



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Management and Advocacy Consulting												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>450</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	450	Common	No Par			
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450	Common	No Par												
11. 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.														
Name of Authorized Representative Douglas W. Gablinske					Date 1/25/17									
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 06 2017

BY

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FORM 630 - Revised: 10/2016