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
MAR 12 2024
BY 1418

1. Entity ID Number	2. Exact name of the Corporation			
000160304	CWG INCORPORATED			
3. Principal Office Address		City	State	Zip
179 OAKLEY ROAD		WOONSOCKET	RI	02895-1941
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541800				
5. State of Incorporation				
RI	CONSULTING			

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

President Name			Vice-President Name		
WALTER A STEENBERGEN			WALTER A STEENBERGEN		
Street Address			Street Address		
179 OAKLEY ROAD			179 OAKLEY ROAD		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895
Secretary Name			**Treasurer Name**		
WALTER A STEENBERGEN			WALTER A STEENBERGEN		
Street Address			Street Address		
179 OAKLEY ROAD			179 OAKLEY ROAD		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895

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

Director Name			Director Name		
WALTER A STEENBERGEN					
Street Address			Street Address		
179 OAKLEY ROAD					
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
100	COMMON	0

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: Walter A Steenbergen — Date: 3/8/24

Signature of Authorized Representative: WALTER A STEENBERGEN

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