



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 80294		2. Name of Corporation PORTER MACHINE, INC.			
3. Street Address Principal Business Office 765 VICTORY HIGHWAY, UNIT 1			City WEST GREENWICH	State RI	Zip 02817
4. Business Phone No. 401 397-8889		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A MACHINE SHOP.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EARL WILLIAM PORTER			Vice President Name EARL WILLIAM PORTER		
Street Address 765 VICTORY HIGHWAY, UNIT 1			Street Address 765 VICTORY HIGHWAY, UNIT 1		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
Secretary Name EARL WILLIAM PORTER			Treasurer Name EARL WILLIAM PORTER		
Street Address 765 VICTORY HIGHWAY, UNIT 1			Street Address 765 VICTORY HIGHWAY, UNIT 1		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EARL WILLIAM PORTER			Director Name N/A		
Street Address 765 VICTORY HIGHWAY, UNIT 1			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series CNP	Par Value NO PAR VALUE

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.

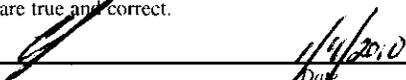
File Date **FILED**

Check No. **JAN 07 2010**

By: **11593**

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.

Signature 

EARL WILLIAM PORTER

Print or Type Name

PRESIDENT

Title