



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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 130420		2. Exact name of the limited liability company VALEX LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island none in RI / shipping	
5. Principal office address PR. BOLSHEVIKOV 88-35		City ST. PETERSBURG	State RUSSIA
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 E. GREENWICH	State RI
Zip 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) <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 VLADIMIR ALEKSEEV		Manager Name	
Street Address PR. BOLSHEVIKOV 88-35		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.



1 3 0 4 2 0

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.

Biteikine 10/01/08
Signature of Authorized Person Date
VLAD BITEIKINE
Print or Type Name of Authorized Person

*130420 LLC
FILED
File Date
Check No. **OCT 31 2008**
By: By 271
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