RI SOS Filing Number: 200701348090 Date: 10/12/2007 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
97684	"CHAIN KAPLAN REINSURANCE LLC".

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	MEDIATION/NONE IN RHODE ISLAND

5. Principal office address	City	State	Zip
YAROSLAVA GASHEKA ST.,10/85, 105	ST.PETERSBURG	RUSSIA	

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
VLADIMIR BITEIKINE	RESIDENT AGENT

Street Address	City	State	Zip
P.O. BOX 1726	EAST GREENWICH	RI	02818-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
AARON KAPLAN	YAROSLAVA GASHEKA ST., 10/85, 105	ST. PETERSBURG	RUSSIA	
NIKOLAY ANTONENKO	YAROSLAVA GASHEKA ST., 10/85, 105	ST. PETERSBURG	RUSSIA	

8. RESIDENT AGENT IN RHODE ISLAND ***-DO NOT ALTER-*** **Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name	Address	City	Zip
CORPORATE AND SHIPPING CONSULTANTS LLC	620 DRY BRIDGE ROAD	NORTH KINGSTOWN	02852

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

[redacted] 97684 [redacted]

*97684 DLLC
File Date FILED
Check No. OCT 12 2007
By: By
FOR SECRETARY OF STATE USE ONLY
14662-21-185485

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.

[redacted]

10/12/07
Signature of Authorized Person *Date*

VLADIMIR BITEIKINE
Print or Type Name of Authorized Person

Form 632 Rev. 6/02