



**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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                       |       |                                                                                                      |             |              |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------|-------------|--------------|-----|
| 1. Entity ID No. 578399                                                                                                                                               |       | 2. Exact name of the limited liability company MALIBU AVIATION, LLC                                  |             |              |     |
| 3. State of Formation<br>Rhode Island                                                                                                                                 |       | 4. Brief description of the character of business conducted in Rhode Island<br>OWNERSHIP OF AIRCRAFT |             |              |     |
| 5. Principal office address<br>1403 Southwest Point Road                                                                                                              |       | City<br>New Shoreham                                                                                 | State<br>RI | Zip<br>02807 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                  |       |                                                                                                      |             |              |     |
| Contact Name<br>Robert Breault                                                                                                                                        |       | Contact Title<br>member                                                                              |             |              |     |
| Street Address<br>PO Box 221 (23 Livery St.)                                                                                                                          |       | City<br>Putnam                                                                                       | State<br>CT | Zip<br>06260 |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                      |             |              |     |
| Manager Name                                                                                                                                                          |       | Manager Name                                                                                         |             |              |     |
| Street Address                                                                                                                                                        |       | Street Address                                                                                       |             |              |     |
| City                                                                                                                                                                  | State | Zip                                                                                                  | City        | State        | Zip |
| Manager Name                                                                                                                                                          |       | Manager Name                                                                                         |             |              |     |
| Street Address                                                                                                                                                        |       | Street Address                                                                                       |             |              |     |
| City                                                                                                                                                                  | State | Zip                                                                                                  | City        | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                     |       |                                                                                                      |             |              |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                     |       |                                                                                                      |             |              |     |

**FILED**

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| File Date                       |  |
| Check No                        |  |
| 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.

Signature of Authorized Person

Robert Breault

Print or Type Name of Authorized Person

Date

10/18/13