RI SOS Filing Number: 200953666230 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. 298246	*2. Exact name of the limited liability company* SAPTARI LLC
3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* non in RI / finance

5. Principal office address	*City*	*State*	*Zip*
Jasmine court, 35 A REGENT STREET, PO BOX 7777	Belize city	Belize	

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*
po box 1726	East Greenwich	RI	02818

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			*Manager Name*		
CSC CORPORATION SERVICES S.A.					
Street Address			*Street Address*		
Jasmine court, 35 A REGENT STREET, PO BOX 7777					
City	*State*	*Zip*	*City*	*State*	*Zip*
Belize city	Belize				
Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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SECRETARY OF STATE
CORPORATIONS DIV
2009 OCT 30 AM 9:47

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

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] 10/01/2009
Signature of Authorized Person *Date*

Vladimir Biteikine - resident agent
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 30 2009
By: By 220
39781-40-445613
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08