



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 2013

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 THE 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 a **FILED** authorized person pursuant to R.I.G.L. 7-16-66 (b).

NOV 18 2013

BY 1729

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.

File Date _____

Check No. _____

By: _____

Signature of Authorized Person

Date

10/31/13

Sergio A. DeCurtis, Member

Print or Type Name of Authorized Person