

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(c&d)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 81429	2. Name of Corporation SWISSLINE PRECISION MANUFACTURING, INC.					
3. Street Address Principal Business Office 23 ASHTON PARK WAY			City CUMBERLAND	State RI	^{Zip} 02864	
4. Business Phone No. 401-333-8888		5. State of Incorporation RHODE ISLAND			·	
	ES, MACHINERY, P	ARTS OF MACHINER	Y, TOOLS & SIMILAR ARTIC			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
DAVID M. CHENEVERT			RAYMOND BARSALOU			
Street Address 23 ASHTON PARK WAY			Street Address 23 ASHTON PARK WAY			
City CUMBERLAND	State RI	^{Zip} 02864	City CUMBERLAND	State RI	^{Zip} 02864	
Secretary Name DAVID M. CHENEVERT			Treasurer Name RAYMOND BARSALOU			
Street Address 23 ASHTON PARK WAY			Street Address 23 ASHTON PARK WAY			
Cuy CUMBERLAND	State Rl	^{Zip} 02864	City CUMBERLAND	State RI	^{Zip} 02864	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 🔲 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		1	10. SHARES ISSUED ("X"	I BOX FOR ATTACHME	$\stackrel{\downarrow}{N}T$) \square	
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Contract of the state of the st	c 1.1 -1 O.C.	f.d. C C	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		NO PAR	
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
FILED	contained herein/are true the correct.
Check No. JAN 1 2 2009	Agnature Date
Check No.	DAYID IN CHENEYERT
By 469/	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT