RI SOS Filing Number: 202447150160 Date: 2/22/2024 4:00:00 PM

Department of S	Division		• •	LLU	n;				
Annual Report for the year: 2024 Corporation			FEB 2 2 2024						
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00			BY_						
→ Penalty: Additional \$25.00 fee If form is not filed by May 31.									
Entity ID Number 2. Exact name of the Corporation									
000138540 DWG Associates, Ltd. 3. Principal Office Address City IState IZIn									
576 Metacom Avenue, Unit 12			City	stol	State Zip R1 92809)9		
4. NAICS Code	r of business c	onducted in Rhode Isl	and		<u> </u>				
541612 - Human Resou <u>r</u>									
5. State of Incorporation Rhode Island	Management and advocacy consulting								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								t 🗆	
President Name Douglas W. Gablinske			Vice-President Name Douglas W. Gablinske						
576 Metacom Avenue, Unit 12			Street Address 576 Metacom Avenue, Unit 12						
^{City} Bristol	State RI	^{7ip} 02809	City Briste	ol	State	RI	Zip 02809	9	
Secretary Name Douglas W. G	Treasurer Name Douglas W. Gablinske								
Street Address 576 Mctacom Avenue., Unit 12			Street Address 576 Metacom Avenue, Unit 12 i						
City Bristol	State RI	Zip 02809	City Brist		State	RI	^{Zlp} 02809	9	
8. List ALL directors (names and addresses) Check the box to indicate an attachmen									
Douglas W. Gablinske			Director Name NONE						
Street Address 576 Metacom Avenue, UN1t 12				Street Address					
City Bristol	State RI	^{Zlp} 02809	City	**	State		Zip		
Director Name NONE			Director Name NONE						
Street Address			Street Address						
City	State	Zlp	City		State		Zip	·	
9. Shares Authorized		10. Shares Issue	 3d	Check th	he box to	indicate a	ı an attachmen	t 🗀	
This information is currently of record in the Department of State.		NUMBER OF STARES		CLASS/SERIES			PAR VALUE		
Changes require an additional filing.		450		Common		<u> </u>	No par		
			therived reserve		-41- I 1	1 - 1 - 1			
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	161	2020				
Signature of Authorized Representative									

MAIL 707
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

State of Rhode Island

Website: www.sos.rl.gov

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