RI SOS Filing Number: 200953665530 Date: 10/30/2009 4:00 PM

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.	2. Exact name of the limited liability company		
103678	"DOMINION MARKETING ASSOCIATES LIMITED LLC"		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	SHIPPING/NONE IN RHODE ISLAND		
5. Principal office address	City	State	Zip
PO BOX 109 (WP720)	LAPPEENRANTA	Finland	SP-53101

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title		
VLADIMIR BITEIKINE	Resident Agent		
Street Address	City	State	Zip
P.O. BOX 1726	EAST GREENWICH	RI	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	Street Address	City	State	Zip
Vitaly Arkchangelsky	PO BOX 109 (WP720)	LAPPEENRANTA	Finland	SP-53101
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address	City	Zip
CORPORATE AND SHIPPING CONSULTANTS LLC	620 DRY BRIDGE ROAD	NORTH KINGSTOWN	02852
Address			

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SECRETARY OF STATE

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

[redacted] 103678

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* 10/30/2009

[redacted] *Print or Type Name of Authorized Person*

*103678
File Date FILED
Check No.
OCT 30 2009
By:
FOR SECRETARY OF STATE USE ONLY
39781-40-445619

Form 632 Rev. 12/05