

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 401.222. 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)) i.	s subject to a penalty fe	e of \$25.00.	g to fue us unnual report with	in thirty (30) days after t	be time prescribed by		
1. Corporate ID No. 46200	2. Name of Corporation SewRite Er						
3. Street Address Principal Business (Office		City	State	Zip		
30 Martin Street			Cumberland	RI	02864		
4. Business Phone No. 5. State of Incorporation				<u> </u>			
401-334-3868 Rhode Isla			and				
6. Brief Description of the Character of		oode Island					
1 resident rume	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name				
Ralph J. Sullivan, Jr.			JoAnn D. Sullivan				
Street Address 561 Black Plain Road			Street Address 561 Black Plain Road				
North Smithfield	State RI	<i>г</i> ь 02896	North Smithfiel		^{Zip} 02896		
Secretary Name JoAnn D. Sullivan			Treasurer Name JoAnn D. Sullivan				
Street Address 561 Black Plain Road			Street Address 561 Black Plain Road				
North Smithfield	State RI	^{Zip} 02896	North Smithfield		^{Zip} 02896		
SANAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name None			Director Name				
Street Address			Street Address				
City	State	Zip	Сиу	State	Zip Ci		
Director Name			Director Name				
Street Address			Street Address				
City	State	7.ip	Cit ₁ .	State	Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
Number of Shares	Class/Series P.	ar Value	Number of Shares	Class/Series	Par Halue		
4,000 Common No Par			10	Common	No Par		
				क्षा चार्य होते हैं जनगरी है अञ्चयकार			
This report must be executed o	n behalf of the corpor	ration by an authorized	representative. If the corpor	ation is in the hands of	a receiver or trustee.		

this report must be executed on behalf of the corporation by the receiver or trustee.

Title

	FILE
File D	
Check	FEB 1 9 2009
By:	W BBOO
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I o	declare and affirm	that I have examined	this report
including any accompanyin	g schedules and st	atements, and that all	l statements
contained herein are true an	d correct.		
Relpholie	llu 1.	2-12-1	19
Signature /	9	Date	-1
Ralph J. Sullivar	n, Jr.		
Print or Type Name			
President			