



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 2012

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 134374		2. Exact name of the limited liability company UNIVERSAL SOLUTIONS GROUP LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SHIPPING	
5. Principal office address 27-10 DOBROLUBOVA ST		City ST PETERSBURG	State RUSSIA
		Zip 190000	
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 EAST GREENWICH	State RI
		Zip 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) <input type="checkbox"/>			
Manager Name ANDREY LEONOVICH		Manager Name ANTON SHOSTAK	
Street Address PO BOX 109 (WP 720), SF-53101		Street Address PO BOX 109 (WP 720), SF-53101	
City LAPPEENRANTA	State FINLAND	City LAPPEENRANTA	State FINLAND
Zip 53101		Zip 53101	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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

FILED

SEP 24 2012

By *mnc*

CR # 1079

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

134374

File Date	
Check No.	
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.

Vitaly Arkhangelsky *17/09/12*
Signature of Authorized Person Date
VITALY ARKHANGELSKY
Print or Type Name of Authorized Person