

1.) CORPORATION NAME:

A. W. G. Dewar, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FIELDING L WILLIAMS JR
WILLIAMS MULLEN
200 SOUTH 10TH STREET, SUITE 1600**

SCC ID NO: **F0124687**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4 BATTERYMARCH PARK

CITY/ST/ZIP: QUINCY, MA 02169

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DANA E TUFTS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	FOUR BATTERYMARCH PARK		
CITY/ST/ZIP/CO:	QUINCY, MA 02169		
NAME:	PHILIP R BEATTIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	4 BATTERYMARCH PARK		
CITY/ST/ZIP/CO:	QUINCY, MA 02169		
NAME:	JOHN M STRAIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	FOUR BATTERYMARCH PARK		
CITY/ST/ZIP/CO:	QUINCY, MA 02169		
NAME:	EMILY B LORING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	FOUR BATTERYMARCH PARK		
CITY/ST/ZIP/CO:	QUINCY, MA 02169		
NAME:	ANDREW M BORST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		
NAME:	DAVID B DEMBO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME: JOAN K GEDDES TITLE: DIRECTOR ADDRESS: 150 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: BRIAN D POOLE TITLE: DIRECTOR ADDRESS: 150 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ EMILY B LORING	EMILY B LORING, TREASURER	12/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.