



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
401.222.3030

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(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time provided by law (R.I.G.L. 7-1.2-1501(c)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 129479		2. Name of Corporation Prana Sports, Inc.			
3. Street Address Principal Business Office C/O Cleary, Gottlieb, Steen & Hamilton, One Liberty Plaza		City New York		State NY	Zip 10006
4. Business Phone No. 914-834-0550		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Own and Operate Yacht					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Austin Hearst		Vice President Name None			
Street Address 209 Hommocks Road		Street Address			
City Larchmont	State NY	Zip 10538	City	State	Zip
Secretary Name Austin Hearst		Treasurer Name Austin Hearst			
Street Address 209 Hommocks Road		Street Address 209 Hommocks Road			
City Larchmont	State NY	Zip 10538	City Larchmont	State NY	Zip 10538
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Austin Hearst		Director Name None			
Street Address 209 Hommocks Road		Street Address			
City Larchmont	State NY	Zip 10538	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class Series	Par Value NO 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	FILED
Check No.	FEB 13 2009
By:	1393
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 Date 2/11/09

Austin Hearst

Print or Type Name

President

Title