



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

STAMP

→ 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 <b>70757</b>		2. Exact name of the Corporation <b>CDW Consultants, Inc.</b>	
3. Principal Office Address <b>6 Huron Drive</b>		City <b>Natick</b>	State <b>MA</b>
		Zip <b>01760</b>	
4. NAICS Code <b>541330</b>	6. Brief description of the character of business conducted in Rhode Island <b>Engineering and consulting services.</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kathleen L. Campbell</b>		Vice-President Name <b>Kathleen L. Campbell</b>	
Street Address <b>11 Old Mill Road</b>		Street Address <b>11 Old Mill Road</b>	
City <b>Maynard</b>	State <b>MA</b>	City <b>Maynard</b>	State <b>MA</b>
Zip <b>01754</b>		Zip <b>01754</b>	
Secretary Name <b>Kathleen L. Campbell</b>		Treasurer Name <b>Kathleen L. Campbell</b>	
Street Address <b>11 Old Mill Road</b>		Street Address <b>11 Old Mill Road</b>	
City <b>Maynard</b>	State <b>MA</b>	City <b>Maynard</b>	State <b>MA</b>
Zip <b>01754</b>		Zip <b>01754</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Kathleen L. Campbell</b>		Director Name	
Street Address <b>11 Old Mill Road</b>		Street Address	
City <b>Maynard</b>	State <b>MA</b>	City	State
Zip <b>01754</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		9600	Class B
			\$1.00
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.			
<b>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.</b>			
Name of Authorized Representative <b>Kathleen L. Campbell</b>		Date <b>2/25/18</b>	
Signature of Authorized Representative 		SIGN DOCUMENT BY <b>6-8318102</b>	

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

RECEIVED  
SECRETARY OF STATE  
CORPORATION DIVISION  
FEB 09 2018  
WICK # 14521

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