



**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. 000083105		2. Exact name of the Corporation NCL Corporation		
3. Principal office address 40 Macarthur Drive		City Smithfield	State RI	Zip 02917-1700
4. Business Phone No. 401-231-5074		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in all activities associated with communications, entertainment, information management and advertising industries.				
<b>8. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>				
President Name William G. LaPorte		Vice-President Name John R. LaPorte		
Street Address 3525 Nova Trail		Street Address 40 Macarthur Drive		
City Plano	State TX	Zip 75023	City Smithfield	State RI Zip 02917
Secretary Name Rebecca M. LaPorte		Treasurer Name William G. LaPorte		
Street Address 40 Macarthur Drive		Street Address 3525 Nova Trail		
City Smithfield	State RI	Zip 02917	City Plano	State TX Zip 75023
<b>9. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
<b>10. SHARES AUTHORIZED</b>				
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.		<b>10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)</b>		
		NUMBER OF SHARES 554	CLASS/SERIES CNP	PAR VALUE \$0.00

2012 JUN 21 AM  
 DIVISION OF  
 CORPORATIONS

*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.*



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]* 4/18/2012  
 Signature of Authorized Representative Date

**FILED** William G. LaPorte

Print or Type Name of Authorized Representative

JUN 21 2012

By 173164  
*[Signature]*  
 DS