

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. 7-1.2-1503(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.

mm (101.012 / 1.2.1301(00m)) is		e oj 025.00.			
1. Corporate ID No. 64128	2. Name of Corporation Swissmetics, Ltd	1.			
3. Street Address Principal Business Office 4 Court Drive			City Lincoln	State RI	^{Zip} 02865
4. Business Phone No. 5. State of Incorporation (401) 334-1032 Rhode Island			•		
6. Brief Description of the Character of To engage in the business of 7. NAMES AND ADDRESSES	of buying, selling and	I distributing skin care			
President Name	OF THE OFFICERS:	(A BOX FOR ATTAC	Vice President Name	ES BEFORE USING A	MITACHMENTS
Elinor Tate			Irene Small		
Street Address 4 Court Drive			Street Address Same		
Gig Lincoln	State RI	<i>Σip</i> 02865	City	State	Zip
Secretary Name Elinor Tate			Treasurer Name Elinor Tate		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip
8, NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA Director Name	CES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Clty	State	Zip
9. SHARES AUTHORIZED (" AUTHORIZED SHARES	X" BOX FOR ATTAC	I HMENT) []	10. SHARES ISSUED ("X" issued shares — this section	1.9.7.1	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 Comm No Par Value			1,000	Common	No Par Value
This report must be executed this report must be executed o				ation is in the hands	of a receiver or trustee,

File Date	FLED
Check No.	MAR 03 2009
By:	By 17991
.	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af		
including any accompanying schedules as contained herein are true and correct.	nd statements, and that all stateme	ents
Tat	2-20-09	
Signature	Date	
Elinor Tate		
Print or Type Name		
President		
Title		