

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. 2009

I. Corporate ID No. 160477		2. Name of Corporation SOUTHWICK TEAM, INC.					
3. Street Address Principal Business Office 809 Aquidneck Avenue			City Middletown	State RI	<i>Zip</i> 02842		
i. Business Phone No. 401-845-9200 5. State of Incorporation Rhode Island					· · · · · · · · · · · · · · · · · · ·		
5. Brief Description of the Any lawful purpose	Character of Business Condu	cted in Rhode Island			 -		
7. NAMES AND ADI President Name Elaine Southwick		CERS: ("X" BOX FOR ATTA	CHMENT) TILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS		
Street Address 335 Windstone Drive			Street Address				
City Portsmouth	State RI	^{Zip} 02871	City	State RI	^{Zip} 02871		
Secretary Name Alan E. Southwick			Treasurer Name Elaine Southwick				
Street Address 335 Windstone Drive			Street Address 335 Windstone Drive				
city Portsmouth	State RI	^{Zip} 02871	City Portsmouth	State RI	^{Zip} 02871		
3. NAMES AND ADI Director Name	ORESSES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	ACHMENT) TILL I	N SPACES BEFORE USIN	NG ATTACHMENTS		
Street Address			Street Address				
			City	State	Zip		
City:	State	Zip			Director Name		
***************************************	State	Zip	Director Name				
Director Name	State	Zip	Director Name Street Address				
Director Name Street Address	State State	Zip Zip		State	Zip		
Director Name Street Address	State		Street Address City 10. SHARES ISSUED	State O ("X" BOX FOR ATTACE ECTION MUST BE COMPLETE	CHMENT) [
Director Name Street Address Thy D. SHARES AUTHOR	State	Zip	Street Address City 10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) [
	State	zip he Office of the Secretary of	Street Address City 10. SHARES ISSUED ISSUED SHARES — THIS SI	O ("X" BOX FOR ATTACE	CHMENT) [

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 3-18-09	contained herein are true and correct.
1454	Signature Date
Check No.	Elaine Southwick
By: MMC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08