



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. <b>41185</b>		2. Name of Corporation <b>MALABAR GROVE LTD.</b>		
3. Street Address Principal Business Office <b>1235 Wampanoag Trail, Unit 3</b>		City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
4. Business Phone No. <b>(401) 431-1555</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>MARY GROVER</b>		Vice President Name <b>MARY GROVER</b>		
Street Address <b>1235 Wampanoag Trail, Unit 3</b>		Street Address <b>1235 Wampanoag Trail, Unit 3</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>
Secretary Name <b>MARY GROVER</b>		Treasurer Name <b>MARY GROVER</b>		
Street Address <b>1235 Wampanoag Trail Unit 3</b>		Street Address <b>1235 Wampanoag Trail Unit 3</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <b>600 No Par Value</b>		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 <b>100</b>	Class/Series	Par Value

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	<b>FILED</b>
Check	<b>FEB 12 2009</b>
By	<b>14306</b>
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 **Mary L. Grover** Date **2/02/09**  
**MARY L. GROVER**  
Print or Type Name  
**President**  
Title