



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 7-1.2-1501(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.

1. Corporate ID No. 93352		2. Name of Corporation PIEZO SWITCH DEVELOPMENT, INC.			
3. Street Address Principal Business Office 25 RESERVOIR AVENUE			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-467-7550		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF DESIGNING, MANUFACTURING AND SELLING SWITCHES OF ANY TYPE AND OTHER ELECTRO MECHANICAL					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DREW A. SHATKIN			Vice President Name DAVID L. SHATKIN		
Street Address 25 RESERVOIR AVENUE			Street Address 25 RESERVOIR AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name LOUIS J. SHATKIN			Treasurer Name LOUIS J. SHATKIN		
Street Address 25 RESERVOIR AVENUE			Street Address 25 RESERVOIR AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LOUIS J. SHATKIN			Director Name DREW A. SHATKIN		
Street Address 25 RESERVOIR AVENUE			Street Address 25 RESERVOIR AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name DAVID L. SHATKIN			Director Name		
Street Address 25 RESERVOIR AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000	COMMON	NO PAR	34	COMMON	NO PAR
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000	COMMON	NO PAR	34	COMMON	NO PAR

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.

File Date: 2-27-09
Check No.: 007199
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature: [Signature] Date: 2/24/09
LOUIS J. SHATKIN
Print or Type Name
TREASURER
Title