

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Providence, RI 02904-261 401.222.304

Corporate ID No.  143870  Street Address Principal Business	2. Name of Corpora				
Street Address Principal Business	870 SWJ Inc.				
<b>—</b>	Office		City	State	Zip
70 Vaugh	n Avenu	<u>e</u>	Warnick	RI	02856
Business Phone No.	1///	5. State of Incorporation			- 411 -
401-284-C Brief Description of the Character	r of Business Conducted	In Rhode Island	de Island		
NAMES AND ADDRESSE: esident Name	S OF THE OFFICE	RS: ("X" BOX FOR ATTA		SPACES BEFORE USING AT	<b>TTACHMENTS</b>
			Vice President Name		
Carolyn A Blecharczyk			: // / / : Street Address		
70 Vaughn	Ave		5776077407033		
Warwick	State	21p 02886	City	State	Zip
cretary Name		102806	Treasurer Name		
	NA		. Treasurer Name	NA	
reet Address	/	· · · · · · · · · · · · · · · · · · ·	Street Address		
ty	Terri		<u>.                                    </u>		
y	State	Zip	City	State	Zip
NAMES AND ADDRESSES	I S OF THE DIRECT	ORS: ("X" BOX FOR ATT	: <i>'ACHMENT</i> ') □ FILL IN	SPACES BEFORE USING	ATTACHMENTO
rector Name	$A \cup I$	,	Director Name	SPACES BEFORE USING	ATTACHMENTS
Carolyn A	Blachake	Czyk			
Street Address			Street Address		
70 Vaughn A	State	Zip	: //	<i>H</i>	
Nakurck	RI	2886	City	State	Ζip
rector Name		J	Director Name		
<i>NA</i>			$\mathbb{L}$ $\mathcal{N}/\!\!\!\!/$		
Street Address			Street Address		
v	State	Zip	City	State	Zip
				Situe	ĽΨ
SHARES AUTHORIZED	•	•	10. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT) [
				TION MUST BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			1000	Common	0
					+
is report must be executed	on behalf of the c	orporation by an authorized	representative. If the co	orporation is in the hands of	a receiver or trust
s report must be executed	on behalf of the co	rporation by the receiver o	r trustee.		or dust

FILED				
File Date _	FEB 2 4 2009	_		
Check No	By \09\	_		
Ву		_		
FO	R SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and	affirm that I have examined this repo
including any accompanying schedules	and statements, and that all statemen
contained herein are true and correct.	, ,
	2/21/09
Signature /	Date
Carely A Bleck Printer Type Name	AURCEI, L
Print or Type Name	
President	
Title	
	Form 630 Rev 08/08