



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. 102520		2. Exact name of the limited liability company "MULTILINK TRADING 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 RHODE ISLAND / MANUFACTURING, TRADING	
5. Principal office address 50 SHIRLY STREET PO BOX CB - 13937		City NASSAU	State BAHAMAS
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name VLADIMIR BITEIKINE		Contact Title RESIDENT AGENT	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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name CORPORATE & SHIPPING CONSULTANTS LTD.		City E. GREENWICH	State RI
Street Address 50 SHIRLY STREET PO BOX CB - 13937		City NASSAU	State BAHAMAS
Manager Name		City	State
Street Address		City	State
City		State	Zip
Manager Name		City	State
Street Address		City	State
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 CORPORATE AND SHIPPING CONSULTANTS LLC		Address	
Address 620 DRY BRIDGE ROAD		City NORTH KINGSTOWN	Zip 02852

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



FILED

File Date OCT 31 2008

Check No. By [Signature]

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] 10/01/08
Signature of Authorized Person Date

VLADIMIR BITEIKINE

Print or Type Name of Authorized Person

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