



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.				
8. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)				
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
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
9. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED				
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
		554	CNP	\$0.00

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 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
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