RI SOS Filing Number: 200837476300 Date: 10/31/2008 4:00 PM

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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liabilty company
142592	MELVIN ENTERPRISES LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INVESTMENT

5. Principal office address	City	State	Zip
JASMINE COURT, 35A, REGENT STREET, P.O. BOX 177	BELIZE CITY	BELIZE	

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

Contact Name	Contact Title
VKADIMIR BITEIKINE	

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. *(CHECK 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
CSC Corporation Services SA	JASMINE COURT, 35A, REGENT STREET, P.O. BOX 177	BELIZE CITY	BELIZE	

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

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-

2008 OCT 31 AM 10:31

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 142592 [redacted]

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 — *Date* 10/01/08

VLADIMIR BITEIKINE- Resident agent
Print or Type Name of Authorized Person

*142592 DLLC **FILED**
File Date OCT 31 2008
Check No. By
By: ~~27547-28-301607~~
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05