

**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** 2016

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. 000395352		2. Exact name of the Corporation BLUE OCEAN FREIGHT, INC.			
3. Principal office address 250 VALLEY STREET			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-440-7588			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island  FREIGHT FORWARDING					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
President Name ADAM KARABACHI			Vice-President Name		
Street Address 250 VALLEY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name ADAM KARABACHI			Treasurer Name ADAM KARABACHI		
Street Address 250 VALLEY STREET			Street Address 250 VALLEY STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
Director Name ADAM KARABACHI			Director Name		
Street Address 250 VALLEY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. 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 ("X" BOX FOR ATTACHMENT)</b>					
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	0	

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 01 2016**

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.

*Adam Karabachi* 2/26/2016  
 Signature of Authorized Representative Date

**ADAM KARABACHI**  
 Print or Type Name of Authorized Representative

RECEIVED  
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 CORPORATIONS DIV  
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