

**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** [Signature]

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 02895-1941	
4. NAICS Code 541800		6. Brief description of the character of business conducted in Rhode Island CONSULTING				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<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) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>	
Director Name WALTER A STEENBERGEN			Director Name			
Street Address 179 OAKLEY ROAD			Street Address			
City WOONSOCKET	State RI	Zip 02895	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>				<input type="checkbox"/>
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.						
<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 <u>[Signature]</u>					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