



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation _____

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

AUG - 2 2023
BY 1398

RS

1. Entity ID Number 000160304		2. Exact name of the Corporation CWG INCORPORATED			
3. Principal Office Address 179 OAKLEY ROAD			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 541890		6. Brief description of the character of business conducted in Rhode Island ADVERTISING CONSULTING SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WALTER A. STEENBERGEN			Vice-President Name WALTER A. STEENBERGEN		
Street Address 179 OAKLEY ROAD			Street Address 179 OAKLEY ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name WALTER A. STEENBERGEN			Treasurer Name WALTER A. STEENBERGEN		
Street Address 179 OAKLEY ROAD			Street Address 179 OAKLEY ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WALTER A. STEENBERGEN			Director Name N/A		
Street Address 179 OAKLEY ROAD			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			C. ASS/SERIES		
			PAR VALUE		
			100 SHARES		
			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 WALTER A. STEENBERGEN					Date 7/30/23
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: 11/2021