



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

1. ID No. 103679		2. Exact name of the limited liability company "SCANDINAVIAN MARINE BROKERS LLC"	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SHIPPING/NONE IN RHODE ISLAND	
5. Principal office address P.O. BOX 109 (WP720)		City LAPPEENRANTA	State Finland Zip SF-53101
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VLADIMIR BITEIKINE		Contact Title Residency Agent	
Street Address P.O. BOX 1726		City EAST 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 (XX 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		Manager Name	
Street Address		Street Address	
City	State	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 620 DRY BRIDGE ROAD	
Address		City NORTH KINGSTOWN	Zip 02852

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



1 0 3 6 7 9

*103679	FILED
File Date	OCT 30 2009
Check No.	By 220
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.

Buba 10/1/2009
Signature of Authorized Person Date
Vlad Biteikine
Print or Type Name of Authorized Person

RECEIVED
SECRETARY OF STATE
OCT 30 AM 9:46