



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 160304		2. Exact name of the Corporation CWG INCORPORATED			
3. Principal office address 179 OAKLEY ROAD			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. (401) 356-0791			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island ADVERTISING CONSULTING SERVICES					
7. LIST ALL OFFICERS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT)					
President Name WALTER A. STEENBERGEN			Vice-President Name WALTER A. STEENBERGEN		
Street Address 179 OAKLEY ROAD			Street Address 179 OAKLEY ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name WALTER A. STEENBERGEN			Treasurer Name WALTER A. STEENBERGEN		
Street Address 179 OAKLEY ROAD			Street Address 179 OAKLEY ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT)					
Director Name WALTER A. STEENBERGEN			Director Name N/A		
Street Address 179 OAKLEY ROAD			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)		
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
			100 SHARES	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.



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.

FILED
 JAN 22 2016

Walter A. Steenberg **01/19/2016**
 Signature of Authorized Representative Date
WALTER A. STEENBERGEN **President**
 Print or Type Name of Authorized Representative

RV 1251