



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. 66529		2. Name of Corporation SWECOIN US INC			
3. Street Address Principal Business Office 1 ALBION ROAD, SUITE 100			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 847-793-5581		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE SALE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PHILIP GERSKOVICH			Vice President Name TODD R. NAUGHTON		
Street Address 475 HALF DAY ROAD, STE 500			Street Address 475 HALF DAY ROAD, STE 500		
City LINCOLNSHIRE	State IL	Zip 60069	City LINCOLNSHIRE	State IL	Zip 60069
Secretary Name JIM KAPUT			Treasurer Name TODD R. NAUGHTON		
Street Address 475 HALF DAY ROAD, STE 500			Street Address 475 HALF DAY ROAD, STE 500		
City LINCOLNSHIRE	State IL	Zip 60069	City LINCOLNSHIRE	State IL	Zip 60069
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL C. SMILEY			Director Name MICHAEL H. TERZICH		
Street Address 475 HALF DAY ROAD, STE 500			Street Address 475 HALF DAY ROAD, STE 500		
City LINCOLNSHIRE	State IL	Zip 60069	City LINCOLNSHIRE	State IL	Zip 60069
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value

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 CORPORATIONS DIV

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.

FILED

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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: Todd R. Naughton Date: 4-12-10

TODD R. NAUGHTON
Print or Type Name

VICE PRESIDENT & TREASURER
Title

File Date _____ BY _____
 Check No. _____
 By: _____
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