



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. 107869		2. Exact name of the Corporation Gail R. Tonnessen - MSW, Inc.			
3. Principal office address 331 Broadway		City Providence		State RI	Zip 02909
4. Business Phone No. 401-455-0799		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To provide counseling services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gail R. Tonnessen			Vice-President Name Gail R. Tonnessen		
Street Address 331 Broadway			Street Address 331 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Gail R. Tonnessen			Treasurer Name Gail R. Tonnessen		
Street Address 331 Broadway			Street Address 331 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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 ("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
			100	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

FILED

Check No

FEB 03 2016 1:08

By:

FOR SECRETARY OF STATE USE ONLY

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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.

Gail R. Tonnessen
Signature of Authorized Representative

1/17/2016
Date

Gail R. Tonnessen, President

Print or Type Name of Authorized Representative