



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. 111973		2. Exact name of the limited liability company ITAKA HOLDING 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 <b>1 SHIPPING</b>	
5. Principal office address 50 SHIRLEY ST, 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-
Street Address PO BOX 1726		City E 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 <b>CORPORATE &amp; SHIPPING CONSULTANTS LTD</b>		Manager Name	
Street Address <b>50 SHIRLEY ST, PO BOX CB-13937</b>		Street Address	
City <b>NASSAU</b>	State <b>BAHAMAS</b>	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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*111973 DLLC 01/28/05 07:57:21 PM*
FILED
File Date
OCT 31 2008
Check No.
By: <b>271</b>
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.

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

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