Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50,00

(FORM MUST BE TYPE							
1. ID No. 128059	2. Exact name of the line LAWRENCE TRA						
3. State of Formation	4. Brief descrip	otion of the character of the	business which is actually conducted in Rhod	le Island			
RHODE ISLAND non in Rhode Island/trradi		ing					
5. Principal office addre			City	State	Zip		
Bourilova 1105/8			Praha-9, Cerny Most	Czech Republic		9800	
6, MAILING ADD	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE OF C		II	nis colination distri	
Contact Name			Contact Title				
Vladimir Biteikine			Resident Agent	Resident Agent			
Street Address			City	State	Zip		
PO BOX 1726			.E. Greenwich	RI	1 .	818	
7. NAME AND ADI	ORESS OF EACH N	ANAGER OF THE T	IMITED LIABILITY COMPANY	I TATA DEDITE		Statent vet diave	
	FILL IN S	PACES BEFORE USING	ATTACHMENTS ("X" BOX FOR AT	, IF AFFLI TACHMENTS	CABLE		
	ANY MODIFICATIONS	S TO MANAGERS REQUI	IRES FILING OF AMENDMENT. R.I.G.L.	7-16-12 (a) (2) / 7-16-52		
Manager Name	materials a material transfer of the	en e	•Manager Name	The second secon			
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Street Address			Street Address	• Street Address			
			Sireel Address				
City	State	Zip	City	State	Zip		
Manager Name				<u>L</u>			
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Street Address			-0				
or cor rivar cas			•Street Address				
City	State	Zip	City	C	I7in		
		2.4	•	State	Zip		
8 RESIDENT AGEN	 TETN:DUCINE TOT AR	ND DO NOT AUTED OF	<u>ang sa taona ang salam</u> a ang <u>alam</u> anang			or every contract water and a state of the section of the	
Agent Name	IT IN INTODE ISLA	ID-DO NOT ALTER- CH	anges require filing of Form (542 - R.I.GI	7-16-11		
"		IOLU TANTO LLO					
	ID SHIPPING CON	ISULTANTS ELC	620 DRY BRIDGE ROA	D			
Address			City	City		Zip	
		NORTH KINGSTOWN	NORTH KINGSTOWN		02852-		
					<u> </u>		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



*128059	FILED			
File Date				
Check No.	OCT 12 2007			
Ву:	By <u>~2))</u>			
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.

Vladimir Biteikine - resident agent

Print or Type Name of Authorized Person