

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 2007
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE T)	PED OR PRINTED IN BL.	ICK)			
*98880*	2. Exact name of the lin	•		<u> </u>	
3. State of Formation	4. Brief descrip	tion of the character of the l	business which is actually conducted in R		
RHODE ISLAN	D NONE IN R	HODE ISLAND /CO	MPUTERS.	node Island	
5. Principal office ad		<del></del>			
2 SADOVAYA STREET			City ST. PETERSBURG	<i>State</i> Russia	Zip
Contact Name	DRESS OF LIMITED	LIABILITY COMPAI	NY AND NAME OR TITLE OF	CONTACT PE	RSON:
VLADIMIR B)	TEIKINE		Contact Title Resident Agent		
Street Address	· · · · · · · · · · · · · · · · · · ·		City		
P.O. BOX 1726			.EAST GREENWICH	State	Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIN			• EAST GREENWICH	RI	02818-
	PILL INS	WINDER OF THE L	IMITED LIABILITY COMPAN	Y, IF APPLIC	ABLE SALVEY STATES
Manager Name			RES FILING OF AMENDMENT, R.I.G	,L 7-16-12 (a) (2)	7-16-52
			· Manager Name		
Street Address		······································	<u> </u>		
			· Street Address	-	
City	State				
-1.0	siale	Zip	City	State	Zip
Manager Name	,	l. <i>.</i>		<b>]</b> ;	*
			Manager Name	• • • • • • •	
Street Address					
			•Street Address		
City	State		<u> </u>		
•	36,6	Zip	.City	State	Zip
P. DECENDAM AND	ENTERNA CONTRACTOR		• •	1	1
Agent Nome	ENT IN REIONE ISTAN	D-DO NOT ALTER- Cha	nges require filing of Form	642 PICE	
			Address		
	ND SHIPPING CONS	BULTANTS LLC	620 DRY BRIDGE RO	AD	
Address			City		Zip
			NORTH KINGSTOWN	i	02852
					02032

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



**98880*	FILED
File Date	OCT 12 2007
Check No.	001 10 5001
В <u>у:</u>	$\sqrt{\infty}$ 1
FOR SECRE	FARY 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

ADIMIR BITEIKINE