

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- subject to a penalty fee of \$25.00.	-1501(e), each corp	prasion failing or refusing to file its ann	nual report within thirty (30)	days after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(e&d)) is	
1. Corporate ID No. 97177	2. Name of Corporation A.T.X. International, Inc.					
3. Street Address Principal Business Office One Albion Road			City Lincoln	State RI	^{Zip} 02865	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Bruef Description of the Character RI Passive Investment Con	npany					
7. NAMES AND ADDRESSES President Name Kevin F. Mahoney	OF THE OFF	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name David G. Whalen			
Street Address One Albion Road			Street Address One Albion Road			
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865	
Secretary Name Tina C. Benik			Treasurer Name David G. Whalen			
Street Address One Albion Road			Street Address One Albion Road			
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Ζφ} 02865	
8. NAMES AND ADDRESSES Director Name David G. Whalen	OF THE DIRE	ECTORS: ("X" BOX FOR ATT	**************************************	IN SPACES BEFORE USIN	G ATTACHMENTS	
One Albion Road			Street Address One Albion Road			
City Lincoln	State RI	<i>Zip</i> 02865	City: Lincoln	State RI	<i>Ζψ</i> 02865	
Director Name Tina C. Benik	***************************************	•••••••••••••••••••••••••••••••••••••••	Director Name			
Street Address One Albion Road			Street Address			
City Lincoln	State RI	^{Zip} 02865	City	State	Zip	
9. SHARES AUTHORIZED		'	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently	of record in the	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			8,000	Common	\$1.00	
This report must be executed this report must be executed	on behalf of the on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,	
			Under penalty of	perjury, 1 declare and affirm t	that I have examined this report	

	FILED
File Date	FEB 17 2009
Check No. By:	By 10
	FOR SECRETARY OF STATE USE ONLY

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 crefine and correct. Signature Date
Kevin F. Mahoney
Print or Type Name
President
Title