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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 2014

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.	2. Exact name of the Corporation
59698	OOCL (USA) INC

3. Principal office address	City	State	Zip
2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

4. Business Phone No.	5. State of Incorporation
925-358-6625	NEW YORK

6. Brief description of the character of business conducted in Rhode Island
STEAMSHIP AGENCY

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
PAUL DEVINE	2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

Vice-President Name	Street Address	City	State	Zip
TZI FAN HAU	2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

Secretary Name	Street Address	City	State	Zip
MANDY CHUNGMAN TSE	2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

Treasurer Name	Street Address	City	State	Zip
MANDY CHUNGMAN TSE	2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
CHRISTOPHER ST. AMAND	2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

Director Name	Street Address	City	State	Zip
TONY CRISAFULLI	2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

Director Name	Street Address	City	State	Zip
EDWARD ZANINELLI	2633 CAMINO RAMON, #400	SAN RAMON	CA	94583

Director Name	Street Address	City	State	Zip

9. 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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1030	COMMON	$1.00

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 07 2014
BY 90177

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.

02/21/2014
Signature of Authorized Representative — Date

MANDY CHUNGMAN TSE
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103739-49-951578