State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Sta*
Corporations Divisic
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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
139877	Barrette Outdoor Living, Inc.

3. Street Address Principal Business Office	City	State	Zip
7830 Freeway Circle	Middleburg Heights	OH	44130

4. Business Phone No.	5. State of Incorporation
440-891-0790	Ohio

6. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale sales and marketing of fence and related outdoor product.

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

President Name	Street Address	City	State	Zip
Jean Desautels	583 Grand Bernier Nord	St Jean Sur Richelieu	Quebec	J3B8K1

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Gary Kohagen	740 N. Main Street	Bulls Gap	TN	37711

Treasurer Name	Street Address	City	State	Zip
Gary Kohagen	740 N. Main Street	Bulls Gap	TN	37711

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

Director Name	Street Address	City	State	Zip
Yves Barrette	583 Grand Bernier Nord	St Jean Sur Richelieu	Quebec	J3B8K1

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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
50000	Common	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.

[redacted] [redacted]

FILED

File Date FEB 28 2011

Check No. 2066880

By: BY

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Tonya Hauk 2/17/11
Signature *Date*

Tonya Hauk
Print or Type Name

Accounting Supervisor
Title

[redacted]