed of the corpord electronic filing, in complia	of perjury, that this in ution, and that the fac	strument is that indiv ts stated herein are t	idual's act and d	eed or the
Signature of Authorized I <u>PRESIDENT</u>		orporation		
Signature of Authorized I	Representative of the C	-	the form and he/s	she is not
Signature of Authorized I <u>PRESIDENT</u> Title This report cannot be ac	Representative of the C	-	the form and he/s	she is not