



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 88063		2. Name of Corporation Equipex Holdings Ltd.			
3. Street Address Principal Business Office 765 Westminster Street			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 273-3300		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To purchase, acquire, import, distribute, market, sell and export machinery and equipment of every kind and nature					
7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary N. Licht			Vice President Name Valeriy Ginzburg		
Street Address 765 Westminster Street			Street Address 765 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Irina Mirsky-Zayas			Treasurer Name Ira Kaplan		
Street Address 765 Westminster Street			Street Address 765 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary N. Licht			Director Name		
Street Address 765 Westminster Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/> SHARES ISSUED (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	Common	No Par Value	133.33	A Common	No Par Value
			216.66	B Common	No Par Value

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.

FILED
FEB 25 2008

By 20134 mnc

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 Gary N. Licht Date 2/12/08
Print or Type Name
President
Title

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY