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
24407 82

1. Entity ID Number	2. Exact name of the Corporation
7293	S & W TELEVISION CO., INC.

3. Principal Office Address	City	State	Zip
2735 Pawtucket Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
443142	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 ☐

President Name			Vice-President Name		
Mark Exter			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 ☐

Director Name			Director Name		
Mark Exter			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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No Par Value
Changes require an additional filing.			

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	Date
Mark Exter	2/8/24

Signature of Authorized Representative
Mark Exter

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

FORM 630- Revised 12/2023