



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 23000		2. Name of Corporation P&O PORTS NEW ENGLAND (RHODE ISLAND), INC.			
Street Address Principal Business Office 99 WOOD AVENUE SOUTH 8th FLOOR			City ISELIN	State NJ	Zip 08830
Business Phone No. 732-635-3839		5. State of Incorporation DELAWARE		6. SIC Code 7880	
Brief Description of the Character of Business Conducted in Rhode Island CONTRACT STEVEDORES - DISCHARGING & LOADING SHIPS					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK MONTGOMERY			Vice President Name GARY WILLMOT		
Street Address 2200 BROENING HIGHWAY			Street Address 99 WOOD AVENUE SOUTH 8th FLOOR		
City BALTIMORE	State MD	Zip 21224	City ISELIN	State NJ	Zip 08830
Secretary Name GARY WILLMOT			Treasurer Name GARY WILLMOT		
Street Address 99 WOOD AVENUE SOUTH 8th FLOOR			Street Address 99 WOOD AVENUE SOUTH 8th FLOOR		
City ISELIN	State NJ	Zip 08830	City ISELIN	State NJ	Zip 08830
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK MONTGOMERY			Director Name		
Street Address 2200 BROENING HIGHWAY			Street Address		
City BALTIMORE	State MD	Zip 21224	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000	COMMON	\$ 1.00	100	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2.23.04
Check No.: 100019886
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

X
Signature of Officer: [Signature] Date: 2/20/04
Print or Type Name of Officer: GARY WILLMOT
Title of Officer: EXECUTIVE VICE PRESIDENT