



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 2017

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. 70757		2. Exact name of the Corporation CDW Consultants, Inc.			
3. Principal office address 40 Speen Street, Suite 301			City Framingham	State MA	Zip 01701
4. Business Phone No. 508-875-2657			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Engineering and consulting services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kathleen L. Campbell			Vice-President Name Kathleen L. Campbell		
Street Address 11 Old Mill Road			Street Address 11 Old Mill Road		
City Maynard	State MA	Zip 01754	City Maynard	State MA	Zip 01754
Secretary Name Kathleen L. Campbell			Treasurer Name Kathleen L. Campbell		
Street Address 11 Old Mill Road			Street Address 11 Old Mill Road		
City Maynard	State MA	Zip 01754	City Maynard	State MA	Zip 01754
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kathleen L. Campbell			Director Name		
Street Address 11 Old Mill Road			Street Address		
City Maynard	State MA	Zip 01754	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
			960	Class B	\$1.00

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

FILED

MAR 23 2017

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.

Kathleen L. Campbell 3/15/17
 Signature of Authorized Representative Date
Kathleen L. Campbell, President
 Print or Type Name of Authorized Representative

By 299 011