



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 2009

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. 95899		2. Exact name of the limited liability company "MEKOM 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 / 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			
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) 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.		Manager Name	
Street Address 50 SHIRLY STREET PO BOX CB - 13937		Street Address	
City NASSAU	State BAHAMAS	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.



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FILED

File Date

OCT 30 2009

Check No.

By 220

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
Date 10/01/2009

VLADIMIR BITEIKINE

Print or Type Name of Authorized Person

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CORPORATIONS DIV
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