

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(codd)) is

subject to a penalty fee of \$25.00.	<u> </u>			•	
1. Corporate ID No. 107357	2. Name of Corporation SWISSLINE & AS	SSOCIATES INC.			
3. Street Address Principal Business Office 23 ASHTON PARK WAY			City CÜMBERLAND	State RI	^{Zip} 02864
		5. State of Incorporation RHODE ISLAND	•		
6. Brief Description of the Character of THE MARKETING AND SAL			COMPONENTS		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS
President Name			Vice President Name		
DAVID M. CHENEVERT			RAYMOND BARSALOU		
Street Address 23 ASHTON PARK WAY			Street Address 23 ASHTON PARK WAY		
CUMBERLAND	State RI	^{Zip} 02864	City CUMBERLAND	State RI	<i>^{Zip}</i> 0 2864
Secretary Name DAVID M. CHENEVERT			Treasurer Name RAYMOND BARSALOU		
Street Address 23 ASHTON PARK WAY			Street Address 23 ASHTON PARK WAY		
CUMBERLAND	State RI	^{Zip} 02864	City CUMBERLAND	State RI	^{Zip} 02864
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	$ACHMENT) \ igcup \ $ FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Director Name DAVID M. CHENEVERT			Director Name RAYMOND BARSALOU		
Street Address 23 ASHTON PARK WAY			Street Address 23 ASHTON PARK WAY		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
Director Name			Director Name	***************************************	•
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Chargetres	NO PAR
					In any firm i
This report must be executed of this report must be executed of			d representative. If the corpora or trustee.	tion is in the hands of a	receiver or trustee,

	Under peralty of perjury, I declare and affirm that I have examined this report, including any accompanying selledules and statements, and that all statements
File Date FILED	contained herein are true and darrect.
Check No. JAN 1 2 2009	DAVID M. CHENEVER
FOR SECRETARY OF STATE USE ONLY	Print or Type Name PRISIDENT