



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 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

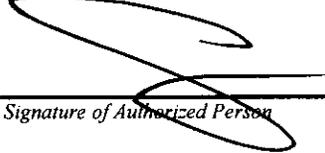
*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 116043		2. Exact name of the limited liability company New England Pension Plan Systems, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Consulting and third party administration for retirement plans.			
5. Principal office address 790 North Main Street		City Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF OFFICE CONTACT PERSON					
Contact Name Sergio A. DeCurtis			Contact Title Member		
Street Address 790 North Main Street		City Providence	State RI	Zip 02904	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS.					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Orson and Brusini Ltd.					

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

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 SECRETARY OF STATE
 OFFICE OF CORPORATIONS DIVISION
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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

10/5/11
 Date

Sergio A. DeCurtis, Member

Print or Type Name of Authorized Person

FILED
 File Date **OCT 21, 2011**
 Check No. **OCT 21 2011**
 By: **DAVID S. HARRIS**
 SECRETARY OF STATE, RHODE ISLAND