



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 135585		2. Exact name of the limited liability company NEW ENGLAND INTEROCEAN EXPRESS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FREIGHT FORWARDING			
5. Principal office address 31 OLD CARRIAGE RD - APT. 64		City WEST WARWICK	State RI	Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name VIRGINIO DE VARRAZ		Contact Title OWNER - VIRGINIO DE VARRAZ			
Street Address 31 OLD CARRIAGE RD - APT. 64		City WEST WARWICK	State RI	Zip 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND; DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name VIRGINIO DE VARRAZ		Address			
Address 31 OLD CARRIAGE ROAD, #64		City WEST WARWICK	Zip 02893		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	FILED 135585*
Check No.	SEP 08 2005
By:	By 1146
FOR SECRETARY OF STATE USE ONLY CSA	

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] **9-7-05**
Signature of Authorized Person Date
VIRGINIO DE VARRAZ
Print or Type Name of Authorized Person



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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name VIRGINIO DE VARRAZ			Contact Title OWNER / PRESIDENT		
Street Address 31 OLD CARRIAGE RD. - APT. 64		City WEST WARWICK	State RI	Zip 02893	
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* 1 3 5 5 8 5 *

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.

 9/12/04
Signature of Authorized Person Date

VIRGINIA DE VARRAZ
Print or Type Name of Authorized Person

File Date	<u>9/14/04</u>
Check No.	<u>1065</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	