



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

STA 37

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 7293		2. Exact name of the Corporation S & W TELEVISION CO., INC.			
3. Principal Office Address 2735 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island To buy, sell and lease television and appliances.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Exter			Vice-President Name Mark Exter		
Street Address 53 Hilltop Drive			Street Address 53 Hilltop Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Mark Exter			Treasurer Name David Exter		
Street Address 53 Hilltop Drive			Street Address 87 Vincent Way		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark Exter			Director Name None		
Street Address 53 Hilltop Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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. 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.					
Name of Authorized Representative Mark Exter <i>Mark Exter</i>					Date 1-10-20
Signature of Authorized Representative <i>Mark Exter</i> FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

JAN 21 2020

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FORM 630 - Revised: 10/2017