## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I		Identification Information									
For	calenda	ar plan year 2010 or fis	scal plan year beginning 01/	01/2010	and ending	12/31/2	2010					
Α	This ret	turn/report is for:	xingle-employer plan	multiple	e-employer plan (not multiemployer)		one-participant plan					
		turn/report is for:	first return/report	☐ final ret	urn/report							
_	11113 161	turr/report is for.	an amended return/report	븜	an year return/report (less than 12 mo	ntha)						
_			. ·	H	, ,	niu 15)						
С	Check b	box if filing under:	^ Form 5558	automa	tic extension		DFVC program					
			special extension (enter de	scription)								
Pa	art II	Basic Plan Infor	rmation—enter all requested	information								
1a	Name	of plan				1b	Three-digit					
SER	TEX, LL	_C 401(K) PLAN					plan number 001					
							(PN) ▶					
						1c	Effective date of plan					
0-						01	01/01/2002					
	Plan sp TEX, LL		dress (employer, if for single-em	ployer plan)		26	Employer Identification Number (EIN) 04-3460947					
OLI	TLX, LL					20	Plan sponsor's telephone number					
		RMAN STREET					860-317-1006					
	TE 500 VIDENO	CE, RI 02906-5215				2d	Business code (see instructions)					
		•				ļ	236200					
	Plan ad		d address (if same as Plan spor	nsor, enter "Sa ATERMAN ST		3b	Administrator's EIN 04-3460947					
OLI			SUITE	500		30	Administrator's telephone number					
			PROV	IDENCE, RI 02	906-5215	30	860-317-1006					
4	If the na	ame and/or EIN of the p	olan sponsor has changed since	the last return.	report filed for this plan, enter the	4b	EIN					
	name, E	EIN, and the plan numb	per from the last return/report.	Sponsor's name	•	4-						
							PN					
						5a	50					
b	Total r	number of participants	at the end of the plan year			5b	37					
С				•	year (defined benefit plans do not	5c	37					
٠-		•			0.00 :		X Yes ☐ No					
_		•	. ,	J	s? (See instructions.)endent qualified public accountant (IC		Li Tes Li No					
D					litions.)		X Yes ☐ No					
	If you	answered "No" to eit	ther 6a or 6b, the plan cannot	use Form 550	0-SF and must instead use Form 55	00.						
Pa	art III	Financial Inform	nation									
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total p	plan assets		7a	38492	3	367182					
b	Total r	olan liabilities										
			e 7b from line 7a)		38492	3	367182					
8		,	sfers for this Plan Year		(a) Amount	(b) Total						
а		butions received or rec					(b) Total					
_				8a(1)	9711	3						
	<b>(2)</b> Pa	articipants		8a(2)	2473	5						
	(3) Ot	thers (including rollover	rs)	8a(3)								
b	Other	Other income (loss)				2						
С	Total i	income (add lines 8a(1)	), 8a(2), 8a(3), and 8b)	8c			163790					
d		, , ,	et rollovers and insurance premi		40007							
					18037	1						
е	Certai	n deemed and/or corre	ective distributions (see instruction	ons) <b>8e</b>								
f	Admin	nistrative service provide	lers (salaries, fees, commissions	s) <b>8</b> f	116	0						
g	Other	expenses		8g								
h	Total e	expenses (add lines 8d	I, 8e, 8f, and 8g)				181531					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
i	Net in	come (loss) (subtract lii	<u>.</u>	8i			-17741					
i i		` , `	<u>.</u>	-			-17741					

Fo	orm 5500-SF 2010	Page <b>2-</b>	
Part IV	Plan Characteristics		

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	the instru	uctions		
art	V	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		//ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)							
С	W	as the plan covered by a fidelity bond?	10c	X		500			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)									2220
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance				,			
11	ls t	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					[	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No								
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0.00				·· <u>L</u>		
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_					
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef pative amount)			12d				
е	Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	1				
1	13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b>			13c(3)	PN(s)
:aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ale car	ISA İS	establ	ished			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re-					icable,	a Sche	edule
		nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return strue, correct, and complete.	/report	t, and	to the I	pest of m	y knov	vledge	and
SIGI	N	Filed with authorized/valid electronic signature.  08/24/2011  MICHAEL SOLI	TRO						

HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Part   Annual Report Identification Information								
Fo	or calendar plan year 2010 or fiscal plan year beginning	01/01	01/2010 and ending			12/31/2010			
Α	This return/report is for: X single-employer plan	nis return/report is for: X single-employer plan					plan		
В	This return/report is for: first return/report	final ret	urn/report						
	an amended return/report	short pl	an year return/repoi	rt (less than 12 mon	iths)				
С	Check box if filing under: X Form 5558	automa	tic extension			DFVC program			
	special extension (enter descripti	ion)							
E	art II Basic Plan Information—enter all requested inform	nation		A ANNA DESIGNATION OF THE PERSON OF THE PERS					
18	Name of plan				1b	Three-digit			
	SERTEX, LLC 401(K) PLAN			,		plan number (PN)	001		
					10	Effective date of pl			
					10	01/01/2002	arı		
28	Plan sponsor's name and address (employer, if for single-employe	r plan)				Employer Identifica			
	SERTEX, LLC			-	(EIN) 04-3460947				
	245 WATERMAN STREET			}	2C	Plan sponsor's tele 860-317-100			
	SUITE 500				2d	Business code (see			
	PROVIDENCE RI 02906-5215					236200			
<b>3</b> a	l Plan administrator's name and address (if same as Plan sponsor, e SERTEX, LLC	enter "San	ne")		3b Administrator's EIN				
	245 WATERMAN STREET SUITE	500		<u></u>	3c	04-3460947 Administrator's tele	phone number		
	PROVIDENCE RI 02906-521				860-317-1006				
4	If the name and/or EIN of the plan sponsor has changed since the la		eport filed for this p	lan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	or's name			4c	PN			
5a	Total number of participants at the beginning of the plan year		5a	<u> </u>	50				
	b Total number of participants at the end of the plan year						37		
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).						37		
6a	Were all of the plan's assets during the plan year invested in eligib				<b>5</b> c				
	Are you claiming a waiver of the annual examination and report of								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)				X Yes No		
'n.	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500	-SF and must inst	ead use Form 550	0				
7	Plan Assets and Liabilities		(a) Posin	ning of Year	Т	(b) End of	Voor		
· a		7a	(a) Degin	384923		(5) Elia oi	367182		
b	•			301313			307102		
	Net plan assets (subtract line 7b from line 7a)	7c		384923			367182		
8	Income, Expenses, and Transfers for this Plan Year	TELLS.	(a) A	mount	1	(b) Tota			
а	Contributions received or receivable from:	22202	· · · · · · · · · · · · · · · · · · ·			14-14-15 PM	Andrews of the Control of the Contro		
	(1) Employers	8a(1)		97113	4				
	(2) Participants	8a(2)		24735		and the second second second			
	(3) Others (including rollovers)	8a(3)	<u> </u>						
	Other income (loss)	8b	e a ser e come e como e co	41942			N		
С			· · · · · · · · · · · · · · · · · · ·						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2.00		Sept.		163790		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		180371	1000 1000 1000 1000 1000 1000 1000 100		163790		
d	Benefits paid (including direct rollovers and insurance premiums			180371			163790		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					163790		
d e	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e		180371					
d e f	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f		180371			181531		
d e f g	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g		180371					

	Form 5500-SF 2010	<u> </u>	Page <b>2-</b>								
Pai 9a	Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fee	ature codes from the	EList of Plan Chara	cteris	tic Cod	des in	the instruc	tions:			
Par	V. Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С									50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See								2220		
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х	1				
α	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		X					
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and a	29 CFR	10h		Х			1200 mil		
Ĭ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	10i			20 10 10 10 10 10 10 10 10 10 10 10 10 10	e super services			
Part	Vi Pension Funding Compliance						that terror and concentration and con-				
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							Yes	No		
12	Is this a defined contribution plan subject to the minimum funding re-							Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)									
а	If a waiver of the minimum funding standard for a prior year is being										
lf v	granting the waiverou complete lines 3, 9, and 10 of Schedule N			n		Day .		Year			
	Enter the minimum required contribution for this plan year		•			12b					
	Enter the amount contributed by the employer to the plan for this plan					12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a min	us sign to the left o	of a		12d	<del>,</del>				
	Will the minimum funding amount reported on line 12d be met by the					أ	Yes	No	N/A		
Part '	and the second s	···· · · · · · · · · · · · · · · · · ·						<del> </del>	<del></del>		
Lara traisian	Has a resolution to terminate the plan been adopted during the plan y	your or any prior you	\r'?					☐ Yes	X No		
						13a					
	lf "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra										
	of the PBGC?lf during this plan year, any assets or liabilities were transferred from	•••••						Yes	X No		
which assets or liabilities were transferred. (See instructions.)						T (5)	m. 14 3				
	c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) P			PN(s)				
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be accepted	inless reasonable		o ie o	ctabli					
Under SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, ar∯i complete.	declare that I have	examined this retur	n/rep	ort, inc	ludina	, if applicat	ble, a Sche nowledge	edule and		
r S	m/ doll	8 10 2011	MICHAEL SOL	ITRO				<del></del>			
SIGN HERE		Date				na sc	nlan admi-	intrator			
	1		Enter name of inc MICHAEL SOL			ny as	hiaii aniili	เรตสเป			
SIGN	M/8 John	WILL WILL									
HERE	Signature of employer/plan sponsor	Date 1	Enter name of inc	lividua	ıl signi	ng as	employer c	or plan spo	nsor		