

Matthew A. Brown, Secretary of State Corporations Division 100 North Muin Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200 9 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	ED OR PRINTED IN BL.	4CK)					
1. ID No. *107264*	2. Exact name of the lift ARGO FINANCE	nited liabilty company LLC					
3. State of Formation	4. Brief descrip	otion of the character of the	business which is actually conducted	: bl . i . f			
RHODE ISLAND		IN RI/TRA		in Rhode Island			
5. Principal office addre	ess		City	16			
50 Shirly Street P.O. Box CB - 13937			Nassau	State BAHAI	14 4 C	Zip	
o MAILING ADD	BESS OF LIMITED	LIABILITY COMPA	ny and name or title	OF CONTACT R	ERSON-MAN	All Market	ALIENSON
VLADIMIR BI			Contact Title				
	TEIVING		Resident Agent				
Street Address			City	State	12	ip .	
P.O. Box 1726			.E. Greenwich	рT	1.	02818	
7. NAME AND AD	DRESS OF EACH M	IANAGER OF THE L	IMITED LIABILITY COM	A FLOOR LANGE CONTROL	NAME OF THE PARTY	JZOIO MERMANAN	Gard selben voorwood
reading a little	FULL INS	PACES BEFORE USING	ATTACHMENTS CX BOX F	PANY, IF APPLI	CABLE	444	
	ANY MODIFICATIONS	TO MANAGERS REOLI	RES FILING OF AMENDMENT, R	VK АТТАСНМ <u>К</u> ҮҮ)	U.D., 194		nava s
Manager Name			PARAMETER STREET	(a), (a), (a), (a), (a)	1) 7-16-52	die de la la	
Corporate & Si	hipping Consul	canta Ital	• Manager Name				
Street Address	pping consult	Lancs Ltd.					
			Street Address				
City	eet P.O. Box CI		•				
Nassau	State	Zip	*Ciry	State	7	ip	
	Bahamas		•		-	·P	
Manager Name			Manager Name			• • • • •	• • • • •
Street Address			<u> </u>				
			•Street Address				
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	FRINKE(OD)#ESLAN	D-DO NOT ALTER Ch	anges require filing of Fo	orm 642 R FCT	71611		
			Address				30-23-52
CORPORATE AN	ID SHIPPING CON	SULTANTS LLC	620 DRY BRIDGE	DOND			
Address				ROAD			
			City		Zip		
			NORTH KINGSTOWN	1	02852		
							10
						22 (an Gu

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



**107264* File Date	FILED			
	OCT 3 0 2009			
By				
FOR SECRETA	RY 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 statement contained herein are true and correct.

MARC

10/0//20

Signature of Authorized Person

VLADIMIR BITEIKINE
Print or Type Name of Authorized Person