



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>75738</b>		2. Name of Corporation <b>Mirari, Incorporated</b>			
3. Street Address Principal Business Office <b>800 Chase Avenue</b>			City <b>Elk Grove Village</b>	State <b>IL</b>	Zip <b>60007</b>
4. Business Phone No. <b>847-437-3000</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Ownership and operation of a boat</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT'S					
President Name <b>Bruce Stevens</b>			Vice President Name <b>None</b>		
Street Address <b>800 Chase Avenue</b>			Street Address		
City <b>Elk Grove Village</b>	State <b>IL</b>	Zip <b>60007</b>	City	State	Zip
Secretary Name <b>Bruce Stevens</b>			Treasurer Name <b>Bruce Stevens</b>		
Street Address <b>800 Chase Avenue</b>			Street Address <b>800 Chase Avenue</b>		
City <b>Elk Grove Village</b>	State <b>IL</b>	Zip <b>60007</b>	City <b>Elk Grove Village</b>	State <b>IL</b>	Zip <b>60007</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT'S					
Director Name <b>Bruce Stevens</b>			Director Name		
Street Address <b>800 Chase Avenue</b>			Street Address		
City <b>Elk Grove Village</b>	State <b>IL</b>	Zip <b>60007</b>	City	State	Zip
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"/>					
ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED					
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.		Number of Shares <b>1,000</b>		Class/Series <b>Common</b>	Par Value <b>NPV</b>

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.

<b>FILED</b>	
File Date	<b>MAR 24 2009</b>
Check No.	<b>By 9726</b>
By:	
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.

**B Stevens**  
Signature  
**Bruce Stevens**  
Print or Type Name  
**President**  
Title