



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 138540		2. Exact name of the Corporation DWG ASSOCIATES, LTD.			
3. Principal office address 576 Metacom Avenue, Suite 8-A Rear			City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 253-9910			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Management and Advocacy Consulting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Douglas W. Gablinske			Vice-President Name Douglas W. Gablinske		
Street Address 576 Metacom Avenue, Suite 8-A Rear			Street Address 576 Metacom Avenue, Suite 8-A Rear		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Douglas W. Gablinske			Treasurer Name Douglas W. Gablinske		
Street Address 576 Metacom Avenue, Suite 8-A Rear			Street Address 576 Metacom Avenue, Suite 8-A Rear		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Douglas W. Gablinske			Director Name None		
Street Address 576 Metacom Avenue, Suite 8-A Rear			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			450	Common	No Par

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY BY _____

FILED
 JAN 11 2016
 13727

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 hereon are true and correct.
 Signature of Authorized Representative: *Douglas W. Gablinske*
 Date: 1/4/16
 Douglas W. Gablinske
 Print or Type Name of Authorized Representative