



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation:

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

*FEB 14 2024
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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 televisions 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/SFRIES	PAR VALUE
		100	Common	No 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					Date 2/8/24
Signature of Authorized Representative <i>Mark Exter</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov