State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.	2. Name of Corporation		
46200	SewRite Embroidery, Inc.		
3. Street Address Principal Business Office	City	State	Zip
30 Martin Street	Cumberland	RI	02864
4. Business Phone No.	5. State of Incorporation		
401-334-3868	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Embroidery contractor

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Ralph J. Sullivan, Jr.	JoAnn D. Sullivan
Street Address: 561 Black Plain Road	Street Address: 561 Black Plain Road
City: North Smithfield, State: RI, Zip: 02896	City: North Smithfield, State: RI, Zip: 02896
Secretary Name: JoAnn D. Sullivan	Treasurer Name: JoAnn D. Sullivan
Street Address: 561 Black Plain Road	Street Address: 561 Black Plain Road
City: North Smithfield, State: RI, Zip: 02896	City: North Smithfield, State: RI, Zip: 02896

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
None	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	Common	No Par	10	Common	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.

[redacted]

[redacted]

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 are true and correct.

Ralph J. Sullivan, Jr. 2-12-09
Signature *Date*

Ralph J. Sullivan, Jr.
Print or Type Name

[redacted] President
Title

FILED
File Date FEB 19 2009
Check No. 6630
By
FOR SECRETARY OF STATE USE ONLY

FEB 19 2009 AM 8:

Form 630 Rev. 12/06