RI SOS Filing Number: 202564387120 Date: 2/3/2025 4:00:00 PM



## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

FEB	03	2025	0
FEB BY_S	图	94	Š

→ Penalty: Additional \$25.00 f	ee if form is no	ot filed by May 31.						
1. Entity ID Number	2. Exact name of the Corporation							
7293	S & W TELEVISION CO., INC.							
3. Principal Office Address	<u> </u>		City		State		Zip	
2735 Pawtucket Avenue	anue			Providence	RI		02914	
							102017	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
443142	To buy, s	To buy, sell and lease televisions and appliances.						
5. State of Incorporation	1			• •				
Rhode Island								
7. List ALL officers (names and add	iresses)	·,		Check the	e box to indi	cate an att	achment 🔲	
President Name Mark Exter			Vice-President Name Mark Exter					
Street Address 53 Hilltop Drive			Street Address 53 Hilltop Drive  City   State _     Zip					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City Cra	City Cranston		RI	Zip 02920	
Secretary Name Mark Exter	Treasurer Name David			Name David Exte	Exter			
Street Address 53 Hilltop Drive		Street Address 87 Vincent Way						
		- In-						
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City Cranston			RI	<sup>Z<sub>ip</sub></sup> 02921	
8. List ALL directors (names and ac	ddresses)		10		e box to indi	cate an att	achment	
Director Name Mark Exter			Director N	Director Name None				
Street Address 53 Hilltop Drive			Street Address					
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City		State		Zip	
Director Name None			Director Name None					
Street Address			Street Add	Street Address				
City	State	Zip	City	City			Zıp	
9. Shares Authorized	1.	10. Shares Issu	l led	Check th	e box to ind	icate an at	tachment □	
This information is currently of record in the					assiseries PAR VALUE			
Department of State.		100		Common		No Pai	r Value	
Changes require an additional filing.					. <u>-</u>			
11. This report must be executed o	n hehalf of the	corporation by an a	uthorized re	presentative If the co	rnoration is	I in the band	ds of a re-	
ceiver or trustee, this report must be	e executed on	behalf of the corpor	ation by the	receiver or trustee.				
Under penalty of perjury, I declar	re and affirm t	hat I have examine	d this repo	rt, including any acc	companying	schedul	es and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
Mark Exter						1/23/25		
Signature of Authorized Representative								
Mark ster	·							
MAIL TO:								

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov