State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
FEB 22 2024
BY

1. Entity ID Number	2. Exact name of the Corporation
000138540	DWG Associates, Ltd.

3. Principal Office Address	City	State	Zip
576 Metacom Avenue, Unit 12	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541612 - Human Resour	Management and advocacy consulting
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President
Name	Douglas W. Gablinske	Douglas W. Gablinske
Street Address	576 Metacom Avenue, Unit 12	576 Metacom Avenue, Unit 12
City / State / Zip	Bristol / RI / 02809	Bristol / RI / 02809

	Secretary	Treasurer
Name	Douglas W. Gablinske	Douglas W. Gablinske
Street Address	576 Metacom Avenue, Unit 12	576 Metacom Avenue, Unit 12
City / State / Zip	Bristol / RI / 02809	Bristol / RI / 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director
Name	Douglas W. Gablinske	NONE
Street Address	576 Metacom Avenue, UNit 12	
City / State / Zip	Bristol / RI / 02809	

	Director	Director
Name	NONE	NONE
Street Address		
City / State / Zip		

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	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	Date
Douglas W. Gablinske	2/16/2024
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

FORM 630- Revised: 12/2023