

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 7293	2. Name of Corporation S & W TELEVISION CO., INC.				
3. Street Address Principal Business Office 2735 Pawtucket Avenue			East Providence	State RI	^{Zip} 02914
		5. State of Incorporation RHODE ISLAN			
6. Brief Description of the Character TO BUY, SELL AND LEAS	SE TELEVISIONS	AND APPLIANCES.			
	OF THE OFFICER	RS: _("X" BOX FOR AT	TACHMENT) 🗌 FILL IN SP.	ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name Mark Exter		
Mark Exter			Mark Exter		
Street Address 53 Hilltop Drive			Street Address 53 Hilltop Drive		
Chanatan	State RI	Ζψ 02920	<i>Cit</i> γ Cranston	State RI	7ip 02920
Cranston	151	102920			
Secretary Name Mark Exter			Treasurer Name David Exter		
Street Address 53 Hilltop Drive			Street Address 87 Vincent Way		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02921
8. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR A	 -	SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name None		
Mark Exter Sireet Address			Street Address		
			- Career Street Core		
53 Hilltop Drive	State	Zip	City	State	Zifi
Cranston	RI	02920			,
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Ziţ	Cin	State	Zip
9. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	 TACHMENT) [10. SHARES ISSUED (_
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
					N. D. W.
600 Common No Par Value			200	Common	No Par Value
This remark must be avacute	Lan habalf of the a	ornoration by an author	rized representative. If the cor	moration is in the hand	s of a receiver or trustee
this report must be executed	on behalf of the co	rporation by the receiv	er or trustee.	portugon is in the name	s of a focultor of dadies,
			Under nenalty of per	iury. I declare and affirm	that I have examined this repor
			including any accom	panying schedules and sta	atements, and that all statemen
1-2	1-119		contained herein are	true and correct.	1/2/109
File Date	all		Signature		Dark
Check No.	74		.,		
an	-10		Mark Exter		
Ву:			Print or Type Name		
FOR SECRETARY OF ST	ATE USE ONLY		President		
TOR SECRETARY OF ST			Title		Form 630 Rev. 12/06