



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |  |                           |                     |
|---|--------------------|--|---------------------------|---------------------|
| 1. Entity ID No.<br><b>41185</b>  |                    | 2. Exact name of the Corporation<br><b>MALABAR GROVE LTD.</b>              |                           |                     |
| 3. Principal office address<br><b>3 REGAL POINT</b>   |                    | City<br><b>BARRINGTON</b>  | State<br><b>RI</b>        | Zip<br><b>02806</b> |
| 4. Business Phone No.<br><b>401-431-1555</b>  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                           |                           |                     |
| 6. Brief description of the character of business conducted in Rhode Island   |                    |  |                           |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |  |                           |                     |
| President Name<br><b>MARY GROVER</b>  |                    | Vice-President Name<br><b>MARY GROVER</b>                                  |                           |                     |
| Street Address<br><b>3 REGAL POINT</b>  |                    | Street Address<br><b>3 REGAL POINT</b>                                     |                           |                     |
| City<br><b>BARRINGTON</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>BARRINGTON</b> | State<br><b>RI</b>  |
| Secretary Name<br><b>MARY GROVER</b>  |                    | Treasurer Name<br><b>MARY GROVER</b>                                       |                           |                     |
| Street Address<br><b>3 REGAL POINT</b>  |                    | Street Address<br><b>3 REGAL POINT</b>                                     |                           |                     |
| City<br><b>BARRINGTON</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>BARRINGTON</b> | State<br><b>RI</b>  |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |                           |                     |
| Director Name   |                    | Director Name  |                           |                     |
| Street Address  |                    | Street Address   |                           |                     |
| City  | State              | Zip  | City                      | State               |
| Director Name   |                    | Director Name  |                           |                     |
| Street Address  |                    | Street Address   |                           |                     |
| City  | State              | Zip  | City                      | State               |
| <b>9. SHARES AUTHORIZED</b>   |                    | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                           |                     |
| 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.<br><b>600 No Par Value</b> |                    | NUMBER OF SHARES   | CLASS/SERIES              | PAR VALUE           |
|   |                    | <b>100</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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JAN 31 2013

14940

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** 1/28/2013  
 Signature of Authorized Representative Date

**MARY L. GROVER**  
 Print or Type Name of Authorized Representative