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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 2010

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.	2. Name of Corporation			
41185	MALABAR GROVE LTD.			
3. Street Address Principal Business Office		City	State	Zip
1235 WAMPANOAG TRAIL, UNIT 3		Riverside	RI	02915
4. Business Phone No.	5. State of Incorporation			
(401) 431-1555	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: MARY GROVER	Vice President Name: MARY GROVER
Street Address: 1235 WAMPANOAG TRAIL, UNIT 3	Street Address: 1235 Wampanoag Trail, Unit 3
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915
Secretary Name: MARY GROVER	Treasurer Name: MARY GROVER
Street Address: 1235 WAMPANOAG TRAIL Unit 3	Street Address: 1235 WAMPANOAG TRAIL, Unit 3
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED

600 No Par Value

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		

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.

[redacted]

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.

Mary L. Grover 2/15/10
Signature *Date*

MARY L. GROVER
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No.
By: FEB 22 2010
By 14699
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Form 630 Rev. 08/08