



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 14679		2. Exact name of the Corporation Nelseco Navigation Company			
3. Principal office address 21 Dryden Lane		City Providence	State RI	Zip 02904	
4. Business Phone No. (401) 351-4100		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Water Carrier					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Susan E. Linda			Vice-President Name Raymond Linda and Joshua Linda		
Street Address 500 Norwich-New London Hwy.			Street Address 86 Main Street		
City Uncasville	State RI	Zip 06382	City North Stonington	State CT	Zip 06359
Secretary Name Susan E. Linda			Treasurer Name Susan E. Linda		
Street Address 500 Norwich-New London Hwy.			Street Address 500 Norwich-New London Hwy.		
City Uncasville	State CT	Zip 06382	City Uncasville	State CT	Zip 06382
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Susan E. Linda			Director Name Raymond Linda		
Street Address 500 Norwich-New London Hwy.			Street Address 500 Norwich-New London Hwy.		
City Uncasville	State CT	Zip 06382	City Uncasville	State CT	Zip 06382
Director Name Joshua Linda			Director Name		
Street Address 86 Main Street			Street Address		
City North Stonington	State CT	Zip 06359	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Class A/voting	
			11,828	Class B/non-voting	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

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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.

Susan E. Linda 3-16-2012
 Signature of Authorized Representative Date

Susan E. Linda, President

Print or Type Name of Authorized Representative

File Date _____

Check No. _____

By: _____

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