



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 113438		2. Exact name of the limited liability company BALTIC REEFER LINES LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPANY DOES NOT CONDUCT ANY BUSINESS IN RI/SHIPPING	
5. Principal office address 111/1 PR. ENGELSA, FL #576		City ST PETERSBURG	State ussiaR
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VLADIMIR BITEIKINE		Contact Title RESIDENT AGENT	
Street Address PO BOX 1726		City EAST GREENWICH	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ALEXANDRA GLEBOVA		*Manager Name .	
Street Address 111/1 PR. ENGELSA, FL.#676		*Street Address .	
City ST. PETERSBURG	State RUSSIA	City .	State .
Manager Name .		*Manager Name .	
Street Address .		*Street Address .	
City .	State .	City .	State .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATE AND SHIPPING CONSULTANTS LLC		Address 620 DRY BRIDGE ROAD	
Address .		City NORTH KINGSTOWN	Zip 02852-

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



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*113438 DL	FILED
File Date	OCT 31 2008
Check No.	By 271
By:	
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.

Signature of Authorized Person *Vladimir Biteikine* Date 10/01/08

VLADIMIR BITEIKINE
Print or Type Name of Authorized Person