

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PE

505146	Malibu Out	2. Name of Corporation Malibu Outdoor Living Inc.				
3. Street Address Principal Business Office 112 dillabur ave			City North Kingstown	State RI	<i>Zф</i> 02852	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Char design sales and marke	eting of outdoor pro	oducts				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Michael Dicenso			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Howard Gewandter			
Street Address 45 Briarbrooke Lane			Street Address 40 Owl Tree Lane			
Сиу Cranston	State RI	/⁄φ 02921	City East Greenwich	State RI	⁷⁴⁾ 02818	
Secretary Name Jacob Khoury			Treasurer Name Howard Gewandter			
Street address 10 Harstrom Place			Street Address 40 Owl Tree Lane			
City Norwalk	CT State	^{%ழ} 06853	City East Greenwich	State RI	^{ℤ⊕} 02 818	
B. NAMES AND ADDRES Director Name Michael Dicenso	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATI	TACHMENT) FILL IN S Director Name Howard Gewandter	SPACES BEFORE USI	NG ATTACHMENTS -	
Street Address 45 Briar Brooke Lane			Street Address 40 Owl Tree Lane			
City Cranston	State	Zip	City	State	Zф	
Orector Name Jacob Khoury	<u> </u>	<u> 02921</u>	East Greenwich Director Name	RI	02818	
Street Address 10 Harstrom Place			Street Address			
ny Norwalk	State CT	_{Zip} 06853	СИУ	State	Zip	
). SHARES AUTHORIZE	Ð	, 	10. SHARES ISSUED (ISSUED SHARES — THIS SECT			
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	Class/Series	Par Value	
			None	None	None	
			None	None	None	
This report must be executive the report must be executive to	uted on behalf of the	ne corporation by an authorize e corporation by the receiver of	ed representative. If the cor or trustee.	poration is in the hand	ds of a receiver or t	

File Date FILED				
Check No. JAN 1 3 2010	_			
By 10/21				
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury. I declare and affi including any accompanying schedules and correct.	
Signature	Date
Howard Gewandter	
Print or Type Name	
Vice president and Treas	urer
Title	

Form 630 Rev. 08/08