

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

Form 630 Rev. 12/06

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.

law (R.I.G.L. /-1.2-1301(C&u)						
1. Corporate ID No. 88063	2. Name of Corpora Equipex Hole			State	Zip	
3. Street Address Principal Busin 765 Westminster Stre	ess Office et		Providence	RI	02903	
4. Business Phone No. (401) 273-3300		5. State of Incorporate Rhode Island	tion			
6. Brief Description of the Charac To purchase, acquire, in	mport, distribute, ma	rket, sell and export m	nachinery and equipment of	every kind and nature	CETS CHAPTERIS TO COMPANY	
	ses of the offic	He (X nor for)	Vice President Name			
President Name			Valeriy Ginzburg			
Gary N. Licht						
Street Address 765 Westminster Street			Street Address 765 Westminster Street			
City Providence	State RI	<sup>Zφ</sup> 02903	City Providence	State RI	02903	
Secretary Name Irina Mirsky-Zayas			Treasurer Name Ira Kaplan			
Street Address 765 Westminster Stre	eet		Street Address 765 Westminster St	treet		
City Providence	State RI	<sup>Ζφ</sup> 02903	Ctry Providence	State RI	<sup>Zip</sup> 02903	
8 NAMES AND AUDIES	SES OFFILE DIREC			SEPAGES BEFORE USING	MARIACHMINES:	
Director Name	STATE OF THE PARTY	Manager to Section of the Control of	Director Name			
Gary N. Licht						
Street Address			Street Address	Street Address		
765 Westminster Stre	eet					
City	State	Zψ	City	State		
Providence	JRI	02903	***************************************		[ <del>@</del> ]	
Director Name			Director Name		N 0 0	
Street Address			Street Address		v 005	
City	State	Ζip	City	State	8 S S S S S S S S S S S S S S S S S S S	
O) SHARBSAUTHORIZE	interación escribir de la companya d					
AUTHORIZED SHARES			ISSUED SHARES — THIS S	ECTION MUST BE COMPLETED	OI EX	
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 THIS SE	CTION MUST BE CO B Common	No Par Value	
		a componention by an aut	horized representative. If the	corporation is in the hand	s of a receiver or trustee,	

This report must be executed or behalf of the corporation by the receiver or trustee.

this report must be	executed of the corporation of the c		
	FEB 25 2008 20/34mmc	including any accompanying schedules	affirm that I have examined this report, and statements, and that all statements
Ple Day 23		contained herein are true and correct.  Signature	2 (12 (98) Date
Check Productions in a control of the control of th		Gary N. Licht Print or Type Name	
FOR SECRET	TARA OPISTATE USE CRIM	President Title	Form 630 Rev. 12/06