



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. 103678		2. Exact name of the limited liability company DOMINION MARKETING ASSOCIATES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SHIPPING/NON IN RHODE ISLAND			
5. Principal office address PO BOX 109 (WP 720)		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 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 VITALY ARKCHANGELSKY			Manager Name		
Street Address PO BOX 109 (WP 720), SF-53101			Street Address		
City LAPPEENRANTA	State FINLAND	Zip 53101	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 CORPORATE AND SHIPPING CONSULTANTS LLC			Address 620 DRY BRIDGE ROAD		
Address		City NORTH KINGSTOWN	Zip 02852		

FILED

SEP 24 2012

By mmc
CR # 1079

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

103678

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.

mmc 17/09/12
Signature of Authorized Person Date
VITALY ARKCHANGELSKY
Print or Type Name of Authorized Person